

Semcac - EAP
 PO BOX 549
 RUSHFORD MN 55971

For Office Use Only
 HH#: _____
 Rep#: _____
 Grant Amount: _____
 Log in Date: _____
 Edit Date: _____
 Scanned By: _____

Please use black ink to complete your application

2016-2017 MINNESOTA ENERGY PROGRAMS APPLICATION



Semcac - EAP
 PO Box 549
 Rushford MN 55971
 Phone: (507) 864-7515 Toll Free (800) 944-3281
 Fax: 507-864-2597 www.semcac.org



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. 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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Your Name: _____ MM - DD - YYYY
 _____ - _____ - _____
 First Name M.I. Last Name Date of Birth

Current Home Address:

_____ MN _____
 Street Apt # City State Zip Code

Mailing Address (if different from Home Address)

_____ MN _____
 Street or POBox Apt # City 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:

_____ MN _____
 Street or POBox 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	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 people in your household had income in the past 3 months? _____

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

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"/> Veterans' Benefits <input type="checkbox"/> Social Security Retirement Benefits <input type="checkbox"/> Soc. Security Disability Income (SSDI)	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Retirement Survivors Disability Insurance (RSDI) <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"/> Diversionary Work (DWP) <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 <<SP PHONE>>)																																												
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: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">May 31, 2017</div>	<table border="1"> <thead> <tr> <th style="text-align: center;">If you sign application in:</th> <th style="text-align: center;">Send proof of gross income received in the months of:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Aug 2016</td> <td style="text-align: center;">May, June, July 2016</td> </tr> <tr> <td style="text-align: center;">Sept 2016</td> <td style="text-align: center;">June, July, Aug 2016</td> </tr> <tr> <td style="text-align: center;">Oct 2016</td> <td style="text-align: center;">July, Aug, Sept 2016</td> </tr> <tr> <td style="text-align: center;">Nov 2016</td> <td style="text-align: center;">Aug, Sept, Oct 2016</td> </tr> <tr> <td style="text-align: center;">Dec 2016</td> <td style="text-align: center;">Sept, Oct, Nov 2016</td> </tr> <tr> <td style="text-align: center;">Jan 2017</td> <td style="text-align: center;">Oct, Nov, Dec 2016</td> </tr> <tr> <td style="text-align: center;">Feb 2017</td> <td style="text-align: center;">Nov, Dec 2016, Jan 2017</td> </tr> <tr> <td style="text-align: center;">Mar 2017</td> <td style="text-align: center;">Dec 2016, Jan, Feb 2017</td> </tr> <tr> <td style="text-align: center;">Apr 2017</td> <td style="text-align: center;">Jan, Feb, March, 2017</td> </tr> <tr> <td style="text-align: center;">May 2017</td> <td style="text-align: center;">Feb, March, April 2017</td> </tr> </tbody> </table>	If you sign application in:	Send proof of gross income received in the months of:	Aug 2016	May, June, July 2016	Sept 2016	June, July, Aug 2016	Oct 2016	July, Aug, Sept 2016	Nov 2016	Aug, Sept, Oct 2016	Dec 2016	Sept, Oct, Nov 2016	Jan 2017	Oct, Nov, Dec 2016	Feb 2017	Nov, Dec 2016, Jan 2017	Mar 2017	Dec 2016, Jan, Feb 2017	Apr 2017	Jan, Feb, March, 2017	May 2017	Feb, March, April 2017	<table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;">For EAP, your household income cannot be more than these income guidelines for three months:</th> </tr> <tr> <th style="text-align: center;">Household Size</th> <th style="text-align: center;">Income</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">\$6,135</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">\$8,023</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">\$9,910</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">\$11,798</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">\$13,686</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">\$15,574</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">\$15,928</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">\$16,282</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">\$16,636</td> </tr> </tbody> </table>	For EAP, your household income cannot be more than these income guidelines for three months:		Household Size	Income	1	\$6,135	2	\$8,023	3	\$9,910	4	\$11,798	5	\$13,686	6	\$15,574	7	\$15,928	8	\$16,282	9	\$16,636
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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 <p>How long have you lived in your current home?</p> <p>_____Years _____Months</p>	<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 1-800-944-3281 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? _____ 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:30px; height:20px;" type="checkbox"/>	Propane/LP <input style="width:30px; height:20px;" type="checkbox"/>	Wood <input style="width:30px; height:20px;" type="checkbox"/>	Pellets <input style="width:30px; height:20px;" type="checkbox"/>	Municipal Steam <input style="width:30px; height:20px;" type="checkbox"/>
Natural Gas <input style="width:30px; height:20px;" type="checkbox"/>	Electricity <input style="width:30px; height:20px;" type="checkbox"/>	Corn <input style="width:30px; height:20px;" type="checkbox"/>	Other Biofuel <input style="width:30px; height:20px;" type="checkbox"/>	St. Paul Dist. Heating <input style="width:30px; height:20px;" type="checkbox"/>

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.):	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
2. Do you cut your wood or grow fuel corn? <input type="checkbox"/> Yes <input type="checkbox"/> No										
3. How many bedrooms are in your home? _____	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: _____

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

IMPORTANT Check List: In order for Semcac to complete your application:

Have you answered all the questions? (ALL questions on the application need to be filled in; as all information asked is needed to determine your eligibility).

Have you signed the last page of the application?

Did you include the last 3 months GROSS income for all household members over 18?

(Use the DATE that you received your check. Self-employ send most recent 1st 2 pages of 1040).

Check only if you receive Social Security/Pension/VA payments for any member of the household.

Check only if you receive County Assistance MFIP/DWP/GA/Housing payments.

***If your household had NO income in the last 3 months or less than 2 years self-employ, call us at 1-800-944-3281.**

Did your household have special or unusual circumstances in the last three months?

Job changes or more than one job. No - Yes (list dates of employment per job)_____

An adult over 18 without income. No - Yes (Explain)_____

Household member changes: (Divorce, birth, death, moved in or out):
No - Yes (Explain)_____

Does everyone (adults and children) in your household have health insurance? Y - N

Did you include a current heating and electrical bill?

Contact your vendor(s) to set up a payment arrangement. Federal funding is received sometime in November.

EAP is intended to assist with utility bills, continue to pay your utility bills each month.

FAILURE TO PROVIDE US WITH THE ABOVE INFORMATION WILL RESULT IN A DENIAL OF YOUR APPLICATION

Part 5. Consent and Signature for October 1, 2016 to September 30, 2017

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, 2017.

Funds may not last, apply early.