



Southwestern Minnesota Opportunity Council

Southwestern MN Opportunity Council
 1106 3rd Ave PO Box 787
 Worthington MN 56187
 Phone: 507-376-4195 or Toll Free: 1-800-658-2444
 Website: www.smoc.us



W

<u>For office use only</u>
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

2020-2021 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 (SSN)	<ul style="list-style-type: none"> 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 Legal Name: _____ MM – DD – YYYY			
First Name _____	M.I. _____	Last Name _____	Date of Birth _____
Current Address Where You Live		Mailing Address (if different from address where you live):	
House Number and Street _____ Apt # _____		Street or PO Box _____ Apt # _____	
City _____	State <u>MN</u> _____	City _____	State _____
Zip Code _____	County _____	Zip Code _____	
Preferred Language Spoken: _____ Home Phone: (_____) _____ Other Phone: (_____) _____			
Email Address: _____ To contact me in writing, I prefer: <input type="radio"/> US Mail (letter) <input type="radio"/> Email			
Authorized Representative: If you complete this section, the "Authorized Representative" has permission to act for you.			
First Name _____		Last Name _____	
		Phone (_____) _____	
If you would like the Authorized Representative to get the mail on your behalf, add their address here:			
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 (non-custodial parents may include their minor children):

REQUIRED			LAST 6 MONTHS		Gender	Race	Hispanic	Disability	Veteran
Social Security Number	Legal Name First / M.I./ Last	Date of Birth	Income	Number of Employers					
555-55-5555	Jon T. Smith	mm-dd-yyyy	Y/N		M/F/ Other	see below	Y/N	Y/N	Y/N
		- -							
		- -							
		- -							
		- -							
		- -							
		- -							
		- -							
		- -							

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 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)

<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"/> Diversionary Work (DWP) <input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Benefits (SSDI, RSDI, SSA) <input type="checkbox"/> Retirement Income including IRA, etc. <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"/> 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: No proof of income required: <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 507-376-4195)
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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 and schedule 1. Contact your Service Provider if you have not filed a 1040 since self-employment started.

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 by:

May 31, 2021

Application signed in:	Send proof of gross income received in:	Household income cannot be more than these income guidelines for 3 months: (See instructions for WAP income information)	
		Household Size	Income
Aug 2020	May, June, July 2020	1	\$7,066
Sept 2020	June, July, Aug 2020	2	\$9,240
Oct 2020	July, Aug, Sept 2020	3	\$11,415
Nov 2020	Aug, Sept, Oct 2020	4	\$13,589
Dec 2020	Sept, Oct, Nov 2020	5	\$15,763
Jan 2021	Oct, Nov, Dec 2020	6	\$17,937
Feb 2021	Nov, Dec 2020, Jan 2021	7	\$18,345
Mar 2021	Dec 2020, Jan, Feb 2021	8	\$18,753
Apr 2021	Jan, Feb, March, 2021	9	\$19,160
May 2021	Feb, March, April 2021		

Part 3. Heat Sources

What energy companies supply heat and electricity to your home?

Send a copy of your last heat and electric bills or fuel receipt with this application.

	Heating No. 1	Heating No. 2	Electric
Company Name:			
Name on Account:			
Account number:			

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

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.

(Note: Electricity is only a heat source when used to provide heat to 1 or more rooms.)

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"/>

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? Select a percentage 10% Some 40% Half 70% Most 100% All
2. Do you cut your wood or grow fuel corn? Yes No 20% Some 50% Half 80% Most
3. How many bedrooms are in your home? 30% Some 60% Half 90% Most

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 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 is the **only** source of heat:

Do you want to register to vote or update your registration if you have moved? Yes No

Part 4. Housing Information

Type of Housing: <input type="radio"/> House <input type="radio"/> Apartment/Condo <input type="radio"/> Townhouse <input type="radio"/> Mobile Home <input type="radio"/> Duplex <input type="radio"/> Triplex <input type="radio"/> Fourplex <input type="radio"/> Other How long have you lived in your current home? Years Months	Do you pay for rent or mortgage? <input type="radio"/> Yes <input type="radio"/> No If yes, amount you pay: \$ required
	Renters: Do you get a rent subsidy or do you live in subsidized housing? <input type="radio"/> Yes <input type="radio"/> No Is heat or electricity included in your rent? Check those that apply: <input type="checkbox"/> Heat <input type="checkbox"/> Electric
	Landlord Information Name: Phone (.....) Street or PO Box Apt# City State Zip Code
	Homeowners: Do you own or are you buying your home? <input type="radio"/> Yes <input type="radio"/> No If your furnace/heating system is currently NOT working, check this box: <input type="checkbox"/> Call us immediately at 507-376-4195 if your furnace/heating system is not working
	Business Use of Home: If you are self-employed, is the business at your home? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No

What is your family type: Single Parent/Female Single Parent/Male Single Person
 Adults w/children Adults w/o children **How many people over age 18 are working** _____
 List below everyone in your household with income of any kind:

Name:	Income Source:
1.	
2.	
3.	
4.	

Do you have any minor children who do not live with you? Y N If yes list below:

Name:	Birth Date:	M/F	Social Security #:
1.			
2.			
3.			

Is there anyone living in your household that is not included on the application? (temporarily or long term?) Y N
 Has SMOC insulated your house? Y N If not, do you want a free Energy Inspection? Y N

If you fax this application to us and it is unreadable, we will not be able to act on it.

Part 5. Consent and Signature for October 1, 2020 to September 30, 2021

- 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).
- I authorize the Social Security Administration, the Minnesota Department of Human Services and its affiliated agencies, and the Minnesota Department of Employment and Economic Development to share data concerning my Social Security Number, public benefits received, and income within the last year for eligibility for benefits with Commerce and Commerce’s contractors for EAP, WAP and CIP.
- 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.
- I authorize my EAP, WAP and CIP Service Providers to contact me for outreach and referral.
- 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 a minor head of a household with no adults or emancipated minors.

<p>Print Name:</p> <p>Signature: Today’s Date:</p>

All applications must be postmarked or received by EAP on or before May 31, 2021.

Your application must be postmarked or received within 60 days of the date you sign it.

Apply early, funds may not last.