

# INSTRUCTIONS FOR COMPLETING

## MINNESOTA ENERGY PROGRAMS (EAP) APPLICATION 2009-2010

This is an application for the 2009-2010 Energy Assistance Program, Weatherization Assistance Program and Conservation Improvement Program. It also asks for information about Cold Weather Rule protection. **The Minnesota Energy Programs Application is available in large print, Braille and Spanish by asking for them from your agency.**

**To apply, you must send us:**

- This application** signed, dated and all questions answered.
- Copies of **proof of income** for each household member for the past three months (or tax forms for self-employment or rental income).
- A copy of your **heating bill** and your **electric bill**.

**Failure to provide the required documents will delay the processing of your application.**

### Instructions

#### PART 1. Personal Information

Fill in your name, address, phone number, and contact information. Please provide your social security number for identification purposes (optional, but this helps process the application faster.)

#### 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.

#### 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.

The Social Security Number is requested for each person in the household.

Non-custodial parents may include their children as household members.

#### Sources of Income and Other Assistance

Please let us know if you had any changes in your income during the past three months.

- Report income for each member of the household.
- Attach proof of all household income for 3 full months before the month you apply.

Mark (x) all Sources of Income for all members of your household.

Income is any and all money being paid to anyone living in the house.

Please send copies of your income proof. Originals will not be returned.

#### EXAMPLES OF PROOF OF INCOME:

- **Employed:** Check stubs or a written statement signed by employer stating gross wages.
- **MFIP, TANF, MSA, GA:** Letter showing monthly grant award.
- **Child Support, Alimony:** Checks, printout from the child support office, bank deposits or a signed note stating the amount and dates of received payments.
- **Disability Payments, Veteran's Benefits, Workers' Compensation, Social Security, RSDI and SSI:** Award letters, bank statements showing direct deposits, copy of the check(s).
- **Unemployment Compensation:** Unemployment statement or weekly benefit statement.
- **Self Employed, Farm, Rental Income:** A signed copy of last year's Federal Tax Return.
- **Interest, Dividend:** Bank statements or copy of your IRS-1099.
- **Retirement Income:** Benefit check(s) or a statement.
- **Pension and Annuities:** Benefit check(s) or a statement.

**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, whether you own or rent and your monthly housing costs.

If you are a renter, tell us if you receive a housing subsidy from the government, whether you pay heat or electricity, and your landlord's name, phone number and address.  
 If you are buying your house, pay a mortgage or "contract for deed" you are considered a homeowner.

**PART 4: Heating Sources**

- If your home is heated with more than one heating source please let us know (Electric is not a heat source if just running a furnace fan/igniter). Put "1" by the heating fuel that you use the most and "2" by all other heating fuel you use in your home.
- Wood users, tell us the number of bedrooms in your home, whether you cut your own wood, and how much of your heat the wood provides.
- Enter the name of the heating or electric company where you want your payment sent.

If you mark Electric Heat as your main heating source, it must provide most or all the heat to one or more rooms (excluding bathrooms) or provide secondary heat to the entire home.  
**Electric is not a heat source if just running a furnace fan/igniter.**

Circle the percent of wood that you use.

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

**PART 6. Cold Weather Rule Protections**  
 Follow the instructions in this section if you use natural gas or electricity to heat your home or if you need electricity to operate your thermostat or furnace fan.

You **MUST** contact your natural gas or electric companies and arrange for a payment plan to be covered by the Cold Weather Rule. People at this agency can help you arrange a reasonable payment.

**PART 7. Permissions and Signature**

Read the permissions part carefully. **Go to the end of the application. Sign and date!**

Energy Assistance Program cannot pay for all of your heating and electric bills.

Arrange for a payment plan with your vendor and make the payments. Your application will be processed as quickly as possible. A letter will be sent to you when your application is completed.

Call us **only** if:

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

Mail your application and supporting information to:

EAP  
 PO Box 678  
 Hopkins, MN 55343

Your application must be received within 60 days of the date signed and no later than May 31, 2010.  
**Funds may not last until May 31, so apply early.**

**Weatherization Income Eligibility Guidelines**

You may be eligible for weatherization 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.

The three-month income limits for the **Weatherization Assistance Program** are:

Household	
Size	Income
1	\$ 5,415
2	\$ 7,285
3	\$ 9,155
4	\$11,025
5	\$12,895
6	\$14,765

For office use only:  
HH#



2009 - 2010 MINNESOTA ENERGY PROGRAMS APPLICATION

Community Action Partnership of Suburban Hennepin  
PO Box 678  
Hopkins, MN 55343



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**

<p><b>Your Social Security Number</b></p> <input type="text"/>	<p>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.</p>
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**Your Name:**

\_\_\_\_\_

First Name M.I. Last Name

**Home Address:**

\_\_\_\_\_ MN \_\_\_\_\_

Street Address Apt. # City State Zip Code

**Mailing Address (if different from Home Address):**

\_\_\_\_\_ MN \_\_\_\_\_

Street Address or PO Box Apt. # City 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 can get all of your mail for this program, if you include their address.

