

Arrowhead Economic Opportunity Agency
702 THIRD AVE SOUTH
VIRGINIA, MN 55792

For office use only

HH#: _____

Rep # _____

Grant amount _____

Arrowhead Economic Opportunity Agency
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VIRGINIA, MN 55792



2008 - 2009 MINNESOTA ENERGY PROGRAMS APPLICATION

Arrowhead Economic Opportunity Agency
702 THIRD AVE SOUTH
VIRGINIA, MN 55792
Phone: (218) 749-2912 Toll Free: (800) 662-5711
TTY: (800) 862-0175 FAX: (612) 465-5869
www.aeoa.org



Before completing this application, read the attached "Your Rights and Responsibilities" form

Part 1. Personal Information

Your Social Security Number:

The disclosure of Social Security Numbers is voluntary. If you do not give your social security number, it may cause delays in processing your application. AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(C) (2) (C) 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 needy families.

Your Name:

First Name

M.I.

Last Name

Home Address:

_____ MN _____
Street Apt. # City State Zip Code

Mailing Address (if different from Home Address):

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

County: _____ Township: _____

Home Phone:

(____) _____

Other Phone:

(____) _____

Primary language spoken in home:

E-mail address

Authorized Representative: An "Authorized Representative" is someone you give permission (in writing) to act for you. This person can get all of your mail for this program, if you include their address.

First Name _____ Last Name _____ Phone (____) _____

_____ MN _____
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

Is anyone in your household currently a board member or employee of this agency? Yes No

INCLUDING YOURSELF, LIST ALL HOUSEHOLD MEMBERS.

| Household member names First Name, Middle Initial & Last Name | Social Security Number (of any member in household who has income) | Date of Birth MM/DD/YYYY | Race | Hispanic Y/N | Sex M/F | Disability Y/N | Years Of School | Have Income Y/N |
|--|---|-----------------------------|------|-----------------|------------|-------------------|-----------------|--------------------|
| 1. (self) | | / / | | | | | | |
| 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

Disability: a physical or mental impairment that substantially limits one or more major life activities.

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)

| | | |
|--|---|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social Security/SS Disability | <input type="checkbox"/> School Grants |
| <input type="checkbox"/> Self-Employment/Farm Income | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Diversionary Work (DWP) |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Long/Short-term Disability | <input type="checkbox"/> MFIP/TANF |
| <input type="checkbox"/> Unemployment Comp. | <input type="checkbox"/> Pension/Annuity (including quarterly and annual) | <input type="checkbox"/> General Assistance (GA) |
| <input type="checkbox"/> Workers' Comp. | <input type="checkbox"/> MN Supplemental Aid (MSA) | <input type="checkbox"/> Child or Spousal Support |
| <input type="checkbox"/> Interest or Dividend Income | <input type="checkbox"/> Veterans' Benefits | <input type="checkbox"/> Tribal Casino Payments |
| <input type="checkbox"/> Contract for Deed Interest | <input type="checkbox"/> Earned Income Credit (not counted as income) | <input type="checkbox"/> Other |

| <p>Send Proof of Gross Income for the Past 3 Complete Months for all household members except wages for children in grades K-12</p> <p>If self employed send a complete copy of your Federal tax return</p> <p>Your application will be delayed if you do not include proof of income</p> <p>Applications must be signed and received by May 31, 2009</p> | If you sign application in | Send Proof of income for the months of: | <p>You must not exceed these income guidelines for 3 months:</p> <p>Household</p> <table border="1"> <thead> <tr> <th>Size</th> <th>Income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$5,296</td> </tr> <tr> <td>2</td> <td>\$6,925</td> </tr> <tr> <td>3</td> <td>\$8,555</td> </tr> <tr> <td>4</td> <td>\$10,184</td> </tr> <tr> <td>5</td> <td>\$11,814</td> </tr> <tr> <td>6</td> <td>\$13,443</td> </tr> </tbody> </table> | | Size | Income | 1 | \$5,296 | 2 | \$6,925 | 3 | \$8,555 | 4 | \$10,184 | 5 | \$11,814 | 6 | \$13,443 |
|---|------------------------------|---|--|--|------|--------|---|---------|---|---------|---|---------|---|----------|---|----------|---|----------|
| | Size | Income | | | | | | | | | | | | | | | | |
| | 1 | \$5,296 | | | | | | | | | | | | | | | | |
| | 2 | \$6,925 | | | | | | | | | | | | | | | | |
| | 3 | \$8,555 | | | | | | | | | | | | | | | | |
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| | 5 | \$11,814 | | | | | | | | | | | | | | | | |
| | 6 | \$13,443 | | | | | | | | | | | | | | | | |
| | August 2008 | May, June, July 2008 | | | | | | | | | | | | | | | | |
| | September 2008 | June, July, August, 2008 | | | | | | | | | | | | | | | | |
| October 2008 | July, August, Sept., 2008 | | | | | | | | | | | | | | | | | |
| November 2008 | Aug., Sept., Oct., 2008 | | | | | | | | | | | | | | | | | |
| December 2008 | Sept., Oct., Nov., 2008 | | | | | | | | | | | | | | | | | |
| January 2009 | Oct., Nov., Dec., 2008 | | | | | | | | | | | | | | | | | |
| February 2009 | Nov., Dec., 2008, Jan., 2009 | | | | | | | | | | | | | | | | | |
| March 2009 | Dec, 2008, Jan., Feb, 2009 | | | | | | | | | | | | | | | | | |
| April 2009 | Jan., Feb., March, 2009 | | | | | | | | | | | | | | | | | |
| May 2009 | Feb., March, April, 2009 | | | | | | | | | | | | | | | | | |

