Energy Assistance Signature Page

Applicant Name: ..... Household Number: .....

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	**Do you receive Income or Benefits** Y/N	**Number of Employers**	**Gender**	**Race** See Below	**Hispanic Latino/a/x** Y/N	**Disabled** Y/N	**Veteran** Y/N
(Self)		- -							
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Part 5. Consent and Signature for October 1, 2026 to September 30, 2027

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 Energy Conservation and Optimization (ECO).
2. I authorize the Social Security Administration, the Minnesota Department of Human Services and Children, Youth, and Families and its affiliated agencies, the Minnesota Department of Employment and Economic Development and the Minnesota Department of Revenue 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 ECO.
3. I authorize Commerce to share any income documentation submitted as part of my EAP application with the Minnesota Department of Revenue as necessary to verify eligibility for benefits and confirm the accuracy of income documentation.
4. 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.
5. I authorize Minnesota EAP, WAP, and ECO to:
   - Contact my employer to verify my income.
   - Contact my landlord to confirm my residency and/or heating source if I am a renter.
6. I authorize my EAP, WAP and ECO Service Providers to contact me for outreach and referral.
7. 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 ECO. 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, 2027.

Your application must be postmarked or received within 60 days of the date you sign it. Apply early, funds may run out.