

INSTRUCTIONS FOR COMPLETING THE
2011-2012 MINNESOTA ENERGY PROGRAMS APPLICATION

These instructions will help you complete your application for 2011-2012 Energy Assistance Programs. This application is also used to apply for Weatherization Assistance Programs and the Conservation Improvement Program.

The Minnesota Energy Programs Application is available in large print and Spanish by asking for them from your Service Provider or by printing from www.energy.mn.gov

To apply, you must send us:

- The application** with all questions answered and the last page signed and dated.
- Copies of **proof of income** for each household member for the past three calendar months.
- A copy of the last **heating bill or delivered fuel receipt**, and the last **electric bill you received**.

Failure to provide required documents may result in delay or denial of your application.

PART 1. Personal Information: Fill in your Social Security Number (SSN), name, address, phone number, and contact information. If the **primary household member/applicant** does not provide a verifiable SSN, your application cannot be processed. Contact your local EAP Service Provider if no one in your household is able to provide an SSN. An alternative legal document number may be allowable.

Authorized Representative:
An "Authorized Representative" is someone you give permission (in writing) to act for you for these programs.
This person will receive all of your mail for the Energy Assistance Program, if you include their address on the application

PART 2. Household Information:
Fill in all of the information for everyone living in your household. ALL people living in the home are household members if they share the kitchen or other living areas in the home.
Non-custodial parents may include their minor children under age 18 as household members.

Live-in Care Providers may be excluded as household members with documentation from a health care provider that daily medical care is required.
The Social Security Number for other persons in the household is requested (optional).

Sources of Income and Other Assistance

- Mark (x) ALL sources of income for ALL members of your household.
- Report all income and all money received by each household member in the last three (3) months.

- Attach copies of proof of income for each person living in the household, for the previous three (3) full calendar months prior to the month you apply. Originals will not be returned.

Examples of Proof of Income by Type:

- **Employed:** Check stubs or a written statement, signed by employer, stating gross wages.
- **MFIP, DWP, MSA, GA:** Letter showing monthly grant award or bank statements.
- **Spousal Support or Alimony:** Checks, bank deposits, divorce decree or a note signed by the payer stating the amount and dates of received payments.
- **Disability Payments, Veteran's Benefits, Workers' Compensation, Social Security, RSDI and SSI:** Award letter, bank statements showing direct deposits or copy of the check(s).
- **Unemployment Compensation:** Unemployment statement or weekly benefit computer printout from https://www1.uimn.org/ui_applicant/applicant/login.do or award letter. Click on "Log in to My Account" and log in. Go to "View and Maintain My Account", then "Payment Information". Enter date range for the last four months.
- **Self Employed, Farm and Rental Income:** Last year's Federal Tax Return. If you did not file taxes or you have been self-employed less than two years, call your EAP Service Provider and request that a form be sent to you. Enter the date your business started in the space provided on page two of the application.
- **Interest, Dividend:** Bank statements or your IRS-1099 or IRS 1040.
- **Retirement Income:** Benefit check(s)/stub(s), bank statement(s) or award letter.
- **Pension and Annuities:** Benefit check(s), or a statement or award letter.
- **Tribal Bonus, Judgments or Per Capita Payments:** Benefit checks/stubs, bank statements or award letter.
- **No Income:** If your household has no income and no one is self-employed, call (952) 930-3541 to request a **No Income Form**.

Please send copies. Originals will not be returned.

ANY missing information may delay decisions about your eligibility and benefit.

PART 3. Housing Information.

Mark the type of housing you live in, how long you have lived in your current home, and your monthly payment.

You are a **homeowner** if you own, are buying your home, have a home mortgage or contract for deed. **If you have a problem with your heat, we may be able to provide repair service.**

If you are a **renter**, tell us if you receive a housing subsidy, whether you pay for heat and/or electricity, and your landlord’s name, address and phone number.

