2025-2026 MINNESOTA ENERGY PROGRAMS APPLICATION

The Minnesota Energy Programs Application is available in Hmong, Somali, Spanish, Vietnamese, or in large print from your Service Provider or online at mn.gov/home

This application is used to apply for these programs:

- Energy Assistance Program (EAP)
- Weatherization Assistance Program (WAP)
- Conservation Improvement Program (CIP)

How to fill out this application

- Read all the information in this application.
- 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.
- Complete and turn in the application, income proof, and other documents to your Service Provider.
- We must have the complete application to determine if you qualify for help.

If you need help filling out this application, call your local EAP Service Provider. Their telephone number is listed on the first page of the Minnesota Energy Programs Application.

Si necesita ayuda para completar esta solicitud, comuníquese con su proveedor de servicio del PAE local. El número de teléfono se encuentra en la primera hoja de la solicitud de los Programas de Energía de Minnesota.

Haddii aad uga baahan tahay caawin buuxinta codsigan, wax Bixiyahaaga Adeega EAP ee maxaliga ah. Lambarka taleefankooda wuxuu ku qoran yahay bogga koowaad ee Codsiga Barnaamijyada Tamarta ee Minnesota.

Yog koj xav tau kev pab sau daim ntawv thov no, hu rau Tus Neeg Muab Kev Pab EAP hauv koj cheeb tsam. Lawv tus xov tooj yog teev rau ntawm thawj nplooj ntawv ntawm Daim Ntawv Thov Minnesota Cov Khoo Kas Pab Them Nqi Hluav Taws Xob.

Nếu quý vị cần hỗ trợ để điền vào đơn đăng ký này, hãy gọi cho Nhà Cung Cấp Dịch Vụ EAP tại địa phương của quý vị. Số điện thoại của các nhà cung cấp được liệt kê trên trang đầu tiên của Đơn Đăng Ký Chương Trình Năng Lượng Minnesota.

Send income proof

- Send proof of all gross income received by all people in your household in the last full calendar month before the month you sign your application. Send copies, originals will not be returned.

Application signed in:	Send proof of gross income received in:
August 2025	July 2025
September 2025	August 2025
October 2025	September 2025
November 2025	October 2025
December 2025	November 2025
January 2026	December 2025
February 2026	January 2026
March 2026	February 2026
April 2026	March 2026
May 2026	April 2026

Household income cannot be more than these income guidelines for 1 month:	
Household Size	**Income**
1	$3,119
2	$4,079
3	$5,039
4	$5,999
5	$6,959
6	$7,919
7	$8,099
8	$8,279
9	$8,459

What proof to send

- **Wages:** EAP may use your SSN to verify wages reported by your employer. If complete proof is not provided, the information is verified with the Department of Employment and Economic Development (DEED), which may be up to 6 months old. We may ask you to provide check stubs or other verification if we are unable to verify your wages with DEED. If your income has gone down in the last 6 months, you will need to provide proof of your most recent full calendar month of wages from the month before you sign your application, or the information reported by DEED will be used.
- **MFIP, GA, DWP:** County statement showing monthly amount or bank statements.

- **Spousal Support or Alimony:** Check copies, bank statements, divorce decree (first and last page along with pages related to alimony) or a note signed by the payor stating the payment amount and dates, or other proof of amount received.
- **Veteran's Benefits, Social Security, RSDI and SSI:** Award letters, bank statements showing direct deposits, or check copies.
- **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:** EAP may verify this income for you. If we are unable to verify, you will need to provide proof.
- **Self-Employed, Farm, and Rental Income:** IRS 1040 including the signature page and Schedule 1. If you did not file taxes, call your Service Provider and ask for a Self-Employment Form.
- **Interest, Dividends:** Bank statements, 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 Per Capita, Bonus, or Judgment 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.

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

What happens next?

- Your local Service Provider will review your application and contact you if they need additional information.
- If they have all the necessary information, your Service Provider will process the application as quickly as possible, and you will receive a letter telling you if you can get help.
- If approved, we will pay your benefit to the companies listed on your application.
- If denied, we will tell you the reason and how you may reapply or appeal the decision.

