

Bi-County Community Action Programs, Inc.  
 6603 BEMIDJI AVE N  
 PO BOX 579  
 BEMIDJI, MN 56619  
 Phone: (218)751-4631 or 1-800-332-7161  
 Fax: (218) 333-9910  
[www.bicap.org](http://www.bicap.org)

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



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.**

<b>Your Social Security Number</b>	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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<b>Your Name:</b>			MM - DD - YYYY
_____	_____	_____	_____ - _____ - _____
First Name	M.I.	Last Name	Date of Birth

<b>Current Home Address:</b>				
_____	_____	_____	MN	_____ / _____
Street	Apt #	City	State	Zip Code

<b>Mailing Address (if different from Home Address)</b>				
_____	_____	_____	MN	_____ / _____
Street or POBox	Apt #	City	State	Zip Code

_____	_____
<b>County:</b>	<b>Township:</b>

<b>Home Phone:</b> (____) _____	<b>Other Phone (if different from Home Phone):</b> (____) _____
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<b>Primary Language spoken in home:</b> _____	<b>E-Mail Address:</b> _____
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**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	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.		- -							
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: _____ _____ <b>No proof of income</b> 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: 218-751-4631 or 1-800-332-7161)
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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**

<b>If you sign application in:</b>	<b>Send proof of gross income received in the months of:</b>	<b>For EAP, your household income cannot be more than these income guidelines for three months:</b>	
		<b>Household Size</b>	<b>Income</b>
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 3. Housing Information**

<p><b>Type of Housing:</b></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 _____	Do you pay for rent or mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>yes</b> , amount (\$): _____ <b>(required)</b>
How long have you lived in your current home?  _____ Years _____ Months	<p><b>Renters:</b> Do you get a rent subsidy or do you live in subsidized housing? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> 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><b>Homeowners:</b> Do you own or are you buying your home? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> If your furnace/heating system is currently <b>NOT</b> working, check this box: <input type="checkbox"/> Call us immediately at 218-751-4631 or 1-800-332-7161 if your furnace/heating system is not working
	<p><b>Business Use of Home:</b> If you are self-employed, is the business at your home? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> If <b>Yes</b> , 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

**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
<b>Company Name:</b>			
<b>Name on Account:</b>			
<b>Account number:</b>			

**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.):**

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

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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3. How many bedrooms are in your home? \_\_\_\_\_

Use sometimes	Half of the time	Almost Always	All
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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**

FOR APARTMENT RENTERS: What is the name of your building/complex? \_\_\_\_\_

Are you pregnant or have a child under the age of 5 that would be interested in Head Start?

If so, check here \_\_\_\_\_

Would you like information on budgeting?  Yes  No Information sent \_\_\_\_\_

What is your family type?  Single parent/female  Single parent/male  Single person  
 Two parent household  Two adults, no children  Extended Family  
 Mixed adults w/children  Other  Grandparent raising children

Are you having trouble making your mortgage payment? Are you behind on payments? If so, please call our Foreclosure Specialist at 218-751-4631 or 1-800-332-7161 extension 143.

**\*\*\*\*You must complete all blanks on the application or it will slow down the processing of your application. Please check to make sure you have fully completed the 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.

<b>Print Name:</b> _____
<b>Signature:</b> _____ <b>Today’s Date:</b> _____

**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.**