



wcca@wccaweb.com

(320)963-6500  
(320)963-5745 fax

For office use only

HH#: \_\_\_\_\_

Rep # \_\_\_\_\_

Grant amount \_\_\_\_\_

**Wright County Community Action**  
**130 West Division Street**  
**P. O. Box 787**  
**Maple Lake, MN 55358**  
**Phone: 320-963-6500 Fax: 320-963-5745**  
**wcca@wccaweb.com**

**2011-2012 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.			
<input style="width:100%; height:20px;" type="text"/>				
<b>Your Name:</b>	_____			
First Name	M.I.	Last Name		
<b>Home Address:</b>	_____			
Street	Apt. #	City	State	Zip Code
<b>Mailing Address</b> (if different from Home Address):	_____			
Street or PO Box	Apt. #	City	State	Zip Code
<b>County:</b> _____	<b>Township:</b> _____			
<b>Home Phone:</b>	<b>Daytime or Other Phone (if different from home phone):</b>			
(____) _____	(____) _____			
<b>Primary language spoken in home:</b>	<b>E-mail address</b>			
_____	_____			
<b>Authorized Representative:</b> An "Authorized Representative" is someone you give permission (in writing) to act for you. This person will receive all of your mail for this program, if you include their address.				
First Name _____	Last Name _____	Phone (____) _____		
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**  
**INCLUDING YOURSELF, LIST ALL HOUSEHOLD MEMBERS.**

First Name, Middle Initial & 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	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 Native Alaskan  
O= Native Hawaiian or Other Pacific Islander    W= White or Caucasian

Is anyone in your household currently a board member or employee of this 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 income proof.**)

<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security or Social Security Disability	<input type="checkbox"/> Diversionary Work (DWP)
<input type="checkbox"/> Self-Employment/Farm Income	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> MFIP
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Long/Short-term Disability	<input type="checkbox"/> Food Support (is not income)
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Retirement Income	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Pension/Annuity (including quarterly and annual)	<input type="checkbox"/> Alimony or Spousal Support
<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Earned Income Credit (not counted as income)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Contract for Deed Interest	<input type="checkbox"/> Tribal Bonus, Judgments or Per Capita Payments	<input type="checkbox"/> No Income (see Instructions and contact local EAP agency)
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> MN Supplemental Aid (MSA)	

**Send Copies of Proof of Gross Income**  
**for the Past 3 Complete Months**

for all household members  
except wages for children in grades K-12

If self employed send a copy of your  
Federal tax return. When did you start  
your business? **Date** \_\_\_\_\_ **mo/yr**  
Contact your local energy assistance  
program agency if less than two years.

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

Applications must be signed (last  
page) and postmarked or received  
on or before May 31, 2012.

If you sign  
application in:

Send Proof of income for  
the months of:

<b>Aug. 2011</b>	May, June, July 2011
<b>Sept. 2011</b>	June, July, August 2011
<b>Oct. 2011</b>	July, August, Sept. 2011
<b>Nov. 2011</b>	Aug., Sept., Oct. 2011
<b>Dec. 2011</b>	Sept., Oct., Nov. 2011
<b>Jan. 2012</b>	Oct., Nov., Dec. 2011
<b>Feb. 2012</b>	Nov., Dec. 2011, Jan. 2012
<b>March 2012</b>	Dec. 2011, Jan., Feb 2012
<b>April 2012</b>	Jan., Feb., March 2012
<b>May 2012</b>	Feb., March, April 2012

For EAP, you must not  
exceed these income  
guidelines for 3 months  
(See *Instructions* for  
Weatherization Income  
Eligibility Guidelines):

**Household**

Size	Income
1	\$5,596
2	\$7,318
3	\$9,040
4	\$10,762
5	\$12,484
6	\$14,206

**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 _____	<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                  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>
<p>How long have you lived in your current home?                  ____ Years ____ Months                  How much do you pay each month for rent or mortgage?                  \$ _____</p>	<p><b>Homeowners:</b> Do you own or are you buying your home? <input type="checkbox"/>Yes <input type="checkbox"/>No                  Are you having problems with your furnace? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, please describe problem:                  _____                  (Keep our phone number and call us if you have furnace problems.)</p>
	<p><b>Self-employment:</b> If you are self employed, is the business at your home? <input type="checkbox"/>Yes <input type="checkbox"/>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="checkbox"/>Yes <input type="checkbox"/>No</p>

**Part 4. Heat Sources (Electricity is only a heat source when used to provide the heat to one 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 <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"/>

**Would you like 30% of your energy assistance benefit paid on your electric bill? YesNo**

**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 THE MOST RECENT COPIES OF YOUR HEAT AND ELECTRIC BILLS OR FUEL RECEIPT WITH THIS APPLICATION**

If you heat with wood, pellets, corn or other biofuel, answer the next 3 questions:

1. How many bedrooms are in your home? \_\_\_\_\_ **(Circle the percent of heat from wood, corn, pellets, other.)**
2. Do you cut your wood or grow fuel corn? Yes No
3. What percent of your heat does this supply? (use table)

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Use sometimes			Half of the time			Almost Always			All

If you are not registered to vote, would you like a voter registration card?  Yes (You do not have to answer this question)

**Part 5. Local Questions**

Are you in shut off or have been refused delivery at this time?  Yes  No

Do you have a disconnection notice?  Yes  No Vendor: \_\_\_\_\_

(Must include a copy of disconnection notice)

If you marked electric as a heating source, please indicate what type of electric heat: \_\_\_\_\_

(electric is NOT a heating source if it is running the furnace)

Does electric heat provide most or all of heat to at least one or more rooms?  Yes  No  
 (excluding bathrooms)

Please check the WCCA programs you would like additional information on:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Weatherization                  | <input type="checkbox"/> Family Planning      | <input type="checkbox"/> Food Shelf/Clothing |
| <input type="checkbox"/> Head Start                      | <input type="checkbox"/> Home Buyers Training | <input type="checkbox"/> Budgeting           |
| <input type="checkbox"/> Mortgage/Foreclosure Counseling | <input type="checkbox"/> Tax Preparation      | <input type="checkbox"/> WIC                 |

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**Part 6. Consent and Signature for October 1, 2011 to September 30, 2012**

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 (DOC) and DOC's contractors for the Energy Assistance (EAP) and Weatherization Programs (WAP) and the Conservation Improvement Program (CIP).
2. I allow the Social Security Administration and the Minnesota Department of Human Services (MDHS) and its agencies to share data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits with DOC and DOC's contractors for the Energy Assistance, Weatherization Assistance and CIP Programs.
3. I allow Minnesota EAP and WAP 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 allow my local EAP and WAP Service Providers to contact me for outreach and referral.
5. My signature below affirms the data in this application is correct. I know:
  - 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 the energy programs. I have received a copy of "Your Rights and Responsibilities."
  - I may appeal agency decisions about my benefits.
  - I understand that filling out this application does not guarantee that my household will receive assistance.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**We must receive your application within 60 days of the date you sign it  
and this application must be postmarked or received by May 31, 2012.  
(Funds may not last, apply early.)**