Complete the **Self-employed** section if anyone in the home is self-employed (including farm or rental income).

PART 4: Heating Sources

- Put “1” by the heating fuel that you use the most and “2” by all other heating fuel used in your home.
- If your home is heated with more than one heating source, mark all boxes that apply.
- Wood, corn, pellet or other biofuel users: Enter the number of bedrooms in your home, whether you cut or grow your own wood, corn, pellets or other biofuel, and how much of your heat it provides.
- Enter the name of the heating and/or electric company providing energy to your home.

Electricity is not a heat source if used just to run a furnace fan, igniter or thermostat. If you mark Electricity as a heating source, it must provide most or all the heat to one or more rooms (excluding bathrooms) or provide heat to the entire home.

Circle the percentage of your home’s heat that comes from wood, corn, pellets or other biofuel.

Include the name on the account **and** the account number.

Part 5: Please complete the local EAP Service Provider questions to better serve you.

PART 6. Permissions and Signature

- Read the permissions carefully.

- **Sign and date the application.**

- The application must be signed by an adult

Mail your application and supporting information to:

EAP
8800 Highway 7, #403
Saint Louis Park, MN 55426
(952) 930-3541

- Your application must be received within 60 days of the date signed, and must be postmarked or received no later than May 31, 2012.
- **Funds may not last until May 31, so apply early.**

- Missing information may delay processing of your application.
- Your local EAP Service Provider may be able to help you pay your past due energy bills and/or arrange a monthly payment plan with your vendor.
- Your application will be processed as quickly as possible. You will be notified by letter when your application is completed.

Important Notice:

Crisis Assistance may be available. Call us if:

- You are or will be shut-off,
- You are unable to get a delivery of fuel, or
- You own your home and your furnace does not work.

Weatherization Income Eligibility Guidelines

You may be eligible for weatherization even if your income exceeds the Energy Assistance Program limits. Weatherization is an energy efficiency program provided at no cost to you. Income eligibility for weatherization is 200% of the Federal Poverty Income Guidelines*. For each additional household member add \$1,910. The three-month gross income limits* for the **Weatherization Assistance Program** are:

*Income limits subject to change based on federal adjustments.

Household	
Size	Income*
1	\$5,445
2	\$7,355
3	\$9,265
4	\$11,175
5	\$13,085

Cold Weather Rule Protection If you use natural gas or electricity to heat your home or you need electricity to operate your thermostat or furnace fan, you may be eligible for Cold Weather Rule protection.

- The Cold Weather Rule helps restart your service for the heating season and keep your heat on between October 15 and April 15.
- **To get Cold Weather Rule protection, you MUST contact your energy companies and make and keep a payment plan. If you miss a payment, you lose your protection and you could lose your heat.**
- If you receive energy assistance, you pre-qualify for Cold Weather Rule protection. Energy assistance does not replace what you need to pay.
- Local EAP Service Provider staff can help you make a reasonable payment plan with your energy companies.

For office use only:

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2011 - 2012 MINNESOTA ENERGY PROGRAMS APPLICATION

Community Action Partnership of Suburban Hennepin

8800 Highway 7, #403

Saint Louis Park, MN 55426



Phone: (952) 930-3541 Fax: (952) 697-1313 Web: www.capsh.org

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

Part 1. Personal Information

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:

Home Address:

_____ MN _____

Mailing Address (if different from Home Address):

_____ MN _____

County: _____

Township: _____

Home Phone:

(____) _____

Daytime or Other Phone:

(____) _____

Primary language spoken in home:

Email 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.**

_____ MN _____

Telephone Number: (____) _____

Keep Going!

You must sign and date this application at the bottom of the last page!



