

Part 2. Household Information

List all household members, starting with you (non-custodial parents may include their minor children):

Social Security Number Ex: 555-55-5555 <i>Indicate below if you don't have an SSN. See instructions for more information.</i>	Legal Name First M.I. Last Ex: Pat T. Smith	Date of Birth mm-dd-yyyy	LAST 6 MONTHS		Last date worked MM/DD/YY	Gender write in Ex: Male	Race See Below	Latino/a/x Y/N	Hispanic Y/N	Disabled Y/N	Veteran Y/N
			Income/ Benefits Y/N	Number of Employers							
(Self)											

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

x Has any household members' job-related income gone down in the past 6 months? Whose
For each person, please send most recent full calendar month of income as proof. See instructions for more information.

Member(s) over 18 with no income? Which member(s) and please explain

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

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

x How did you hear about Energy Assistance? Friends/Family Newspaper/Billboard Social Media/Digital
 Radio Landlord County Worker Veteran's Office State or County Website Utility/Fuel Provider Other

Income, benefits, and other assistance: For the last full calendar month before signing this application, check all that apply for everyone in your household. Please list all people who have that income or benefit next to that type and send proof with this application. See instructions for more information about your type(s) of income or benefit.

Income	Who has this income?	Who has this income?
<input type="checkbox"/> Wages	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Self-Employment/Farm Income/Contractor/Freelancer/Gig	<input type="checkbox"/> Interest or Dividend Income
Month and year business started:	<input type="checkbox"/> Rental Income
Send in IRS 1040 including the signature page and Schedule 1		<input type="checkbox"/> Workers' Compensation
See instructions if you did not file a 1040 for this job		<input type="checkbox"/> Contract for Deed Interest
<input type="checkbox"/> No income: Please call us your service provider	<input type="checkbox"/> Other.....

Benefits	Who has this benefit?	Who has this benefit?
<input type="checkbox"/> Social Security Benefits (SSDI, RSDI, SSA)	<input type="checkbox"/> Veterans' Benefits
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Tribal Per Capita Payments
<input type="checkbox"/> Pension/Annuity (including quarterly & annual)	<input type="checkbox"/> Tribal Judgments or Tribal Bonus
<input type="checkbox"/> Retirement Income (including IRA, etc.)	<input type="checkbox"/> Long/Short-term Disability (Not SSDI)
<input type="checkbox"/> Minnesota Family Investment Program (MFIP or TANF)	<input type="checkbox"/> Alimony or Spousal Support
<input type="checkbox"/> General Assistance (GA) – Cash benefits	<input type="checkbox"/> Diversionary Work (DWP)

No proof required:
 Child Support - Monthly amount \$..... Food Support
 Earned Income Tax Credit Minnesota Supplemental Aid (MSA)

Your application will be delayed if you do not send all required proof of income.

Part 3. Housing Information

I live in a: House Apartment/Condo Townhouse Mobile Home Duplex Triplex Fourplex Other.....

How long have you lived in your current home? Years Months How many people live in your home?.....

I pay: Rent Mortgage Lot rent No monthly payment

What is the total monthly amount you pay: \$.....required

<p>I am a renter: Do you get a rent subsidy or do you live in subsidized housing? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is heat or electricity included in your rent? Check those that apply: <input type="checkbox"/> Heat <input type="checkbox"/> Electric</p> <p>Landlord Information</p> <p>Name:.....</p> <p>Phone</p> <p>Street or PO Box Apt#.....</p> <p>City..... State..... Zip Code.....</p>	<p>I am a homeowner: Do you own or are you buying your home? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If your furnace/heating system is currently NOT working, check this box: <input type="checkbox"/> Call your Service Provider immediately if your furnace/heating system is not working.</p> <hr/> <p>Renters and Homeowners: If you are self-employed, is the business at your home? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, what kind of business and what work is done in your home or on your property?</p> <p>Do you rent part of your home to anyone? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you share your fuel tank or energy meter with another household? <input type="radio"/> Yes <input type="radio"/> No</p>
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Part 4. Energy Providers

What companies supply heat and electricity to your home?

Send a copy of your last bills and/or fuel receipt with this application.

