

Prairie Five Community Action Council
Chippewa County
7th and Washington
Post Office Box 159
Montevideo, MN 56265

For office use only

HH#: _____

Rep # _____

Grant
amount _____

Telephone number: 320/269-6578
Fax number: 320/269-6570
TTD number: 320/269-6988

2011-2012 MINNESOTA ENERGY PROGRAMS APPLICATION



Before completing this application, carefully read the enclosed "Your Rights and Responsibilities" and Instructions.

Part 1. Personal Information - Verify all preprinted information is correct. Enter changes as needed.

Your Social Security Number:

Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i) USE: The State will use Social Security Numbers in the administration of the LIHEAP to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for families in need.

Your Name:

First Name M.I. Last Name

Home Address:

Street Apt. # City MN State Zip Code

Mailing Address (if different from Home Address):

Street or PO Box Apt. # City MN State Zip Code

County: _____

Township: _____

Home Phone:

(____) _____

Daytime or Other Phone (if different from home phone):

(____) _____

Primary language spoken in home:

E-mail address

Authorized Representative: An "Authorized Representative" is someone you give permission (in writing) to act for you. This person will receive all of your mail for this program, if you include their address.

First Name _____ Last Name _____ Phone (____) _____

Street or PO Box Apt. # City MN State Zip Code

YOU MUST SIGN AND DATE THIS APPLICATION AT THE BOTTOM OF THE LAST PAGE.

Part 2. Household Information

INCLUDING YOURSELF, LIST ALL HOUSEHOLD MEMBERS.

First Name, Middle Initial & Last Name	Social Security Number	Date of Birth MM/DD/YYYY	Race	Hispanic Y/N	Sex M/F	Disability Y/N	Years Of School	Have Income Y/N
1. (self)	(required)	/ /						
2.		/ /						
3.		/ /						
4.		/ /						
5.		/ /						
6.		/ /						
7.		/ /						
8.		/ /						

Attach a separate sheet if necessary for any additional household members.

Race: A=Asian B=Black or African American I=American Indian or Native Alaskan
 O= Native Hawaiian or Other Pacific Islander W= White or Caucasian

Is anyone in your household currently a board member or employee of this agency? Yes No
 How many people in your household had income in the past 3 months? _____

SOURCES OF INCOME AND OTHER ASSISTANCE (Check all that apply for your household and **send income proof.**)

<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security or Social Security Disability	<input type="checkbox"/> Diversionary Work (DWP)
<input type="checkbox"/> Self-Employment/Farm Income	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> MFIP
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Long/Short-term Disability	<input type="checkbox"/> Food Support (is not income)
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Retirement Income	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Pension/Annuity (including quarterly and annual)	<input type="checkbox"/> Alimony or Spousal Support
<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Earned Income Credit (not counted as income)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Contract for Deed Interest	<input type="checkbox"/> Tribal Bonus, Judgments or Per Capita Payments	<input type="checkbox"/> No Income (see Instructions and contact local EAP agency)
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> MN Supplemental Aid (MSA)	

Send Copies of Proof of Gross Income for the Past 3 Complete Months

for all household members except wages for children in grades K-12

If self employed send a copy of your Federal tax return. When did you start your business? **Date** ___ / ___ **mo/yr**
 Contact your local energy assistance program agency if less than two years.

Your application will be delayed if you do not include proof of income.

Applications must be signed (last page) and postmarked or received on or before May 31, 2012.

If you sign application in:	Send Proof of income for the months of:
Aug. 2011	May, June, July 2011
Sept. 2011	June, July, August 2011
Oct. 2011	July, August, Sept. 2011
Nov. 2011	Aug., Sept., Oct. 2011
Dec. 2011	Sept., Oct., Nov. 2011
Jan. 2012	Oct., Nov., Dec. 2011
Feb. 2012	Nov., Dec. 2011, Jan. 2012
March 2012	Dec. 2011, Jan., Feb 2012
April 2012	Jan., Feb., March 2012
May 2012	Feb., March, April 2012

For EAP, you must not exceed these income guidelines for 3 months (See *Instructions for Weatherization Income Eligibility Guidelines*):

Household	
Size	Income
1	\$5,596
2	\$7,318
3	\$9,040
4	\$10,762
5	\$12,484
6	\$14,206