\_\_\_\_\_

First Name Last Name

\_\_\_\_\_ MN \_\_\_\_\_

Street Address or PO Box Apt. # City 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	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"/> MN Supplemental Aid (MSA) |
| <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"/> Retirement Income                                | <input type="checkbox"/> General Assistance (GA)   |
| <input type="checkbox"/> Workers' Comp.              | <input type="checkbox"/> Pension/Annuity (including quarterly and annual) | <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"/> Earned Income Tax Credit (not counted as income) | <input type="checkbox"/> Other _____               |

<p><b>Send Proof of Gross Income for the Past 3 Complete Months for all household members except wages for children in grades K-12</b></p> <p><b>If self employed send a signed copy of your Federal tax return.</b></p> <p><b>Your application will be delayed if you do not include proof of income.</b></p> <p><b>Applications must be signed and received by May 31, 2010. (Funds may not last, so apply early)</b></p>	<b>If you sign application in...</b>	<b>....send complete proof of income for the months of:</b>	<p><b>For EAP your household income for the last 3 months can not be higher than these income guidelines (see Instructions for Weatherization income limits):</b></p> <table border="1"> <thead> <tr> <th>Household Size</th> <th>Maximum Income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$5,423</td> </tr> <tr> <td>2</td> <td>\$7,092</td> </tr> <tr> <td>3</td> <td>\$8,761</td> </tr> <tr> <td>4</td> <td>\$10,430</td> </tr> <tr> <td>5</td> <td>\$12,099</td> </tr> <tr> <td>6</td> <td>\$13,768</td> </tr> </tbody> </table>		Household Size	Maximum Income	1	\$5,423	2	\$7,092	3	\$8,761	4	\$10,430	5	\$12,099	6	\$13,768
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	1	\$5,423																
	2	\$7,092																
	3	\$8,761																
	4	\$10,430																
	5	\$12,099																
	6	\$13,768																
	August 2009	May, June, July 2009																
	September 2009	June, July, August, 2009																
October 2009	July, August, Sept., 2009																	
November 2009	August, Sept., Oct., 2009																	
December 2009	Sept., Oct., Nov., 2009																	
January 2010	Oct., Nov., Dec., 2009																	
February 2010	Nov., Dec., 2009, Jan., 2010																	
March 2010	Dec, 2009, Jan., Feb, 2010																	
April 2010	Jan., Feb., March, 2010																	
May 2009	Feb., March, April, 2010																	

### Part 3. Housing Information

**Housing Type:**

(check the box that best describes your home)

- House
- Townhouse
- Duplex
- Fourplex
- Apartment/Condo
- Mobile Home
- Triplex
- 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.)

Are you self-employed and work in your home; or do you rent out part of your home?  Yes  No **If yes, please explain:**

**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 fan and/or igniter)

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? \_\_\_\_\_

2. Do you cut your own wood?  Yes  No

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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)
- How did you hear about this program? \_\_\_\_\_

**Keep Going!**

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



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**Part 6. Cold Weather Rule Protections**

If you receive energy assistance, you pre-qualify for Cold Weather Rule protection from October 15 to April 15. You must call your energy companies to activate this protection. This protection helps restart your service for the heating season and stop the energy companies from shutting off your heat between October 15 and April 15. You must make and keep a payment agreement to stay protected. Energy assistance does not replace what you need to pay.

**Please answer these questions and take the steps needed based on your answers.**

	YES	NO
I did contact my energy companies and have payment agreements.	<input type="checkbox"/>	<input type="checkbox"/>
If <i>No</i> , please contact your energy companies at once to make payment plans.		
I did contact my energy companies to enroll in their discount programs.	<input type="checkbox"/>	<input type="checkbox"/>
If <i>No</i> , call your energy companies today to find out what they offer. Not all energy companies have discount programs.		
Does anyone in your home have an illness that requires heat and/or electricity?	<input type="checkbox"/>	<input type="checkbox"/>
If <i>Yes</i> , you may need to submit a doctor's statement to your energy companies.		

**To get all these protections, 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.**

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**Part 7: Consent and Signature**

**For the program year starting October 1, 2009 and ending September 30, 2010:**

- 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.
- 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.
- 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.
- I allow my local Community Action Agency to contact me for outreach and referral.
- 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.

<b>Signature:</b>	<b>Date:</b>
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**We must receive your application within 60 days of the date signed and no later than May 31, 2010. Apply early, funds may not last.**

**Mail to: EAP, PO Box 678, Hopkins, MN 55343**

# **Your Rights and Responsibilities**

## **PRIVACY NOTICE**

**Also known as the Tennesen Warning**

**Privacy Act Provisions:** Federal and state laws 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 USC section 552a (e) (3) and the Minnesota Government Data Practices Act, Minn. Stat. §13.04 subd. 2.

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, Weatherization Assistance Program and Conservation Improvement Program, also known as Energy 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

### **What happens if you do not give us the information?**

You have the right to not give us the information we ask for; however, if you do not provide the information, you may not be able to get services or help with energy bills.

### **Who will see this information?**

Staff working in the following agencies or companies who need access to the application information to do their jobs in connection with the Energy Assistance, Weatherization and Conservation Improvement Programs will see and share information related to your energy assistance application:

- Local Energy Programs agencies under contract with the Minnesota Department of Commerce
- Local Energy Programs' auditors as required 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
- Minnesota Attorney General's Office, as needed for litigation purposes
- Your energy vendor for affordability and Energy Assistance Programs
- Federal and State law enforcement authorities, as needed for litigation purposes
- 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 and to assure that eligible applicants and their household members receive only allowable benefits. Federal law allows us to ask you to provide your social security number in order to process your application more quickly and to prevent, detect and correct fraud and abuse. 45 CFR 96.84; 42 U.S.C. 405 (c)(2)(C)(i). You are not required to provide it but it 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 EAP or the department may check out 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 know the results of your application if:
  - You get turned down.
  - You think we used the wrong facts to make the decision.
  - You do not get 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 write to the local EAP agency listed on the application. Keep a record of the address and telephone number.

If you are not satisfied with their response, write to:

Appeals Officer  
Energy Assistance Program  
Minnesota Department of Commerce  
85 East 7<sup>th</sup> 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 5<sup>th</sup> 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 large print or Braille. If you do not understand the information in this document, call the local EAP Service Provider listed on the application and ask to have it explained to you.