

United Community Action Partnership Inc.  
200 FOURTH STREET SW  
PO BOX 1359  
WILLMAR, MN 56201

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

## 2020-2021 MINNESOTA ENERGY PROGRAMS APPLICATION



United Community Action Partnership Inc.  
200 FOURTH STREET SW  
PO BOX 1359  
WILLMAR, MN 56201  
Phone: (320) 235-0850 Toll Free: (800) 992-1710  
FAX: (320) 441-6399  
www.unitedcapmn.org



# COMMERCE DEPARTMENT

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 (SSN)</b>	<ul style="list-style-type: none"><li>• Social security numbers (SSN) are required for all household members and will be verified</li><li>• If a valid SSN is not available, another form of documentation will be required</li><li>• 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</li><li>• Your SSN will be used to obtain wage and unemployment compensation information</li></ul>
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**Your Legal Name:** \_\_\_\_\_ MM – DD – YYYY

.....

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Current Address Where You Live</b>	<b>Mailing Address (if different from address where you live):</b>
House Number and Street _____ Apt # _____	Street or PO Box _____ Apt # _____
City _____ State <u>MN</u> Zip Code _____ County _____	City _____ State _____ Zip Code _____

**Preferred Language Spoken:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Other Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **To contact me in writing, I prefer:**  US Mail (letter)  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					

**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"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Other income not listed:
<input type="checkbox"/> Self-Employment/Farm Income* Date Business started: ..... / .....	<input type="checkbox"/> Social Security Benefits (SSDI, RSDI, SSA)	<b>No proof of income required:</b>
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Retirement Income including IRA, etc.	
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Pension/Annuity (including quarterly & annual)	<input type="checkbox"/> Food Support
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Tribal Per Capita Payments	<input type="checkbox"/> Earned Income Tax Credit
<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Tribal Judgments or Tribal Bonus	<input type="checkbox"/> No Income (Please call us at (320) 235-0850).
<input type="checkbox"/> Contract for Deed Interest	<input type="checkbox"/> Long/Short-term Disability	
<input type="checkbox"/> Diversionary Work (DWP)	<input type="checkbox"/> Minnesota Family Investment Program (MFIP)	
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> General Assistance (GA)	
	<input type="checkbox"/> Alimony or Spousal Support	

**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	<input type="radio"/> 10% Some	<input type="radio"/> 40% Half	<input type="radio"/> 70% Most	<input type="radio"/> 100% All
2. Do you cut your wood or grow fuel corn?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 20% Some	<input type="radio"/> 50% Half
3. How many bedrooms are in your home?	<input type="radio"/> 30% Some	<input type="radio"/> 60% Half	<input type="radio"/> 80% Most	<input type="radio"/> 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**

<b>Type of Housing:</b> <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
	<b>Renters:</b> 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
	<b>Landlord Information</b> Name: _____ Phone (_____) _____ Street or PO Box _____ Apt# _____ City _____ State _____ Zip Code _____
	<b>Homeowners:</b> Do you own or are you buying your home? <input type="radio"/> Yes <input type="radio"/> No If your furnace/heating system is currently <b>NOT</b> working, check this box: <input type="checkbox"/> Call us immediately at (320) 235-0850 if your furnace/heating system is not working
	<b>Business Use of Home:</b> 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

1. Are you interested in having a free home energy audit done on your home by the Weatherization Department?  
 Yes  No
2. Do you need to replace any of the following appliances? (Check all that apply): Refrigerator\_\_\_ Freezer\_\_\_ Clothes Washer\_\_\_ Room Air Conditioner\_\_\_ (This program is not available in all areas. We will call you if you qualify.)

Please check any area you would like to receive information on:

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Basic Education(GED)/ESL                | <input type="checkbox"/> Weatherization/Energy Conservation Tips           |
| <input type="checkbox"/> Local Workforce Center/Dislocated Worker      | <input type="checkbox"/> Heatshare/Salvation Army & local fuel funds       |
| <input type="checkbox"/> Senior Dining/Meals on Wheels                 | <input type="checkbox"/> SNAP(Food Support Program)/Food Shelves           |
| <input type="checkbox"/> Legal Aid                                     | <input type="checkbox"/> Head Start/Early Head Start(Birth to 5 years old) |
| <input type="checkbox"/> Health Insurance                              | <input type="checkbox"/> Childcare   |
| <input type="checkbox"/> SSI (Supplemental Security Income/Disability) | <input type="checkbox"/> Before and After School Programs                  |
| <input type="checkbox"/> Home Rehab (low income families)              | <input type="checkbox"/> Parenting/Budgeting Education                     |
| <input type="checkbox"/> Free Tax Preparation                          | <input type="checkbox"/> Transportation                                    |
| <input type="checkbox"/> Eviction Prevention/Emergency Housing         | <input type="checkbox"/> Youth Mentoring Program                           |