Part 3. Housing Information

<p>Type of Housing:</p> <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Other _____	<p>Renters: Do you get a rent subsidy or do you live in subsidized housing? <input type="checkbox"/>Yes <input type="checkbox"/>No Is heat included in your rent? <input type="checkbox"/>Yes <input type="checkbox"/>No Is electricity included in your rent? <input type="checkbox"/>Yes <input type="checkbox"/>No Landlord's Name: _____ Phone: _____ Address: _____</p>
<p>How long have you lived in your current home? _____ Years _____ Months How much do you pay each month for rent or mortgage? \$ _____</p>	<p>Homeowners: Do you own or are you buying your home? <input type="checkbox"/>Yes <input type="checkbox"/>No Are you having problems with your furnace? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, please describe problem: _____ (Keep our phone number and call us if you have furnace problems.)</p>
	<p>Self-employment: If you are self employed, is the business at your home? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, what kind of business and what work is done in your home or on your property? _____ Do you rent out part of your home to anyone? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>

Part 4. Heat Sources (Electricity is only a heat source when used to provide the heat to one or more rooms.)

Put "1" by the **heating** fuel you use the most and "2" by other heating fuels you use to heat your home.

Oil <input type="checkbox"/>	Propane/LP <input type="checkbox"/>	Wood <input type="checkbox"/>	Pellets <input type="checkbox"/>	Municipal Steam <input type="checkbox"/>
Natural Gas <input type="checkbox"/>	Electricity <input type="checkbox"/>	Corn <input type="checkbox"/>	Other Biofuel <input type="checkbox"/>	St. Paul Dist. Heating <input type="checkbox"/>

Would you like 30% of your energy assistance benefit paid on your electric bill? Yes No

WHAT ENERGY COMPANIES SUPPLY HEAT AND ELECTRICITY TO YOUR HOME?

	Heating No. 1	Heating No. 2	Electric
Company name:			
Name on Account:			
Account number:			

SEND THE MOST RECENT COPIES OF YOUR HEAT AND ELECTRIC BILLS OR FUEL RECEIPT WITH THIS APPLICATION

If you heat with wood, pellets, corn or other biofuel, answer the next 3 questions:

1. How many bedrooms are in your home? _____ **(Circle the percent of heat from wood, corn, pellets, other.)**
2. Do you cut your wood or grow fuel corn? Yes No
3. What percent of your heat does this supply? (use table)

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Use sometimes			Half of the time			Almost Always		All	

If you are not registered to vote, would you like a voter registration card? Yes *(You do not have to answer this question)*

Part 5. Local Questions.

If you move, please contact your Outreach staff immediately to provide us with your new address. This information is necessary for any remaining energy grant you may have at your fuel/electric vendor.

1. Do you have a disconnect with your heating or electric company? Yes _____ No _____
 If yes, please list which company and enclose a copy of the disconnect. _____ . How much? _____ .
2. Do you receive Child Support? Yes _____ No _____, if yes, How much? _____ .
3. Is there anyone in your household over 18 without income? Yes _____ No _____
 If yes, please request a "no-income form" from your Outreach staff or write out in detail how that person is living with no income, as this information is needed to complete your application.
4. Has anyone in your households received help with fuel assistance in another county this heating season? If yes, please list when and what county help was received. _____ .
5. **Is anyone in your household currently a board member or employee of this agency Yes or no.**
6. Are you interested in the Weatherization Program? Yes _____ No _____ .
7. If you have children age three to five and would like information on the Prairie Five Head Start Program; please contact their office at 800/443-4283.

WE NEED PROOF OF ALL YOUR INCOME! WE WILL NOT RETURN ORIGINALS.PLEASE SEND COPIES!

Part 6. Consent and Signature for October 1, 2011 to September 30, 2012

1. I give my consent for my heating and electric companies to give data about my account and energy use to the Minnesota Department of Commerce (DOC) and DOC's contractors for the Energy Assistance (EAP) and Weatherization Programs (WAP) and the Conservation Improvement Program (CIP).
2. I allow the Social Security Administration and the Minnesota Department of Human Services (MDHS) and its agencies to share data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits with DOC and DOC's contractors for the Energy Assistance, Weatherization Assistance and CIP Programs.
3. I allow Minnesota EAP and WAP to:
 - Contact my employer to verify my income.
 - If I rent, to contact my landlord to confirm my residency and/or heating source.
4. I allow my local EAP and WAP Service Providers to contact me for outreach and referral.
5. My signature below affirms the data in this application is correct. I know:
 - I may have to prove my statements.
 - I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
 - I have rights under the energy programs. I have received a copy of "Your Rights and Responsibilities."
 - I may appeal agency decisions about my benefits.
 - I understand that filling out this application does not guarantee that my household will receive assistance.

Print Name: _____

Signature: _____ **Date:** _____

We must receive your application within 60 days of the date you sign it and this application must be postmarked or received by May 31, 2012. (Funds may not last, apply early.)