

For office use only:

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2007 - 2008 MINNESOTA ENERGY PROGRAMS APPLICATION

Community Action Partnership of Suburban Hennepin

PO Box 678

Hopkins, MN 55343



MINNESOTA
DEPARTMENT OF
COMMERCE

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

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

Part 1. Personal Information

Your Social Security Number

[Empty box for Social Security Number]

The disclosure of Social Security Numbers is voluntary. If you do not give your social security number, it may cause delays in processing your application AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(C) (2) (C) 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 program funded by block grants to states for temporary assistance for needy families.

Your Name:

First Name

M.I.

Last Name

Home Address:

Street Address

Apt. #

City

MN
State

Zip Code

Mailing Address (if different from Home Address):

Street Address or PO Box

Apt. #

City

MN
State

Zip Code

County: _____

Township: _____

Home Phone:

(____) _____

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 get all of your mail for this program.

First Name

Last Name

Street Address or PO Box

Apt. #

City

MN
State

Zip Code

Telephone Number: (____) _____

Keep Going!

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



Part 2. Household Information

Is anyone in your household currently a board member or employee of this agency? Yes No

INCLUDING YOURSELF, LIST ALL PEOPLE LIVING IN YOUR HOME. Attach a separate sheet if necessary.

Household member names First Name, Middle Initial, and Last Name	Social Security Number (of any member in household who has income)	Date Of Birth MM / DD / YYYY	Race	His-panic Y/N	Sex M/F	Dis-ability Y/ N	Years Of School	Have Income Y/N
1. (self)		/ /						
2.		/ /						
3.		/ /						
4.		/ /						
5.		/ /						
6.		/ /						
7.		/ /						
8.		/ /						

Attach a separate sheet for 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
Disability: a physical or mental impairment that substantially limits one or more major life activities.

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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social Security/SS Disability/RSDI | <input type="checkbox"/> School Grants |
| <input type="checkbox"/> Self-Employment/Farm Income | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Diversionary Work (DWP) |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Long/Short-term Disability | <input type="checkbox"/> MFIP/TANF |
| <input type="checkbox"/> Unemployment Comp. | <input type="checkbox"/> Pension/Annuity (including quarterly and annual payments) | <input type="checkbox"/> General Assistance (GA) |
| <input type="checkbox"/> Workers' Comp. | <input type="checkbox"/> MN Supplemental Aid (MSA) | <input type="checkbox"/> Child or Spousal Support |
| <input type="checkbox"/> Interest or Dividend Income | <input type="checkbox"/> Veterans' Benefits | <input type="checkbox"/> Tribal Casino Payments |
| <input type="checkbox"/> Contract for Deed Interest | | <input type="checkbox"/> Other _____ |

<p>Send Proof of Gross Income for the Past 3 Complete Months for all household members except wages for children in grades K-12</p> <p>If self employed send a complete, signed copy of your Federal tax return.</p> <p>Your application will be delayed if you do not include proof of income.</p> <p>Applications must be signed and received by May 31, 2008</p>	If you sign application in...send complete proof of income for the months of:	<p>Your household income for the last 3 months can not be higher than these income guidelines:</p> <table border="1"> <thead> <tr> <th>Household Size</th> <th>Maximum Income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$5,030</td> </tr> <tr> <td>2</td> <td>\$6,578</td> </tr> <tr> <td>3</td> <td>\$8,126</td> </tr> <tr> <td>4</td> <td>\$9,674</td> </tr> <tr> <td>5</td> <td>\$11,222</td> </tr> <tr> <td>6</td> <td>\$12,770</td> </tr> </tbody> </table>		Household Size	Maximum Income	1	\$5,030	2	\$6,578	3	\$8,126	4	\$9,674	5	\$11,222	6	\$12,770
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	2	\$6,578																
	3	\$8,126																
	4	\$9,674																
	5	\$11,222																
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	August 2007	May, June, July 2007																
	September 2007	June, July, August, 2007																
October 2007	July, August, Sept., 2007																	
November 2007	Aug., Sept., Oct., 2007																	
December 2007	Sept., Oct., Nov., 2007																	
January 2008	Oct., Nov., Dec., 2007																	
February 2008	Nov., Dec., 2007, Jan., 2008																	
March 2008	Dec, 2007, Jan., Feb, 2008																	
April 2008	Jan., Feb., March, 2008																	
May 2008	Feb., March, April, 2008																	

