

Prairie Five Community Action Council, Inc.
 Lac Qui Parle County
 422 5th Avenue
 P O Box 166
 Madison, MN 56256
 Tel: 320.598.3027
 Fax: 844.273.1961

For office use only	
HH:	_____
Referral <input type="checkbox"/>	_____
Rep#:	_____
Grant amount:	_____

Please use black ink to complete your application. Do not use highlighters on the documents you send

2017-2018 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. <small>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.</small>		
Your Name:	MM - DD - YYYY		
..... First Name .....	..... M.I. .....	..... Last Name .....	..... Date of Birth
Current Home Address:			
..... Street .....	..... Apt # .....	..... City .....	..... MN State Zip Code
Mailing Address (if different from Home Address)			
..... Street or POBox .....	..... Apt # .....	..... City .....	..... MN State Zip Code
County:	Township:		
Home Phone:	Other Phone (if different from Home Phone):		
(.....).....	(.....).....		
Primary Language spoken in home:	E-Mail Address:		
.....		
Authorized Representative: If you complete this section, you give the "Authorized Representative" permission to act for you. First Name..... Last Name..... Phone (.....).....			
If you would like the Authorized Representative to get the mail on behalf of you, please fill in the address below:			
..... Street or POBox .....	..... Apt # .....	..... City .....	..... MN State Zip Code

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

Part 2. Household Information

LIST ALL HOUSEHOLD MEMBERS, STARTING WITH YOU:

First Name, M.I., & Last Name	Social Security Number	Date of Birth MM-DD-YYYY	Race	Hispanic Y/N	Sex M/F	Disability Y/N	Years Of School (Adults)	Veteran Y/N	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 Alaska Native
P = Native Hawaiian or Other Pacific Islander W = White M = Multi Race O = Other

Is anyone in your household currently an employee *or* board member of this energy assistance agency? Yes No

How many members of your household do NOT have health insurance?.....

How many people in your household had income in the past 3 months?.....

INCOME, BENEFITS AND OTHER ASSISTANCE (Check all that apply for your household and SEND PROOF OF INCOME)

<input type="checkbox"/> Wages <input type="checkbox"/> Self-Employment/Farm Income* Date Business started:...../..... <input type="checkbox"/> Rental Income <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Interest or Dividend Income <input type="checkbox"/> Contract for Deed Interest <input type="checkbox"/> Diversionary Work (DWP) <input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Benefits (SSDI, RSDI, SSA) <input type="checkbox"/> Retirement Income <input type="checkbox"/> Pension/Annuity (including quarterly & annual) <input type="checkbox"/> Tribal Per Capita Payments <input type="checkbox"/> Tribal Judgments or Tribal Bonus <input type="checkbox"/> Long/Short-term Disability <input type="checkbox"/> Minnesota Family Investment Program (MFIP) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Other income not listed: No proof of income required for the following sources: <input type="checkbox"/> Child Support Monthly amount \$..... <input type="checkbox"/> Food Support <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> No Income (Please call us at 320.598.3027)																					
		SEND PROOF OF ALL GROSS INCOME received by all people in your household in the last 3 full calendar months . Send copies, originals will not be returned. Wages for children in grades K-12 are not counted. *If self-employed, send first 2 pages of your most recent IRS-1040 tax return. Contact your local EAP Service Provider if your business was started less than two years ago. Your application will be delayed if you do not include proof of income. You must sign and date the last page of the application. It must be postmarked or received on or before: <p style="text-align: center;">May 31, 2018</p>	If you sign application in: Aug 2017 Sept 2017 Oct 2017 Nov 2017 Dec 2017 Jan 2018 Feb 2018 Mar 2018 Apr 2018 May 2018	Send proof of gross income received in the months of: May, June, July 2017 June, July, Aug 2017 July, Aug, Sept 2017 Aug, Sept, Oct 2017 Sept, Oct, Nov 2017 Oct, Nov, Dec 2017 Nov, Dec 2017, Jan 2018 Dec 2017, Jan, Feb 2018 Jan, Feb, March, 2018 Feb, March, April 2018	For EAP, your household income cannot be more than these income guidelines for three months: <table border="1"> <thead> <tr> <th>Household Size</th> <th>Income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$6,250</td> </tr> <tr> <td>2</td> <td>\$8,173</td> </tr> <tr> <td>3</td> <td>\$10,096</td> </tr> <tr> <td>4</td> <td>\$12,019</td> </tr> <tr> <td>5</td> <td>\$13,942</td> </tr> <tr> <td>6</td> <td>\$15,865</td> </tr> <tr> <td>7</td> <td>\$16,226</td> </tr> <tr> <td>8</td> <td>\$16,586</td> </tr> <tr> <td>9</td> <td>\$16,947</td> </tr> </tbody> </table>	Household Size	Income	1	\$6,250	2	\$8,173	3	\$10,096	4	\$12,019	5	\$13,942	6	\$15,865	7	\$16,226	8	\$16,586
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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 How long have you lived in your current home?YearsMonths	<p>Do you pay for rent or mortgage? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, amount (\$):..... (required)</p> <hr/> <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> <hr/> <p>Homeowners: Do you own or are you buying your home? <input type="checkbox"/>Yes <input type="checkbox"/>No If your furnace/heating system is currently NOT working, check this box: <input type="checkbox"/> Call us immediately at 320.598.3027 if your furnace/heating system is not working</p> <hr/> <p>Business Use of Home: 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? </p> <hr/> <p>Do you rent out part of your home to anyone? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
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Part 4. Heat Sources (note: Electricity is only a heat source when used to provide heat to one or more rooms.)