Part 3. Housing Information

Check the box that best describes your home:	Renters: Answer these questions ONLY if you rent your home.
<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 _____	Do you get a rent subsidy from the government or live in subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your 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 # (____) _____ Landlord's Address _____
How long have you lived in your current home?	Homeowners: Answer these questions ONLY if you own/are buying your home.
_____ Years _____ Months	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, describe problem: _____ If no, keep our number by your furnace and call us <i>FIRST</i> if you have furnace problems. Do you rent out part of your home to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No
How much do you pay every month for rent or mortgage(s)?	Self-Employed: Answer these questions ONLY if someone in the home is self-employed.
\$ _____	When did you start your business? _____/_____/____ Month/Year ✓ If less than 2 years ago, call (952) 930-3541 to request a "Cash Accounting Worksheet." ✓ If more than 2 years ago, send <u>signed</u> a copy of your Federal Tax Return. Is the business at this address? <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?

Part 4. Heat Sources

Put "1" by the **heating** fuel that you use the most and "2" by any other heating fuel(s) you use to heat your home.

Electricity is only a heat source when it is used to provide heat to one or more rooms.

Electricity is NOT a heat source when it is used to operate the furnace.

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

Answer these 3 questions ONLY if you heat with wood, pellets, corn or other biofuel:	3. What percentage of your home heat comes from biofuel(s)? (Check)																				
1. How many bedrooms are in your home? _____	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black;">10%</td> <td style="border: 1px solid black;">20%</td> <td style="border: 1px solid black;">30%</td> <td style="border: 1px solid black;">40%</td> <td style="border: 1px solid black;">50%</td> <td style="border: 1px solid black;">60%</td> <td style="border: 1px solid black;">70%</td> <td style="border: 1px solid black;">80%</td> <td style="border: 1px solid black;">90%</td> <td style="border: 1px solid black;">100%</td> </tr> <tr> <td colspan="3">Provides some home heat</td> <td colspan="3">Provides half of home heat</td> <td colspan="3">Provides almost all home heat</td> <td>All</td> </tr> </table>	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Provides some home heat			Provides half of home heat			Provides almost all home heat			All
10%	20%	30%	40%	50%	60%	70%	80%	90%	100%												
Provides some home heat			Provides half of home heat			Provides almost all home heat			All												
2. Do you cut or grow your own fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No																					

WHAT COMPANIES SUPPLY HEAT AND ELECTRICITY TO YOUR HOME?

	Heating #1	Heating #2 (if applicable)	Electric
Company name:			
Name on Account:			
Account number:			

Send the most recent copy of your electric bill and heating bill or fuel receipt with this application.

You must sign and date this application at the bottom of the next page!



Part 5. Local Questions

1. If you are not registered to vote, would you like a voter registration card? Yes (You do not have to answer this question.)
2. Would you like information on these other programs offered by Community Action Partnership of Suburban Hennepin or its partners?

- | | | |
|--|--|---|
| <input type="checkbox"/> Budget/Credit Counseling | <input type="checkbox"/> Foreclosure Prevention | <input type="checkbox"/> Renter's Rights |
| <input type="checkbox"/> Employment Counseling | <input type="checkbox"/> Home Ownership | <input type="checkbox"/> Reverse Mortgage Counseling |
| <input type="checkbox"/> Financial Management Workshop | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Food Support | <input type="checkbox"/> Homeless Family Support | <input type="checkbox"/> Other needs? Please call us. |

3. Do you need information on how to collect child support? Yes No

4. If anyone in your home is over the age of 18, but has no income, please explain: _____

5. Other information about your income or living situation that may help us process your application quickly: _____

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.

Apply early, funds may not last.

Mail to: EAP, 8800 Highway 7, #403, St. Louis Park, MN 55426

Your Rights and Responsibilities

PRIVACY NOTICE

Privacy Act Provisions: Federal and state law require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3) and the Minnesota Government Data Practices Act, Minn. Stat. § 13.04, subd. 2 (the so-called Tennessen Warning).

Please read this *Privacy Notice* carefully before completing and signing the *Minnesota Energy Programs Application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP), Weatherization Assistance Program (WAP) and Conservation Improvement Program (CIP), also known as Energy Assistance Programs.