	Main Heating	Other Heating	Electric	Solar Garden
Company Name				
Fuel Type:	<input type="radio"/> Natural Gas <input type="radio"/> Propane <input type="radio"/> Oil <input type="radio"/> Biofuel <input type="radio"/> Steam	<input type="radio"/> Natural Gas <input type="radio"/> Propane <input type="radio"/> Oil <input type="radio"/> Biofuel <input type="radio"/> Steam	<input type="checkbox"/> Main heat source is electricity	
Account Number:				
Name on Account:				

Unless indicated below, we will split your benefit. 70% will be paid to your main heating company and 30% to your electric company.

OPTIONAL: If you want your benefit paid differently, please indicate below:

All to main heating All to electric Other:

If you heat with wood or other biofuel:
 Biofuel you use - Wood Pellets Corn Other
 What percent of your heat does this supply?.....%
 How many bedrooms are in your home?.....
 Do you supply your own wood/biofuel? Yes No

Energy Emergency - If you have an emergency right now, check the type of situation below and send a copy of the notice:

Already disconnected. Company:..... Disconnect Date:.....

Received disconnect notice. Company:..... Date Scheduled:.....

Fuel tank empty (or less than 20% in tank) and payment on delivery required. What % is in your tank today:..... Tank size:.....

Contact your energy company to set up a payment plan.

Privacy Notice and Your Rights and Responsibilities

Privacy Notice

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 U.S.C. § 552a(e)(3) and the Minnesota Government Data Practices Act, Minn. Stat. § 13.04, subd. 2 (also referred to as a Tennessee Warning).

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 (EAP), Weatherization Assistance Program (WAP) and Conservation Improvement Program (CIP), 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 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.

Do you have to give us the information?

You have the right to not give us the information we ask for.

What happens if you give or do not give us information?

If you give us the information requested on the application, your application will be processed. If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

Who may see this information?

The following persons may receive information contained in your Energy Programs application if: (i) they need access to the application information to do their jobs in connection with the Energy Programs (EAP, WAP, and CIP), or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with the Minnesota Department of Commerce (Commerce).
- Community Services Block Grant and Minnesota Community Action Grant Service Providers under contract with Commerce.
- Program auditors as required or permitted by Office of Management and Budget (OMB) guidance.
- Minnesota Departments of Administration, Commerce, Employment and Economic Development, Health, Housing Finance Agency, Human Services, Revenue and MN.IT Services.
- United States Departments of Health and Human Services and Energy.
- Minnesota Public Utilities Commission.
- Minnesota Legislative Auditor.
- Persons so authorized pursuant to court order.
- Your energy companies for affordability, Energy Programs, or other PUC-ordered programs, upon Commerce's approval.
- Minnesota Community Action Partnership.
- United States Social Security Administration.
- 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 Programs (EAP, WAP, and CIP) to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i). All applicants (except eligible non-citizens) are required to provide a verifiable Social Security Number in order to process your application.

Why do we ask for information about your race?

This is voluntary information. It is compiled and recorded for statistical purposes only. The program cannot discriminate for reason of race or ethnic background, religion, gender, sexual orientation, or political affiliation.

Your Rights and Responsibilities

You have certain rights to get help:

You have the right:

- To apply again if you get denied.
- 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 are sent the results of your application if:
 - You receive a denial letter and think we used the wrong information to make the decision.
 - You do not receive the help you were promised.

You have these responsibilities:

You must tell us if you or any member of your household:

- 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.

This program may pay only part of your heating and electric bills. You are responsible to pay the rest.

What if you think the information in your file is wrong?

Talk to your local EAP Service Provider about what you think is wrong in your file.

What happens if you give false information?

The local EAP Service Providers or the Minnesota Department of Commerce may check and verify any of the information contained on your application or otherwise provided. You may be denied Energy Program benefits if you provide incomplete or false information. You may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements on your application.

How to submit a complaint:

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 contact the local EAP Service Provider listed on the application. If you are not satisfied with their answer, you may write an appeal letter to the local EAP Service Provider. Keep a record of their address and telephone number.

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

Appeals Officer
Energy Assistance Program
Minnesota Department of Commerce
85 East 7th Place, Suite 280
St. Paul, MN 55101-2198

If you feel you have been treated differently because of your color, race, national origin, religion, sex, gender, age, marital status, political beliefs, or physical, mental or emotional disability, write to one of the following:

Minnesota Department of Human Rights
Grigg's Midway Building
540 Fairview Ave. N, Suite 201
St. Paul, MN 55104
<https://mn.gov/mdhr/>

-OR-

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 1300
Chicago, IL 60601
www.hhs.gov/ocr/civilrights/complaints