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

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 (Commerce) and Commerce’s contractors for the Energy Assistance Program (EAP), the Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP).
2. 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.
3. 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.
4. I authorize my EAP, WAP and CIP Service Providers to contact me for outreach and referral.
5. 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><b>Print Name:</b> .....</p> <p><b>Signature:</b> ..... <b>Today’s Date:</b> .....</p>
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**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.**

## INSTRUCTIONS FOR COMPLETING 2020-2021 MINNESOTA ENERGY PROGRAMS APPLICATION

The application is used to apply for the Energy Assistance Program (EAP), the Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP). The Minnesota Energy Programs Application is available in Spanish or in large print from your Service Provider or online at <http://mn.gov/commerce/consumers/consumer-assistance/energy-assistance/>

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### To apply for the Energy Programs, you must send to your Service Provider:

- The completed application with all questions answered and the last page signed and dated.
- A copy of proof of all income received in the last 3 full calendar months for each household member.
- A copy of your last electric bill and heating bill or receipt for delivered fuels.

**Failure to provide required documents may result in delay or denial of your application.**

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**Social Security Numbers (SSNs):** SSNs are required for all applicants unless you are applying as an eligible non-citizen (for example, a permanent resident, asylee, refugee, etc.). If you do not provide verifiable social security numbers or valid immigration documentation, your application cannot be processed. If you are an eligible non-citizen, you may be able to apply without an SSN. Contact your Service Provider for information on the required documentation. If you or some member(s) of your household are ineligible non-citizens, your household may still receive assistance if any household member is a citizen or eligible non-citizen. Contact your Service Provider for details. **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 SSNs in the administration of EAP to check identity, prevent duplicate participation, and determine eligibility for public benefits. Your SSN will also be used to obtain wage and unemployment compensation information from the Minnesota Department of Employment and Economic Development (DEED), verify information supplied on the application, and to prevent, detect, and correct fraud, waste, and abuse.

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**Non-Citizen Applicants:** To get help from Minnesota Energy Programs, you must be a citizen or in the United States (US) legally. **Energy Assistance benefits are not counted in public charge determinations.** You can apply and get help for other eligible household members, even if you or some household members are not eligible because of immigration status. Members of your household who are eligible non-citizens and applying for help must show proof of their immigration status. Give a copy of both sides of immigration cards or other documents that show immigration status for every household member who is an eligible non-citizen and applying for help. All household members, regardless of immigration or citizenship status, must provide their income information, but only those who are citizens or eligible non-citizens will be counted as household members. Contact your Service Provider for specific information about what is required for your situation. **We will not share information about you with the US Citizenship and Immigration Services (USCIS) without your permission.**

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**PART 1. Personal Information:** Fill in the Social Security Number (SSN), name, current home address, phone number, and contact information for the primary household member. Contact your Service Provider if anyone in your household is unable to provide an SSN. You may be able to use an alternative legal document number or documentation of your eligibility for public benefits.

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**PART 2. Household Information:** Fill in all the information for everyone living in your home. ALL people living in the home are household members if they share the kitchen or other living areas in the home. Live-in care providers are not counted as household members if you have proof from a health care provider that daily medical care is required. Non-custodial parents may include their minor children as household members.

#### Sources of Income and Other Assistance:

- Mark (x) for all income and all money received by each household member in the last 3 full calendar months.
- Send proof of all gross income received by all people in your household in the last 3 full calendar months before the month you sign your application. Send copies, originals will not be returned.