Part 3. Housing Information

How long have you lived in your current home? _____

House Apartment/Condo Do you own or are you buying your home? Yes No
 Townhouse Mobile Home What do you pay every month for your mortgage? \$ _____
 Duplex Triplex **Homeowners: Are you having problems with your furnace?**
 Fourplex Other Describe problem: _____ Yes No
 (Keep our number and call us if you have furnace problems)

Answer these questions if you Rent: What do **you pay** every month for rent: \$ _____

Do you have a rent subsidy from the government or live in subsidized housing? Yes No

Is your heat included in your rent? Yes No Is electricity included in your rent? Yes No

Landlord's name _____ Phone _____ Address _____

Part 4. Heat Sources (electric is not a heat source if just running a furnace)

Put "1" by the **heating** fuel that you use the most and "2" by all other heating fuel you use in your home.

Oil Propane/LP Wood Municipal Steam

Natural Gas Electricity Other St. Paul Dist. Htg.

Would you like 30% of your grant sent to your electric company? Yes No

Do your heating costs include a business? Yes ___ No ___. If yes, what % of the costs is for the business? ___

| | | | | | | | | | | |
|--|--|-----|-----|-------------------------|-----|-----|--------------|-----|-----|------|
| If you heat with wood, answer these 3 questions: 1. How many bedrooms are in your home? _____ 2. Do you cut your own wood? <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. About what percent of wood do you use? (please circle) | | | | | | | | | |
| | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
| | Use small amount | | | Burn wood half the time | | | Use all wood | | | |

WHAT COMPANIES SUPPLY HEAT AND ELECTRICITY TO YOUR HOME?

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

SEND A COPY OF YOUR ELECTRIC BILL AND HEATING BILL OR FUEL RECEIPT WITH THIS APPLICATION

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 interested in AEOA weatherizing your home? Yes No

Foreclosure concerns? St. Louis (excluding Duluth), Lake and Cook Counties call 800-662-5711 or 218-749-2912 extensions 217 or 274; in Duluth call 800-777-7419 or 218-529-2227

| | |
|---|---|
| Please check any area you would like to receive additional information on: | |
| <input type="checkbox"/> Adult Basic Education/GED <input type="checkbox"/> Senior Services/Meals on Wheels/Senior Dining <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> County Human/Social Services <input type="checkbox"/> Homeless/Shelter Programs <input type="checkbox"/> Food Shelves <input type="checkbox"/> Food Support | <input type="checkbox"/> Housing Rehabilitation <input type="checkbox"/> Legal Aid <input type="checkbox"/> Employment & Training/Workforce Center <input type="checkbox"/> Medical Assistance <input type="checkbox"/> RSVP <input type="checkbox"/> Social Security/SSI <input type="checkbox"/> Transportation |

Comments:

Please sign and date the last page

Part 6. Cold Weather Rule Protections

If you are able to get energy assistance, you may be able to get Cold Weather Rule protection from October 15 to April 15. You must make and keep payment plans with your energy companies for shut-off protection or to restart service for the heating season. Energy assistance does not replace what you need to pay.

I did contact my energy companies and have agreements to pay under the Cold Weather Rule program or another payment plan. If *No*, please contact your energy companies at once to make agreements and pay plans.

YES NO

I need Cold Weather Rule information to help me choose plans.

Does anyone in your home have an illness that requires home heat and/or electricity? If YES, you may need to provide proof.

If you do not pay your energy companies in the winter, they can shut off your heat.

If you do not make a payment or if you get a disconnection notice, call your energy companies at once and start a payment plan in order to keep your heat on.

Part 7. Consent and Signature

For the program year starting October 1, 2008 and ending September 30, 2009

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 and Weatherization Programs and for the Conservation Improvement Program.
2. I also allow the Social Security Administration and the Minnesota Department of Human Service and its agencies to share data concerning my public benefits received within the last year for eligibility for benefits with DOC and DOC's contractors for the Energy Assistance and Weatherization Programs.
3. I allow Minnesota Energy Assistance Program 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 Community Action Agency to contact me for outreach and referral.
5. My signature below affirms the data in this application is correct. I agree to share this data, as stated above. 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.

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

We must receive your application within 60 days of the date signed and no later than May 31, 2009.

(Funds may not last through May 31, so apply early)