

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: |
|-----------------------------|---|
| Aug. 2011 | May, June, July 2011 |
| Sept. 2011 | June, July, August 2011 |
| Oct. 2011 | July, August, Sept. 2011 |
| Nov. 2011 | Aug., Sept., Oct. 2011 |
| Dec. 2011 | Sept., Oct., Nov. 2011 |
| Jan. 2012 | Oct., Nov., Dec. 2011 |
| Feb. 2012 | Nov., Dec. 2011, Jan. 2012 |
| March 2012 | Dec. 2011, Jan., Feb 2012 |
| April 2012 | Jan., Feb., March 2012 |
| May 2012 | 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>Type of Housing:</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>Renters: 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>Homeowners: 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>Self-employment: 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? Yes No

WHAT ENERGY COMPANIES SUPPLY HEAT AND ELECTRICITY TO YOUR HOME?

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

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

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
3. What percent of your heat does this supply? (use table)

| | | | |
|---------------|------------------|---------------|-----|
| 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

1. Do you have a disconnect notice **OR** a past due bill? ____Yes ____No
 With which vendor(s)? _____.
2. Are you out of fuel **OR** do you have less than 20% in your tank? ____Yes ____No
If you answered yes to question 1 or 2, please call 1-800-658-2448.
3. Have you contacted your vendor(s) to work out a payment plan? ____Yes ____No
4. Have you made regular payments on your account(s) ____Yes ____No If yes, how much? \$ ____/month
 If no, when and how much was your last payment made? _____
5. If you were in "crisis" last heating season, did you sign up for our Emergency Benefit Adjustment program and complete a reasonable payment agreement with one of our staff? ____Yes ____No
6. On average, what is the total amount of your utility bill each month? \$ _____
 Does this include water, sewer, cable, etc? ____Yes ____No
7. Has your home been weatherized? ____Yes ____No If yes, when? _____ **If no, and you are interested in having your home weatherized, please call our housing department at 1-800-658-2448 and request to be placed on the waiting list.**
8. Are you interested in receiving information on other programs offered at Western Community Action? ____Yes ____No

In order for Western Community Action to determine your eligibility for Energy Assistance, you must complete all blanks in this application. You must also include a copy of your utility bills for both primary heat and electric. Failure to provide us with this information will result in either denial of your application or delay in benefits.

****Reminder: Do not send original documents (paychecks, tax returns, etc.) because they will not be returned.**

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.)**