#### Proof of Income by type:

- **Wages:** Check stubs or a signed, dated statement by your employer (including employer name, address and phone number) stating gross wages. EAP may use your SSN to verify wages reported to DEED by your employer. For follow up on unreported wages, please indicate the number of employers each household member had in the past 6 months.
- **MFIP, DWP, GA:** Statement from the county showing monthly amount or bank statements.
- **Spousal Support or Alimony:** Check copy(ies), bank deposits, or a note signed by the payer stating the amount and dates of received payments or other proof of amount received.
- **Veteran's Benefits, Social Security, RSDI and SSI:** Award letters, bank statements showing direct deposits, or check copy(ies).
- **Workers' Compensation, Short Term and Long Term Disability:** Benefit award notice, copies of workers' compensation or disability checks, workers' compensation records, or attorney's records.
- **Unemployment Compensation:** Unemployment weekly benefit printout from [www.uimn.org](http://www.uimn.org). Click on "Log in to My Account" and log in, go to "View and Maintain My Account," then "Payment Information," and enter date range for the last 5 full calendar months. EAP may verify this income directly with DEED.
- **Self Employed, Farm, and Rental Income:** The first 2 pages of your most recent IRS-1040 tax return and Schedule 1. If you did not file taxes, call your Service Provider and ask for a *Self-Employment Form*. Enter the date your business started in the space provided on page 2 of the application.
- **Interest, Dividend:** Bank statements or your IRS-1099 or IRS-1040.

- **Retirement Income including IRA income:** Benefit checks/stubs, bank statements or award letter.
- **Pensions and Annuities:** Benefit checks/stubs, bank statements or award letter.
- **Tribal Bonus, Judgments or Per Capita Payments:** Benefit checks/stubs, bank statements or award letter.
- **No Income:** If your household has no income and no one is self-employed, call your Service Provider for a *Verification of Income & Expenses* form.

**\*\*Please send only copies of your proof of income. Originals will not be returned\*\***

**PART 3. Heating Sources:** Put "1" by the heating fuel you use the most and "2" by all other heating fuels.

- If your home is heated with more than 1 type of heating fuel, mark all boxes that apply.
- **If you use electric heat as a heating source,** it must provide most or all the heat to 1 or more rooms (excluding bathrooms) or provide heat to the entire home. Electric is not a heat source if only used to run the furnace fan or the thermostat.
- Enter the name of the heating and electric company providing energy to your home.
- Include the name on the account and the account number.
- Wood, corn, pellet or other biofuel users: Show how much of your heat it provides. Do you cut or grow your own wood, corn, pellets or other biofuel? Enter the number of bedrooms in your home.

**PART 4. Housing Information:** Check the type of housing you live in, how long you have lived there and your monthly payment. If you are a **renter**, tell us if you receive a housing subsidy, if you pay heat or electricity, and your landlord's name, phone number and address.

You are a homeowner if you own, are buying your home, have a home mortgage or contract for deed.

**Homeowners:** If you have a furnace heating problem, we may be able to provide repair services.

**Self-employed:** If your residence is used for work or you rent out space in your home, complete this section.

**PART 5. Permissions and Signature:** Read the permissions carefully. **An adult household member, 18 years of age and older or emancipated minor, or the minor head of a household with no adults or emancipated minors must sign the application. Any other person signing the application must be a court appointed guardian or conservator or must have a Power of Attorney (POA) to act on behalf of the household and must submit a copy along with the application. Return the application to your Service Provider. Your application must be postmarked or received on or before May 31, 2021. In addition, your application must be postmarked or received within 60 days of the date signed.**

- ANY missing information may delay decisions regarding your eligibility and benefit amount.
- Your Service Provider may be able to help you pay your past due energy bills and/or arrange a monthly payment plan with your heating and/or electric company.
- Your application will be processed as quickly as possible. You will receive a letter when your application is completed.

**Important Notice:**

The Energy Assistance Program may provide eligible households with energy crisis assistance. Write down the name and phone number of your Service Provider and call them if:

- Your energy services are or will be shut-off,
- You are unable to get a delivery of fuel, or
- You own your home and your furnace is not working.

**Weatherization Assistance Program (WAP) Income Eligibility Guidelines**

You may be eligible for the Weatherization Assistance Program (WAP) even if your household's income is higher than the EAP limits. WAP provides free home energy upgrades to income-eligible homeowners and renters to help save energy and make your home a healthy and safe place to live. For income eligibility please refer the Minnesota Weatherization Assistance Program at <https://mn.gov/commerce/consumers/consumer-assistance/weatherization> or call **1-800-657-3710**

**Cold Weather Rule Protection:** If you use natural gas or electricity to heat your home or you need electricity to operate your thermostat or furnace fan, you may be eligible for Cold Weather Rule protection between October 15 and April 15.

- The Cold Weather Rule helps protect your service from disconnection or can help you get your service reconnected.
- **To get Cold Weather Rule protection, you MUST contact your energy companies and make and keep a payment plan. If you miss a payment, you lose your protection and you could lose your heat.**
- If you receive Energy Assistance, you pre-qualify for Cold Weather Rule protection. The Energy Assistance Program is not a payment plan and will not replace what you need to pay.
- Service Provider staff can help you make a reasonable payment plan with your energy companies.

