

Bi-County Community Action Programs, Inc.

Send Applications to:

P.O. Box 579

BEMIDJI, MN 56619

Phone: (218) 751-4631 OR 800-332-7161

Fax: (218) 333-9910

www.bicap.org

For office use only
HH: _____
Referral @ _____
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

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.

Your Name:

First Name _____ M.I. _____ Last Name _____

Date of Birth (MM / DD / YYYY) _____

Current Home Address:

Street _____ Apt. # _____

City _____ State _____

Zip Code _____ - _____

Mailing Address (if different from Home Address):

Street or PO Box _____ Apt. # _____

City _____ State _____ Zip Code _____

County _____

Township _____

Home Phone (____) _____

Daytime - Other Phone (____) _____ (if different from home phone) _____

Primary language spoken in home _____

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

Authorized Representative: If you complete this section, you give the “Authorized Representative” permission to act for you.

First Name _____

Last Name _____

Telephone Number (_____) _____

If you would like the Authorized Representative to get the mail on behalf of you, please fill in the address below:

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.

1. Household member (self)

- First Name _____ Middle Initial _____

- Last Name _____

- Social Security Number (*required*) _____

- Date of Birth (MM / DD / YYYY) _____

- Race (Enter the letter from the list below) _____ Hispanic Yes No

A=Asian, W= White, P= Native Hawaiian or other Pacific Islander, B=Black or African American, I=American Indian or Alaska Native, M=Multi Race, O=Other

- Sex Male Female

- Veteran Yes No

- Disability Yes No

- Have income Yes No

- Years of School (Adults): _____

2. Household member 2

- First Name _____ Middle Initial _____

- Last Name _____

- Social Security Number (*required*) _____

- Date of Birth (MM / DD / YYYY) _____

- Race (Enter the letter from the list below) _____ Hispanic Yes No

A=Asian, **W**= White, **P**= Native Hawaiian or other Pacific Islander, **B**=Black or African American, **I**=American Indian or Alaska Native, **M**=Multi Race, **O**=Other

- Sex Male Female

- Veteran Yes No

- Disability Yes No

- Have income Yes No

- Years of School: (Adults) _____

3. Household Member 3

- First Name _____ Middle Initial _____

- Last Name _____

- Social Security Number (*required*) _____

- Date of Birth (MM / DD / YYYY) _____

- Race (Enter the letter from the list below) _____ Hispanic Yes No

A=Asian, **W**= White, **P**= Native Hawaiian or other Pacific Islander, **B**=Black or African American, **I**=American Indian or Alaska Native, **M**=Multi Race, **O**=Other

- Sex Male Female

- Veteran Yes No

- Disability Yes No

- Have income Yes No

- Years of School: (Adults) _____

Attach a separate sheet if necessary for any additional household members.

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)

- Wages
- Self-Employment/Farm Income*, Date Business started: _____
- Rental Income
- Unemployment Compensation
- Workers' Compensation
- Interest or Dividend Income
- Contract for Deed Interest
- Diversionary Work (DWP)
- Veterans' Benefits
- Supplemental Security Income (SSI)
- Social Security Benefits (SSDI, RSDI, SSA)

- Retirement Income including IRA, etc.
 - Pension/Annuity (including quarterly and annual)
 - Tribal Per Capita Payments
 - Tribal Judgments or Tribal bonus
 - Long/Short-term Disability
 - MFIP
 - General Assistance (GA)
 - Alimony or Spousal Support
 - Other income not listed: _____
-

No proof of income required for the following sources:

- Child Support, Monthly amount \$ _____
- Food Support
- Earned Income Tax Credit
- No Income (Contact local EAP Service Provider)

Important:

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 Provider.

If you have not filed a IRS 1040 since self-employment started, contact your local EAP Service Provider.

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 no later than **May 31, 2019**.

If you sign application in:	Send proof of gross income received in the months of:
Aug 2018	May, June, July 2018
Sept 2018	June, July, Aug 2018
Oct 2018	July, Aug, Sept 2018
Nov 2018	Aug, Sept, Oct 2018
Dec 2018	Sept, Oct, Nov 2018
Jan 2019	Oct, Nov, Dec 2018
Feb 2019	Nov, Dec 2018, Jan 2019
Mar 2019	Dec 2018, Jan, Feb 2019
Apr 2019	Jan, Feb, March, 2019
May 2019	Feb, March, April 2019

For EAP, your household income cannot be more than these income guidelines for three months:

Household Size	Income
1	\$6,495
2	\$8,494
3	\$10,493
4	\$12,492
5	\$14,490
6	\$16,489
7	\$16,864
8	\$17,239
9	\$17,613

Part 3. Housing Information

Type of Housing:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Triplex |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Fourplex |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Other _____ |

How long have you lived in your current home?

____Years ____Months

Do you pay for rent or mortgage? Yes No

If yes, amount (\$): _____(required)

Renters:

Do you get a rent subsidy or do you live in subsidized housing? Yes No

Is heat included in your rent? Yes No

Is electricity included in your rent? Yes No

Landlord's Name: _____

Phone: _____

Address: _____

Homeowners:

Do you own or are you buying your home? Yes No

If your furnace/heating system is currently NOT working, check this box:

Call 1-800-657-3710 immediately if your furnace/heating system is not working

Business Use of Home:

If you are self-employed, is the business at your home? Yes 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? Yes No

Part 4. Heat Sources

(Electricity is only a heat source when used to provide the heat one or more rooms.) Put 1 by the **heating** fuel you use the most and 2 by other heating fuels you use to heat your home.

_____ Oil

_____ Natural Gas

_____ Propane/LP

_____ Electricity

_____ Wood

_____ Corn

_____ Pellets

_____ Other Biofuel

_____ Municipal Steam

_____ St. Paul District Heating

What energy companies supply heat and electricity to your home?

HEATING:

Company Name

Name on Account

Account
number

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 below)

Circle the percent of heat from wood, corn, pellets, other biofuel.

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

2. Do you cut your wood or grow fuel corn? Yes No

3. How many bedrooms are in your home? _____

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 (You do not have to answer this question)

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

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 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, emancipated minor, or the 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 by

May 31, 2019.

Funds may not last, apply early.