Energy emergency help

The Energy Assistance Program may be able to help if you have an energy emergency. Contact your Service Provider if:

- Your heat or electric is shut off or will be shut-off
- You are unable to get a fuel delivery
- You own your home and your furnace is not working

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 valid social security numbers or immigration documents, we cannot process your application. If you are an eligible non-citizen, you may be able to apply without an SSN. Contact your Service Provider to find out the required documents. If you or some members of your household are ineligible non-citizens, your household may still get help if any household member is a citizen or eligible non-citizen. Contact your Service Provider for details. 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 you give us on the application, and to prevent, detect, and correct fraud, waste, and abuse.

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 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 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. 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 to find out what is required for your situation. **We do not share information about you with the US Citizenship and Immigration Services (USCIS) without your permission.**

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 information, visit 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 1 and April 30.

- 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.
- Your Service Provider can help you make a reasonable payment plan with your energy companies.

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

For office use only

HH:

Referral ☐ _____

Rep#: _____

Grant amount: _____

Apply online instead
mn.gov/home

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

2025-2026 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
Website: www.unitedcapmn.orgEmail: eapucap@unitedcapmn.org

Before completing this application, carefully read the enclosed "Your Rights and Responsibilities" and Instructions.

Part 1. Personal Information - Verify all preprinted information on this application is correct. Make changes as needed.

Your Social Security Number (SSN)

- 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

House Number and Street ____ Apt # ____

City ____ State MN Zip Code ____ County ____

Mailing Address (if different from address where you live):

Street or PO Box ____ Apt # ____

City ____ State ____ Zip Code ____

Language Spoken:

Primary Phone: (____)____ Cell ☐ phone

Other Phone: (____)____ Cell ☐ phone

Email Address:

To contact me in writing, I prefer: (Choose only one) ○ US Mail (letter) ○ Email

Authorized Representative: If you complete this section, the "Authorized Representative" has permission to act for you but cannot sign the application unless legally authorized to do so (e.g. Power of Attorney, Guardian or Conservator). Include documentation with application.
An authorized representative must be an individual person and not a group or organization.

First Name ____ Last Name ____ (____)____ Phone

I want the **Authorized Representative** to get mail on my behalf ☐ (If checked, enter their address below.)

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							
Social Security Number Ex: 555-55-5555 *Indicate below if you don't have an SSN. See instructions for more information.*	**Legal Name** **First M.I. Last** Ex: Pat T. Smith	**Date of Birth** mm-dd-yyyy	**Income/ Benefits** Y/N	**Number of Employers**	**Last date worked** MM/DD/YY	**Gender** write in Ex:Male	**Race** See Below	**Hispanic Latino/a/x** Y/N	**Disabled** Y/N	**Veteran** Y/N
(Self)										

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

- Has any household members' job-related income gone down in the past 6 months? Whose _____
  For each person, please send most recent full calendar month of income as proof. See instructions for more information.
- Member(s) over 18 with no income? Which member(s) and please explain _____
- Do you want to register to vote or update your registration if you have moved? ○ Yes ○ No
- Is anyone in your household currently an employee *or* board member of this energy assistance agency? ○ Yes ○ No
- **How did you hear about Energy Assistance?** ☐ Previous Applicant ☐ Friends/Family ☐ County Worker ☐ Other _____
  ☐ Utility/Fuel Provider ☐ State or County Website ☐ Landlord ☐ Newspaper ☐ Social Media/Digital Ad ☐ Radio ☐ Billboard ☐ Veteran's Office

Income, benefits, and other assistance: (See instructions for more information about income or benefit types.)

- Mark all types of income your household has and list the people who receive each type of income or benefit.
- Send required proof of income from the last full calendar month from application signature date. Additional proof may be requested.

Income

Who has this income?

☐ Wages – If proof is not provided, we will use DEED wage data (if available) to calculate your monthly income. DEED data may be up to 6 months old. _____

☐ Self-Employment/Farm Income/Contractor/Freelancer/Gig _____

Month and year business started: _____

Send in IRS 1040 including the signature page and Schedule 1
See instructions if you did not file a 1040 for this job

☐ No income: Please call us (320) 235-0850 _____

Who has this income?

☐ Unemployment Compensation _____
(Verified with DEED. If unavailable, proof is required)

☐ Interest or Dividend Income _____

☐ Rental Income _____

☐ Workers' Compensation _____

☐ Contract for Deed Interest _____

☐ Other _____ _____

Benefits

Who has this benefit?