# Privacy Notice and Your Rights and Responsibilities

## Privacy Notice

**Privacy Act Provisions:** Federal and state laws require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3) and the Minnesota Government Data Practices Act, Minn. Stat. § 13.04, subd. 2 (also referred to as a Tennessee Warning).

Please read this *Privacy Notice* carefully before completing and signing the *Minnesota Energy Programs Application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP), Weatherization Assistance Program (WAP) and Conservation Improvement Program (CIP), also known as Energy Programs.

### Why do we collect the information on the application?

We will use your information to research, evaluate and administer the Energy Programs. We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

### Do you have to give us the information?

You have the right to not give us the information we ask for.

### What happens if you give or do not give us information?

If you give us the information requested on the application, your application will be processed. If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

### Who may see this information?

The following persons may receive information contained in your Energy Programs application if: (i) they need access to the application information to do their jobs in connection with the Energy Programs (EAP, WAP, and CIP), or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with the Minnesota Department of Commerce (Commerce).
- Community Services Block Grant and Minnesota Community Action Grant Service Providers under contract with Commerce.
- Program auditors as required or permitted by Office of Management and Budget (OMB) guidance.
- Minnesota Departments of Administration, Commerce, Employment and Economic Development, Human Services, Revenue and MN.IT Services.
- United States Departments of Health and Human Services and Energy.
- Minnesota Public Utilities Commission.
- Minnesota Legislative Auditor.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- Minnesota Community Action Partnership.
- United States Social Security Administration.
- Other agencies or entities as allowed by federal or state law.

### Why do we collect Social Security Numbers?

We use Social Security Numbers in the administration of the Energy Programs (EAP, WAP, and CIP) to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i). All applicants (except eligible non-citizens) are required to provide a verifiable Social Security Number in order to process your application.

### Why do we ask for information about your race?

This is voluntary information. It is compiled and recorded for statistical purposes only. The program cannot discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.

### 2020 Census

You may receive information about the 2020 Census.

# Your Rights and Responsibilities

## You have certain rights to get help:

You have the right:

- To apply again if you get denied.
- To apply for more help if you need it.
- To know what the rules are and how we decide what help you get.
- To receive a response within a reasonable time of submitting all information.
- To appeal within 30 days after you are sent the results of your application if:
  - You receive a denial letter and think we used the wrong information to make the decision.
  - You do not receive the help you were promised.

## You have these responsibilities:

You must tell us if you or any member of your household:

- Received help with your energy bills earlier this winter.
- Move to a new address (tell us within 30 days of the move).
- Change your fuel dealer or gas or electric companies.

**This program may pay only part of your heating and electric bills. You are responsible to pay the rest.**

## What if you think the information in your file is wrong?

Talk to your local EAP Service Provider about what you think is wrong in your file.

## What happens if you give false information?

The local EAP Service Providers or the Minnesota Department of Commerce may check and verify any of the information contained on your application or otherwise provided. You may be denied Energy Program benefits if you provide incomplete or false information. You may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements on your application.

## How to submit a complaint:

If you think your energy payment was not what it should be or you did not get the services you thought you would, you may contact the local EAP Service Provider listed on the application. If you are not satisfied with their answer, you may write an appeal letter to the local EAP Service Provider. Keep a record of their address and telephone number.

If you are not satisfied with their response to your appeal, write to:

Appeals Officer  
Energy Assistance Program  
Minnesota Department of Commerce  
85 East 7th Place, Suite 280  
St. Paul, MN 55101-2198

If you feel you have been treated differently because of your color, race, national origin, religion, sex, gender, age, marital status, political beliefs, or physical, mental or emotional disability, write to one of the following:

Minnesota Department of Human Rights  
Grigg's Midway Building  
540 Fairview Ave. N, Suite 201  
St. Paul, MN 55104  
<https://mn.gov/mdhr/>

-OR-

U.S. Department of Health and Human Services  
Office for Civil Rights, Region V  
233 North Michigan Avenue, Suite 1300  
Chicago, IL 60601  
[www.hhs.gov/ocr/civilrights/complaints](http://www.hhs.gov/ocr/civilrights/complaints)

## Ask for Assistance:

If you do not understand the information in this document, call your local EAP Service Provider and ask for assistance. Their telephone number is listed on the first page of the Minnesota Energy Programs Application.

Call the local EAP Service Provider listed on the application to request the application in Spanish. Llame al Proveedor de Servicio EAP local anotado en la solicitud para pedir una solicitud en español.