



For office use only
HH#: _____
Rep # _____
heat amount \$ _____
electric amount \$ _____

Date Received _____
 Logged initials _____

West Central MN Communities Action, Inc
 411 Industrial Park Blvd
 Elbow Lake, MN 56531

Telephone
 218-685-4486 or 1-800-492-4805
 Fax 218-685-6742 or WEB wcmca.org

2009-2010 MINNESOTA ENERGY PROGRAMS APPLICATION



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

Part 1. Personal Information

Your 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 programs funded by block grants to states for temporary assistance for needy families			
<input style="width: 100%;" type="text"/>				
Your Name:	_____			
First Name	M.I.	Last Name		
Home Address:	_____			
Street	Apt. #	City	State	Zip Code
			MN	-
Mailing Address (if different from Home Address):	_____			
Street or PO Box	Apt. #	City	State	Zip Code
			MN	-
County:	_____		Township: _____	
Home Phone:	_____		Other Phone: _____	
() _____			() _____	
Primary language spoken in home:	_____		E-mail 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	Phone ()		_____
_____	_____	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

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

INCLUDING YOURSELF, LIST ALL HOUSEHOLD MEMBERS.

Household member names First Name, Middle Initial & Last Name	Social Security Number	Date of Birth MM/DD/YYYY	Race	Hispanic Y/N	Sex M/F	Disability Y/N	Years Of School	Have Income Y/N
1. (self)		/ /						
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 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 or Social Security Disability	<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
<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 Credit (not counted as income)	<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 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, 2010</p>	If you sign application in:	Send Proof of income for the months of:	<p>For EAP, you must not exceed these income guidelines for 3 months (See <i>Instructions for Weatherization Income Eligibility Guidelines</i>):</p> <table border="1"> <thead> <tr> <th colspan="2">Household</th> </tr> <tr> <th>Size</th> <th>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	Income	1	\$5,423	2	\$7,092	3	\$8,761	4	\$10,430	5	\$12,099	6	\$13,768
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	Aug. 2009	May, June, July 2009																	
Sept. 2009	June, July, August, 2009																		
Oct. 2009	July, August, Sept., 2009																		
Nov. 2009	Aug., Sept., Oct., 2009																		
Dec. 2009	Sept., Oct., Nov., 2009																		
Jan. 2010	Oct., Nov., Dec., 2009																		
Feb. 2010	Nov., Dec., 2009, Jan., 2010																		
March 2010	Dec, 2009, Jan., Feb, 2010																		
April 2010	Jan., Feb., March, 2010																		
May 2010	Feb., March, April, 2010																		

Part 3. Housing Information

Type of Housing:

- 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

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

Homeowners: Are you having problems with your furnace?

Describe problem: _____ Yes No

(Keep our number and call us if you have furnace problems)

Are you self employed and work in your home, or do you rent out part of your home? Yes No. If yes, explain: _____

Answer these questions if you Rent: What do you pay every month for rent: \$ _____

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

Is your heat included in your rent? Yes No Is electricity included in your rent? Yes No

Landlord's name _____ Phone _____ Address _____

Part 4. Heat Sources (electric is not a heat source if just running a furnace)

Put "1" by the **heating** fuel you use the most and "2" by all other heating fuel you use in your home.

Oil Propane/LP Wood Municipal Steam

Natural Gas Electricity Other St. Paul Dist. Htg.

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

If you heat with wood, answer these 3 questions:

1. How many bedrooms are in your home? _____

2. Do you cut your own wood? Yes No

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

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?

	Heating No. 1	Heating No. 2	Electric
Company name:			
Name on Account:			
Account number:			

SEND A COPY OF YOUR ELECTRIC BILL AND HEATING BILL OR FUEL RECEIPT WITH THIS APPLICATION

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

Part 5. Local Questions

1. Are you disconnected? Yes No
If yes which Company? _____ **enclose a copy of the disconnect notice**
2. Are you out of fuel and have been refused delivery?..... Yes No
3. Are you interested in the Weatherization Program? Yes No
4. Do you receive Child Support? Yes No
what was the monthly amount received in the previous 3 months? _____
5. Do you heat your home with electric? **Is it baseboard or space heaters (circle one)**..... Yes No
6. Have you received interest income **over \$50** in the previous three months? If yes send verification Yes No
7. If someone in your home is over 18 without income please explain.

8. Would you like information on the food support program?..... Yes No
9. Would you be willing to share how Energy Assistance benefits your household?..... Yes No
10. Would you like information on other programs in our agency?..... Yes No
11. Write in this area any other information that would help us better understand your situation.

Please sign and date the last page

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.

I did contact my energy companies and have payment agreements. If *No*, please contact your energy companies at once to make payment plans. YES NO

I did contact my energy companies to enroll in their discount programs. If *No*, 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? If *Yes*, 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.

Part 7. Consent and Signature

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

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 Services 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. I allow my local Community Action Agency to contact me for outreach and referral.
5. 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, 2010.
(Funds may not last through May 31, so apply early)**