☐ 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 or TANF) _____

☐ General Assistance (GA) – ***Cash benefits*** _____

Who has this benefit?

☐ Veterans' Benefits _____

☐ Tribal Per Capita Payments _____

☐ Tribal Judgments or Tribal Bonus _____

☐ Long/Short-term Disability (Not SSDI) _____

☐ Alimony or Spousal Support _____

☐ Diversionary Work (DWP) _____

No proof required:
☐ Child Support - Monthly amount $_____ ☐ Food Support
☐ Earned Income Tax Credit ☐ Minnesota Supplemental Aid (MSA)

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

Part 3. Housing Information

I live in a: O House O Apartment/Condo O Townhouse O Mobile Home O Duplex O Triplex O Fourplex O Other.....

How long have you lived in your current home? ..... Years .....Months How many people live in your home?.....

I pay: ☐ Rent ☐ Mortgage ☐ Lot rent ☐ No monthly payment

What is the total monthly amount you pay: $.....**required**

I am a renter:

Do you get a rent subsidy or do you live in subsidized housing? O Yes O No

Is heat or electricity included in your rent?

Check those that apply: ☐ Heat ☐ Electric

Landlord Information

Name:.....

Phone (.....).....

Street or PO Box .....Apt#.....

City.....State..... Zip Code.....

I am a homeowner:

Do you own or are you buying your home? O Yes O No

If your furnace/heating system is currently not working, call us immediately at (320) 235-0850 and check this box ☐.

Renters and Homeowners:

If you are self-employed, is the business at your home? O Yes O 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? O Yes O No

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

Part 4. Energy Providers

What companies supply heat and electricity to your home?

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

	Main Heating	Other Heating	Electric	Solar Garden
Company Name:				
Fuel Type:	O **Natural Gas** O **Propane** O **Oil** O **Wood/Biofuel** O **Steam**	O **Natural Gas** O **Propane** O **Oil** O **Wood/Biofuel** O **Steam**	☐ **Main heat source is electricity**	
Account Number:				
Name on Account:				

Do you heat with wood or biofuel?

What biofuel do you use?	What percent of your heat	How many bedrooms are in	Do you supply your own
O Wood O Pellets O Corn O Other.....	does this supply?.....%	your home?.....	wood/biofuel? O Yes O No

How would you like your benefit paid out?

Unless indicated differently below, your benefit is split between your main heating (70%) and electric (30%) company.

O 50% to main heating and 50% electric O 100% to main heating O 100% to electric O Other:.....

Energy Emergency - If you have an emergency right now, check the type of situation below and send a copy of the notice.

☐ Already disconnected. Company:..... Disconnect Date:.....

☐ Received disconnect notice. Company:..... Date Scheduled:.....

☐ Fuel tank empty (or less than 20% in tank) and payment on delivery required. What % is in your tank today:..... Tank size:.....

Contact your energy company to set up a payment plan.

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? (Must be 10 years or older, Check all that apply): Refrigerator___ Freezer___ Clothes Washer___ Clothes Dryer ___ Room Air Conditioner___ (*This program is not available in all areas.* We will call you if funds are available.)**

3. **Are you interested in any home repair assistance? _____Yes _____No What type of home repairs are needed? _____**

4. **Are you interested in participating in a solar garden program that lowers electrical usage costs up to 20% for XCEL Energy customers? There is no cost to participate. _____ Yes _____No**

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

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

2025

Part 5. Consent and Signature for October 1, 2025 to September 30, 2026

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 Commerce to share data about my EAP eligibility and application with other Commerce energy programs for which I might be eligible, including, but not limited to, Inflation Reduction Act Home Energy Rebates, Minnesota Heat Pump Rebates, Minnesota Electrical Panel Grants.
4. 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.
5. I authorize my EAP, WAP and CIP Service Providers to contact me for outreach and referral.
6. 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, 2026.
Your application must be postmarked or received within 60 days of the date you sign it.
Apply early, funds may run out.

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 Tennessen 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, Health, Housing Finance Agency, 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.
- Your energy companies for affordability, Energy Programs, or other PUC-ordered programs, upon Commerce's approval.
- 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.

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