

Prairie Five Community Action Council, Inc.  
 Yellow Medicine County  
 106 St. Olaf Avenue  
 Canby, MN 56220

Tel: 507.223.5471  
 Fax: 844.273.1427

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

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

## 2018-2019 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.**

<b>Your Social Security Number</b>	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.
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<b>Your Name:</b>				MM - DD - YYYY
.....	.....	.....	.....	.....
First Name	M.I.	Last Name	Date of Birth	

<b>Current Home Address:</b>				
.....	.....	.....	MN	.....
Street	Apt #	City	State	Zip Code

<b>Mailing Address (if different from Home Address)</b>				
.....	.....	.....	MN	.....
Street or PO Box	Apt #	City	State	Zip Code

.....	.....
<b>County:</b>	<b>Township:</b>

<b>Home Phone:</b>	<b>Other Phone:</b>	<b>E-Mail Address:</b>
(.....).....	(.....).....	.....

**To contact me in writing, I prefer:**  E-Mail  US Mail (letter)

**Primary Language spoken in home:** .....

**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:

.....	.....	.....	MN	.....
Street or PO Box	Apt #	City	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 including IRA, etc. <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: ..... <b>No proof of income</b> 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 507.223.5471)
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<p><b>SEND PROOF OF ALL GROSS INCOME</b> received by all people in your household in the <b>last 3 full calendar months</b>. Send copies, originals will not be returned. Wages for children in grades K-12 are not counted.</p> <p>*If self-employed, send first 2 pages of your most recent IRS-1040 tax return. Contact your local EAP Service Provider if you have not filed a 1040 since self-employment started.</p> <p><b>Your application will be delayed if you do not include proof of income.</b></p> <p>You must sign and date the last page of the application. It must be postmarked or received on or before:</p> <p style="text-align: center;"><b>May 31, 2019</b></p>	<p><b>If you sign application in:</b></p>	<p><b>Send proof of gross income received in the months of:</b></p>	<p><b>For EAP, your household income cannot be more than these income guidelines for three months:</b></p>	
	Aug 2018	May, June, July 2018	<b>Household Size</b>	<b>Income</b>
	Sept 2018	June, July, Aug 2018	1	\$6,495
	Oct 2018	July, Aug, Sept 2018	2	\$8,494
	Nov 2018	Aug, Sept, Oct 2018	3	\$10,493
	Dec 2018	Sept, Oct, Nov 2018	4	\$12,492
	Jan 2019	Oct, Nov, Dec 2018	5	\$14,490
	Feb 2019	Nov, Dec 2018, Jan 2019	6	\$16,489
	Mar 2019	Dec 2018, Jan, Feb 2019	7	\$16,864
	Apr 2019	Jan, Feb, March, 2019	8	\$17,239
May 2019	Feb, March, April 2019	9	\$17,613	

**Part 3. Housing Information**

<p><b>Type of Housing:</b></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>Do you pay for rent or mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b>, amount (\$):..... (required)</p> <hr/> <p><b>Renters:</b> 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><b>Homeowners:</b> Do you own or are you buying your home? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If your furnace/heating system is currently <b>NOT</b> working, check this box: <input type="checkbox"/>                  Call us immediately at 507.223.5471 if your furnace/heating system is not working</p> <hr/> <p><b>Business Use of Home:</b> If you are self-employed, is the business at your home? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If <b>Yes</b>, 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>
<p>How long have you lived in your current home?                  .....Years .....Months</p>	

**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: 30px; height: 20px;" type="text"/>	Propane/LP <input style="width: 30px; height: 20px;" type="text"/>	Wood <input style="width: 30px; height: 20px;" type="text"/>	Pellets <input style="width: 30px; height: 20px;" type="text"/>	Municipal Steam <input style="width: 30px; height: 20px;" type="text"/>
Natural Gas <input style="width: 30px; height: 20px;" type="text"/>	Electricity <input style="width: 30px; height: 20px;" type="text"/>	Corn <input style="width: 30px; height: 20px;" type="text"/>	Other Biofuel <input style="width: 30px; height: 20px;" type="text"/>	St. Paul Dist. Heating <input style="width: 30px; height: 20px;" type="text"/>

**What energy companies supply heat and electricity to your home?**

	Heating No. 1	Heating No. 2	Electric
<b>Company Name:</b>			
<b>Name on Account:</b>			
<b>Account number:</b>			

**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
3. How many bedrooms are in your home?.....

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

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: .....

Do you want to register to vote or update your registration if you have moved?  Yes  No

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

Would you like information concerning the SNAP (Food Support) 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

In the past three months were any household members, 18 or older, WITHOUT income? YES or NO

If Yes, please explain: \_\_\_\_\_

How did you hear about the Energy Assistance Program? \_\_\_\_\_

MISSING & INCORRECT INFORMATION WILL DELAY PROCESSING! Make sure your application is completely updated and filled out, signed and dated, and copies of income proof for everyone in the home is included.

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

**Part 5. Consent and Signature for October 1, 2018 to September 30, 2019**

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, the Minnesota Department of Human Services and its affiliated agencies, and the Minnesota Department of Employment and Economic Development to share data concerning my Social Security Number, public benefits received, and income 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, emancipated minor, or a minor head of a household with no adults or emancipated minors.

**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, 2019.**

**Funds may not last, apply early.**