



Required Application Info & Reasonable Processing For FFY16 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

Please use black ink to complete your application

2015-2016 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.

Disclosure of Social Security Number for the primary applicant is required. If you do not provide your Social Security Number, you may be subject to Section 205(c)(2)(C)(i) of the Social Security Act. We will use the information you provide to 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 Social Security Number: _____

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 _____ State _____ Zip Code _____

County: _____ **Township:** _____

Home Phone: (____) _____ **Daytime or 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. If you include his/her address below, this person will receive all your mail for this program instead of you.

First Name _____ Last Name _____ Phone (____) _____

Street or PO Box _____ Apt. # _____ City _____ State MN Zip Code _____

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.

SP can use name if entered here or if entered on page

SP must obtain address from the household if not provided; can be by phone, request letter, etc.

SP may enter missing information from available resources.

The HH may not have a phone.

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	Date of Birth MM/DD/YYYY	Race	His-panic Y/N	Sex M/F	Dis-ability 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. DOB is required to enter the primary and other HH members.

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.

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? _____

SOURCES OF INCOME 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
- Veterans' Benefits
- Social Security Retirement
- Social Security Disability Income (SSDI)
- Retirement Income
- Pension/Annuity (including quarterly and annual)
- Tribal Bonus, Judgments or Per Capita Payments
- Diversionary Work (DWP)
- Long/Short-term Disability
- Minnesota Family Investment Program (MFIP)
- Alimony or Spousal Support
- Other:

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

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, 2016.

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 2015	May, June, July 2015	1	\$5,987
Sept 2015	June, July, Aug 2015	2	\$7,829
Oct 2015	July, Aug, Sept 2015	3	\$9,671
Nov 2015	Aug, Sept, Oct 2015	4	\$11,514
Dec 2015	Sept, Oct, Nov 2015	5	\$13,356
Jan 2016	Oct, Nov, Dec 2015	6	\$15,198
Feb 2016	Nov, Dec 2015, Jan 2016	7	\$15,543
Mar 2016	Dec 2015, Jan, Feb 2016	8	\$15,889
Apr 2016	Jan, Feb, March, 2016	9	\$16,234
May 2016	Feb, March, April 2016		

Part 3. Housing Information

If the HH is at the same address, the info in this section can be taken from data already in eHEAT.

Type of Housing:

- House
- Apartment/Condo
- Townhouse
- Mobile Home
- Duplex
- Triplex
- Fourplex
- 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

Are you currently using a furnace? Yes No If yes, please describe problem: _____

Keep your furnace working properly if you have furnace problems? Yes No

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

What work is done in your home or on your property? _____

Do you rent out part of your home to anyone? Yes No

SP can get landlord name from other sources (i.e. online, eHEAT). App is OK without landlord contact info. SP can get info later if needed.

OK if not answered by HH

Part 4. Heat Sources (note: Electricity is not a heat source)

Put "1" in the box by the heating fuel you use

SP can use eHEAT data from previous years if at same address. SP must verify continued use of multiple heating fuels if blank.

Oil <input type="checkbox"/>	Propane/LP <input type="checkbox"/>	Wood <input type="checkbox"/>	Pellets <input type="checkbox"/>	Municipal Steam <input type="checkbox"/>
Natural Gas <input type="checkbox"/>	Electricity <input type="checkbox"/>	Corn <input type="checkbox"/>	Other Biofuel <input type="checkbox"/>	St. Paul Dist. Heating <input type="checkbox"/>

What energy companies supply heat and electricity to your home?

	Heating No. 1	Heating No. 2	Electric
Company name:	Data may be entered from energy bills provided or from data already in eHEAT if HH is at the same address. Obtain from energy vendor or request from HH.		
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 home is heated with biofuel? _____	Use sometimes	Half of the time	Almost Always	100% All
2. Do you currently use biofuel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. How many bedrooms are in your home? _____				

Completion of this section is required if self-supplied biofuel or if the biofuel vendor cannot provide accurate actual costs. SP can use the same data for bedrooms if same.

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: _____
 - Received disconnect notice. Company: _____ Date Scheduled: _____
 - Fuel tank empty (or less than 20% in tank). What % is in your tank? _____
- Please contact your energy company to set up a payment plan.

Use info reported by the HH on App to process using the emergency app functionality. If a HH only completes partial info, follow FFY16 EAP Policy Manual Chapter 7, Process for Addressing Emergencies Using eHEAT Emergency Functionality.

Do you use electricity to heat your home? Yes No. If yes, check type of heat source:

If blank, process as 'No', unless other provided responses indicate electric heat is used. Contact the HH as needed to find out how electricity is used for residential heating if it is not clear from the HH's responses on the application.

rooms. List the room(s): _____
 Type of heat: In Floor System Electric Furnace Heat Pump
 Force of heat: _____

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

If blank, process as 'No'

Part 5. Consent and Signature for October 1, 2015 to September 30, 2016

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: HH must sign
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 end of the month.
Funds may not last, so please 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.**