Part 3. Housing Information

Housing Type:

(check the box that best describes your home)

- House Apartment/Condo
 Townhouse Mobile Home
 Duplex Triplex
 Fourplex Other _____

How long have you lived in your current home? _____

Do you own, or are you buying your home? Yes No

If no, skip to next section.

If Yes:

What do you pay every month for your mortgage(s)? \$ _____

Are you having problems with your furnace? Yes No

If yes, describe problem: _____

If no, keep our number by your furnace and call us FIRST if you do have problems.)

Answer these questions ONLY if you rent your home:

Do you have a rent subsidy from the government or live in subsidized housing? Yes No

What do **you pay** every month for rent: \$ _____

Is your heat included in your rent? Yes No

Is electricity included in your rent? Yes No

Landlord's Name _____ Phone #(_____) _____

Landlord's Address _____

Part 4. Heat Sources (electricity is NOT a heat source if just running a furnace)

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

- Oil Propane/LP Wood Municipal Steam Other
 Natural Gas Electricity Coal St. Paul Dist. Htg.

Would you like 30% of your grant sent to your electric company? Yes No

Answer these ONLY if you heat with wood:

3. About what percent of wood do you use? (circle percentage)

1. How many bedrooms are in your home? _____

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2. Do you cut your own wood? Yes No

Use small amount Burn wood half the time Use all wood

WHAT COMPANIES SUPPLY HEAT AND ELECTRICITY TO YOUR HOME?

	Primary Heating	Secondary Heating	Electricity
Company name:			
Name on Account:			
Account number:			

Send a copy of your electric bill and heating bill or fuel receipt with this application.

Part 5. Local Questions

- If you are not registered to vote, would you like a voter registration card? Yes (you do not have to answer this question)
- Do your energy costs include a farm or home-based business? Yes No
- If yes, what % of your energy costs are for the business? _____%

Keep Going! 

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

Part 6. Cold Weather Rule Protections

If you are able to get energy assistance, you may be able to get Cold Weather Rule protection from October 15 to April 15. You must make and keep payment plans with your energy companies for shut-off protection or to restart service for the heating season. Energy Assistance does not replace what you need to pay.

I did contact my energy companies and have agreements to pay under the Cold Weather Rule program or another payment plan. If *No*, please contact your energy companies at once to make agreements and pay plans. Yes No

I need Cold Weather Rule information to help me choose plans. Yes No

Does anyone in your home have an illness that requires home heat and/or electricity? If YES, you may need to provide proof. Yes No

If you do not pay your energy companies in the winter, they can shut off your heat.

If you do not make a payment or if you get a disconnection notice, call your energy companies at once and start a payment plan in order to keep your heat on.

Part 7: Consent and Signature

For the program year starting October 1, 2007 and ending September 30, 2008:

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 and Weatherization Programs and for the Conservation Improvement Program.
2. I also allow the Social Security Administration and the Minnesota Department of Human Service and its agencies to share data concerning my public benefits received within the last year for eligibility for benefits with DOC and DOC's contractors for the Energy Assistance and Weatherization Programs.
3. I allow Minnesota Energy Assistance Program to:
 - Contact my employer to verify my income.
 - If I rent, to contact my landlord to confirm my residency and/or heating source.
4. My signature below affirms the data in this application is correct. I agree to share this data, as stated above. 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.

Signature:	Date:
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We must receive your application within 60 days of the date signed and no later than May 31, 2008.

Mail to:

EAP, PO Box 678, Hopkins, MN 55343