



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

For office use only

HH: _____

Referral _____

Rep#: _____

Grant amount: _____



Please use black ink to complete your application. Do not use highlighters on the documents you send.

2021-2022 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 is 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 • We use your SSN to get 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> Zip Code _____	County _____	City _____ State _____ Zip Code _____
Language Spoken: _____	Phone: Primary: (_____) _____ <input type="radio"/> Mobile Other: (_____) _____ <input type="radio"/> Mobile		
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 want the Authorized Representative to get 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 write in	Race	Latino/a/x	Hispanic	Disability	Veteran
Social Security Number	Legal Name First M.I. Last	Date of Birth	Income	Number of Employers						
555-55-5555	Pat T. Smith	mm-dd-yyyy	Y/N		Female	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 people live in your home? How many do NOT have health insurance?

Has any household members' income decreased in the past 3 months? Yes No If yes, whose

Income, benefits, and other assistance: Check all that apply for everyone in your household and **send proof.**

Income

- Wages
- Self-Employment*/Farm Income*
- Date Business started:/...../.....
- *Send first 2 pages of your most recent IRS-1040 tax return and Schedule 1*
- Unemployment Compensation
- Interest or Dividend Income
- Rental Income
- Workers' Compensation
- Contract for Deed Interest

Benefits

- Social Security Benefits (SSDI, RSDI, SSA)
- Supplemental Security Income (SSI)
- Pension/Annuity (including quarterly & annual)
- Retirement Income (including IRA, etc.)
- Minnesota Family Investment Program (MFIP)
- General Assistance (GA)
- Veterans' Benefits
- Tribal Per Capita Payments
- Tribal Judgments or Tribal Bonus
- Long/Short-term Disability
- Alimony or Spousal Support
- Diversionary Work (DWP)

No proof of income required:

- Child Support - Monthly amount \$
- Food Support
- Earned Income Tax Credit
- No Income: Please call us at 507-376-4195

Other Assistance

Other income not listed:

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

Part 3. 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	Do you pay for rent or mortgage? <input type="radio"/> Yes <input type="radio"/> No If yes , amount you pay: \$..... required
How long have you lived in your current home? Years Months	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 part of your home to anyone? <input type="radio"/> Yes <input type="radio"/> No

Part 4. Energy Providers

What companies supply heat, electricity, and water* to your home?

*Help may be available if you have a past due water bill.

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

	Main Heating	Other Heating	Electric	Solar Garden	Water
Company Name and Fuel Type:	<input type="radio"/> Natural Gas <input type="radio"/> Propane <input type="radio"/> Oil <input type="radio"/> Biofuel <input type="radio"/> Steam	<input type="radio"/> Natural Gas <input type="radio"/> Propane <input type="radio"/> Oil <input type="radio"/> Biofuel <input type="radio"/> Steam	<input type="checkbox"/> Heat with electric		
Account Number:					
Name on Account:					

We will split your benefit between your main heating company and electric company.

OPTIONAL: If you want your benefit paid differently, please indicate below:

All to main heating All to electric Other:

Do you share your fuel tank or energy meter with another household? Yes No

If you heat with wood or other biofuel:
 Biofuel you use - Wood Pellets Corn Other
 What percent of your heat does this supply?.....%
 How many bedrooms are in your home?.....
 Do you supply your own wood/corn? Yes No

Energy or Water Emergency

If you have an emergency right now or cannot pay your past due bill, check the type of situation below and send a copy of the notice:

- Already disconnected. Company:..... Disconnect Date:.....
- Received disconnect notice. Company:..... Date Scheduled:.....
- Cannot pay past due balance. Company:.....
- Fuel tank empty (or less than 20% in tank). What % is in your tank today:.....

Contact your energy company to set up a payment plan.

Additional Information

- Do you want information about how free home improvements through the Weatherization Assistance Program may help health conditions like asthma, COPD, other respiratory ailments, heart disease or other chronic conditions? Yes No
- Do you want to register to vote or update your registration if you have moved? Yes No
- If you listed a mobile device, do you want to receive text messages about the Energy Assistance Program or other programs? Yes No
- **How did you hear about the Energy Assistance Program?** Friends/Family Newspaper Radio Landlord
 County Worker Veteran's Office Nursing Services State or County Website Utility/Fuel Provider Other

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 someone in your home is over 18 and without income for the past 3 months, please explain:

Part 5. Consent and Signature for October 1, 2021 to September 30, 2022

- I give my consent for my heating, electric, and water companies to give data about my account and energy and water 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.
 - Contact my landlord to confirm my residency and/or heating source if I am a renter.
- 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 at 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 missing information will delay determining if I qualify for help.
 - I understand that my Service Provider may be able to help pay past due energy bills and/or make a payment plan with my energy companies.
 - 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.

Print Name:

Signature: **Today’s Date:**

**All applications must be postmarked or received by EAP on or before May 31, 2022.
 Your application must be postmarked or received within 60 days of the date you sign it.
 Apply early, funds may run out.**