



Required Application Info & Reasonable Processing For FFY17 Application

This tool is intended to guide on acceptable means of obtaining application information other than contacting the household. Questions specifically asked include:

- What information is required on the application and must be requested from the household if missing?
- What information can come from prior year eHEAT data or other sources if not on the application?
- What information can be left blank?

The principles behind this reasonable guidance are the application is the household's declaration that their information is factual and accurate. To ensure the integrity of this declaration the information key to eligibility or benefit determination that can change from one year to another (e.g. household members, income) must come from the household every year. Other information is reasonable to obtain from other sources.

The tool has three types of text:

- **Yellow highlighted text box** indicates required information
- **Red text box** lists reasonable methods to obtain information, including prior years' eHEAT data or data from other sources
- Non-highlighted or boxed text: indicates information that is not required to process the application

Additionally:

- When exercising reasonable methods of obtaining information (as indicated in red text boxes), it is essential to document the actions taken in the eHEAT General Notes field.
- When obtaining information verbally from the household it is essential to document the interaction in the eHEAT General Notes field.
- All information offered on the application from a household must be entered into eHEAT, even if not required to process (i.e. Home Phone and Veteran Y/N). If old or incorrect information is in eHEAT, replace with current information for most recent application.

For office use only

HH: _____
Referral _____
Rep#: _____
Grant amount: _____

Note: **Highlighting** indicates required info.

Please use black ink to complete your application

2016-2017 MINNESOTA ENERGY PROGRAMS APPLICATION



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		SP can enter SSN and DOB from prior year in eHEAT. SSN and DOB may be used whether entered here by the household or on page 2.	
Your Name:		SP can use name if entered here or if entered on page 2.	
First Name	M.I.	Last Name	Date of Birth
Current Home Address:		SP must obtain address from the household if not provided; can be by phone, request letter, etc.	
Street	Apt #	City	State Zip Code
Mailing Address (if different from Home Address)			
Street or POBox		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:			
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.									

SP may use a SSN entered in eHEAT from a previous year.

SP may use DOB in eHEAT from previous year.

Race, Ethnicity, Sex, Disability & Years of School, and Veteran data is not required. If not provided this year, prior year data is acceptable. Ask if contacting the HH for other reasons.

SP can use HH income documentation and info provided to enter number in eHEAT and document if either areas are blank.

Use the information provided by the HH this year. Do not assume HH member names and number of members from a previous year is correct.

SP may use agency records or knowledge of agency staff to complete if blank or incorrect.

sheet if necessary for any additional household

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 <input type="checkbox"/> Soc. Security Disability Income (SSDI)	<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"/> 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
---	--	--

SP can determine if business existed the entire tax year from previous eHEAT data.

SP may check boxes and initial if HH submits income proof but fails to check boxes.

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:

May 31, 2017

If you sign application in:	Send proof of gross income received in the months of:	For EAP, your household income cannot be more than these income guidelines for three months:	
		Household Size	Income
Aug 2016	May, June, July 2016	1	\$6,135
Sept 2016	June, July, Aug 2016	2	\$8,023
Oct 2016	July, Aug, Sept 2016	3	\$9,910
Nov 2016	Aug, Sept, Oct 2016	4	\$11,798
Dec 2016	Sept, Oct, Nov 2016	5	\$13,686
Jan 2017	Oct, Nov, Dec 2016	6	\$15,574
Feb 2017	Nov, Dec 2016, Jan 2017	7	\$15,928
Mar 2017	Dec 2016, Jan, Feb 2017	8	\$16,282
Apr 2017	Jan, Feb, March, 2017	9	\$16,636
May 2017	Feb, March, April 2017		

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: _____	<div style="border: 2px solid red; background-color: yellow; padding: 5px; display: inline-block;">HH must sign.</div>	Today’s Date: _____

We must receive your application within 30 days of the end of the month.
This application must be postmarked or received by the 30th day of the month.
Funds may not last, apply early!

If App arrives without a date, the SP logs the App and considers logged date the signed date.

However, if the App arrives near the first of the month, the SP may need to call the HH to clarify the date signed due to income documents provided for the 3-month income eligibility period.