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

Oil <input style="width: 40px; height: 20px;" type="text"/>	Propane/LP <input style="width: 40px; height: 20px;" type="text"/>	Wood <input style="width: 40px; height: 20px;" type="text"/>	Pellets <input style="width: 40px; height: 20px;" type="text"/>	Municipal Steam <input style="width: 40px; height: 20px;" type="text"/>
Natural Gas <input style="width: 40px; height: 20px;" type="text"/>	Electricity <input style="width: 40px; height: 20px;" type="text"/>	Corn <input style="width: 40px; height: 20px;" type="text"/>	Other Biofuel <input style="width: 40px; height: 20px;" type="text"/>	St. Paul Dist. Heating <input style="width: 40px; height: 20px;" type="text"/>

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 A COPY OF YOUR LAST HEAT AND ELECTRIC BILLS OR FUEL RECEIPT WITH THIS APPLICATION

Do you heat with wood, pellets, corn or other biofuel? Yes No If **Yes**, answer the next 3 questions

1. What percent of your heat does this supply? (use chart) **(Circle the percent used last year from wood, corn, pellets, other biofuel):**
2. Do you cut your wood or grow fuel corn? Yes No

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
-----	-----	-----	-----	-----	-----	-----	-----	-----	------
3. How many bedrooms are in your home?.....

Use sometimes	Half of the time	Almost Always	All
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If you are having an energy emergency right now, check type of emergency below and send a copy of the notice from your energy company showing the amount owed:

- Already disconnected. Company:..... Disconnect Date:..... Amount Owed:.....
- Received disconnect notice. Company:..... Date Scheduled:..... Amount Owed:.....
- Fuel tank empty (or less than 20% in tank). What % is in your tank today:..... Amount Owed:.....

Please contact your energy company to set up a payment plan.

Do you use electricity to heat your home? Yes No. If **yes**, check the box(es) below to indicate how it is used.

- Furnace fan/blower only
- Space heaters used as needed
- Space heaters are the **only** source of heat for one or many rooms. List the room(s):
- Other electric heat used.** Check all that apply: Baseboard Heat In Floor System Electric Furnace Heat Pump
- List the rooms where electric heat type above is the **only** source of heat:

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

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

Have you received interest income over \$50 in the past three months? (If **Yes**, send proof) **YES or NO**

Would you like information concerning the SNAP program? **YES or NO**

Has your home ever been weatherized by Prairie Five? **YES or NO**

Would you like a list of referral agencies in your county? **YES or NO**

If no one in your household has not had any income in the last three months, contact the outreach worker in your county and request a Verification & Expenses form. We need this information to complete your fuel application.

If you move, please contact your Outreach staff immediately to provide us with your new information.

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

Part 5. Consent and Signature for October 1, 2017 to September 30, 2018

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 (Commerce) and Commerce’s contractors for the Energy Assistance Program (EAP), the Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP).
2. I authorize the Social Security Administration and the Minnesota Department of Human Services (MDHS) and its affiliated agencies to share data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits with Commerce and Commerce’s contractors for EAP, WAP and CIP.
3. I authorize Minnesota EAP, WAP, and CIP 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 authorize my local EAP, WAP and CIP Service Providers to contact me for outreach and referral.
5. By signing, I affirm that all data in this application is correct. I also acknowledge that:
 - I currently reside in the address listed on this application.
 - I am signing on behalf of all household members.
 - 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 EAP, WAP, and CIP. I have received a copy of the “Privacy Notice and Your Rights and Responsibilities” and agree to its terms and conditions.
 - I may appeal local Energy Programs Service Provider decisions about my benefits.
 - I understand that filling out this application does not guarantee that my household will receive assistance.
 - I am an adult or emancipated minor.

Print Name:

Signature: **Today’s Date:**.....

We must receive your application within 60 days of the date you sign it. This application must be postmarked or received no later than May 31, 2018.

Funds may not last, apply early.