

**Please mail your completed application to:**

**BI-CAP**

**P.O. Box 579**

**Bemidji, MN 56619**



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

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

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## 2019-2020 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:** \_\_\_\_\_

- Social security numbers (SSN) are required for all household members and will be verified
- If a valid SSN is not available, another form of documentation will be required
- If any household members are ineligible non-citizens, your household may still receive assistance if at least 1 household member is a citizen or eligible non-citizen
- Your SSN will be used to obtain wage and unemployment compensation information

### **Your Name:**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (MM - DD - YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **Current Home Address:**

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State MN Zip Code \_\_\_\_\_

**Mailing Address** (if different from Home Address):

Street or PO Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State MN Zip Code \_\_\_\_\_

County \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Other Phone (\_\_\_\_\_) \_\_\_\_\_ (if different from home phone)

**Primary language spoken in home** \_\_\_\_\_

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

Email Address \_\_\_\_\_

**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 MN 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.**

**Non-custodial parents may include their minor children.**

**Name, Social Security Number (SSN), and Date of Birth are required – See instructions if unable to provide a SSN**

**1. Household member (self)**

- First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

- Last Name \_\_\_\_\_

- Social Security Number \_\_\_\_\_

- 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

Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Disability <input type="radio"/> Yes <input type="radio"/> No	Veteran <input type="radio"/> Yes <input type="radio"/> No
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In the last 6 months:

Have Non-wage income <input type="radio"/> Yes <input type="radio"/> No	Wages <input type="radio"/> Yes <input type="radio"/> No
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Number of employers \_\_\_\_\_

## 2. Household member 2

- First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

- Last Name \_\_\_\_\_

- Social Security Number \_\_\_\_\_

- 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

Gender  Male  Female  Other

Disability  Yes  No

Veteran  Yes  No

In the last 6 months:

Have Non-wage income  Yes  No

Wages  Yes  No

Number of employers \_\_\_\_\_

### 3. Household Member 3

- First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

- Last Name \_\_\_\_\_

- Social Security Number \_\_\_\_\_

- 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

Gender  Male  Female  Other | Disability  Yes  No | Veteran  Yes  No

In the last 6 months:

Have Non-wage income  Yes  No | Wages  Yes  No

Number of employers \_\_\_\_\_

***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? \_\_\_\_\_

Has household member(s) income decreased in the past 3 months?  Yes  No

If yes, whose \_\_\_\_\_

**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:



- Child Support, Monthly amount \$ \_\_\_\_\_
- Food Support
- Earned Income Tax Credit
- No Income (Please call us at (218) 751-4631.)

**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.

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\*If self-employed, send first 2 pages of your most recent IRS-1040 tax return and schedule 1. Contact your Service Provider if you have not filed a 1040 since self-employment started.

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**Your application will be delayed if you do not include proof of income.**

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You must sign and date the last page of the application. It must be postmarked or received by: **June 1, 2020**

<b>If application signed in:</b>	<b>Send proof of gross income received in:</b>
Aug 2019	May, June, July 2019
Sept 2019	June, July, Aug 2019
Oct 2019	July, Aug, Sept 2019
Nov 2019	Aug, Sept, Oct 2019
Dec 2019	Sept, Oct, Nov 2019
Jan 2020	Oct, Nov, Dec 2019
Feb 2020	Nov, Dec 2019, Jan 2020
Mar 2020	Dec 2019, Jan, Feb 2020
Apr 2020	Jan, Feb, March, 2020
May 2020	Feb, March, April 2020

# **Household income cannot be more than these income guidelines for 3 months:**

**(See instructions for WAP income information)**

<b>Household Size</b>	<b>Income</b>
<b>1</b>	<b>\$6,761</b>
<b>2</b>	<b>\$8,842</b>
<b>3</b>	<b>\$10,923</b>
<b>4</b>	<b>\$13,003</b>
<b>5</b>	<b>\$15,084</b>
<b>6</b>	<b>\$17,164</b>
<b>7</b>	<b>\$17,554</b>
<b>8</b>	<b>\$17,944</b>
<b>9</b>	<b>\$18,335</b>

### Part 3. Housing Information

#### Type of Housing:

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

How long have you lived in your current home?

\_\_\_\_Years \_\_\_\_Months

Do you pay for rent or mortgage?  Yes  No

If **yes**, amount you pay (\$): \_\_\_\_\_(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: \_\_\_\_\_

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**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 (218) 751-4631 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**

**(Note: Electricity is only a heat source when used to provide heat to 1 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 percent 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 1 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**

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## **Part 5. Consent and Signature for October 1, 2019 to September 30, 2020**

- 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, and the Minnesota Department of Employment and Economic

Development to share data concerning my Social Security Number and 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 the minor head of a household with no adults or emancipated minors.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**All applications must be postmarked or received by EAP on or before June 1, 2020. In addition, your application must be postmarked or received within 60 days of the date you sign it.**

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