Why do we collect the information on the application?

We will use your information to research, evaluate and administer the Energy Assistance Programs.

We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

Do you have to give us the information?

You have the right to not give us the information we ask for.

What happens if you give or do not give us the information?

If you give us the information requested on the application, your application will be processed.

If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

Whatever information you do give us will be maintained by us, whether or not your application is approved.

Who may see this information?

The following persons may receive information contained in your energy assistance application if (i) they need access to the application information to do their jobs in connection with the Energy Assistance, Weatherization and Conservation Improvement Programs or (ii) they are otherwise authorized by federal or state law to receive it:

- Local Energy Program Service Providers under contract with the Minnesota Department of Commerce.
- Program auditors as required or permitted by OMB circulars.
- Minnesota Departments of Administration, Commerce, Employment and Economic Development, Human Services, Revenue and the Office of Enterprise Technology.
- United States Departments of Health and Human Services and Energy.
- Minnesota Public Utilities Commission.
- Minnesota Legislative Auditor.
- Persons so authorized pursuant to court order or subpoena.
- Your energy vendor for affordability and Energy Assistance Programs.
- Minnesota Community Action Partnership.
- United States Social Security Administration.
- Other agencies or entities as allowed by federal or state law.

Why do we collect social security numbers?

We use Social Security Numbers in the administration of the Energy Assistance Programs, weatherization assistance and conservation improvement programs to assure that eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i). The primary applicant is required to provide their verifiable Social Security Number in order to process your application. The Social Security Number of other household members will assist us in processing your application more quickly.

Why do we ask for information about your race?

This is voluntary information. It is compiled and recorded for statistical purposes only. The program can not discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.

What if you think the facts in your file are wrong?

Talk to your Energy Assistance Program (EAP) Service Provider about what you think is wrong in your file.

What happens is you give false information?

The Energy Assistance Programs delivery agencies or the Minnesota Department of Commerce may check and verify any of the information you give. You may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements in your application.

You have these responsibilities:

You must tell us if you:

- Received help with your energy bills earlier this winter.
- Move to a new address (tell us within 30 days of the move).
- Change your fuel dealer or gas or electric companies.

You must pay your fuel bills. This program will pay only part of your bills. You must pay the rest.

You have certain rights to get help:

You have the right:

- To apply again if you get turned down.
- To apply for more help if you need it.
- To know what the rules are and how we decide what help you get.
- To receive a response within a reasonable time of submitting all information.
- To appeal within 30 days after you are sent the results of your application if:
 - You are turned down or receive a denial letter and you think we used the wrong facts to make the decision.
 - You do not receive the help you were promised.

How do you complain?

If you think your energy payment was not what it should be, or you did not get the services you thought you would, you may contact the local EAP Service Provider (SP) listed on the application. If you are not satisfied with their answer, you may write an appeal letter to the local EAP SP. Keep a record of their address and telephone number.

The EAP SP for suburban Hennepin County: If you are not satisfied with their response to your appeal, write to:

Community Action Partnership
8800 Highway 7, #403
Saint Louis Park, MN 55426
(952) 930-3541
www.capsh.org

Appeals Officer
Energy Assistance Program
MN Department of Commerce
85 East 7th Place, Suite 500
St. Paul, MN 55101-2198

If you feel you have been treated differently because of your color, race, national origin, religion, sex, age, marital status, political beliefs, or physical, mental or emotional disability, write to one of the following:

Minnesota Department of Human Rights
190 East 5th Street
St. Paul, MN 55101

-OR-

U.S. Department of Health and Human Service
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601

Ask for Assistance:

Call the local EAP Service Provider listed on the application to request the application in Spanish. If you do not understand the information in this document, call your local EAP Service Provider and ask for assistance. Their telephone number is usually listed on the first page of the Minnesota Energy Assistance Programs Application.