

Questionnaire for Dwelling Eligibility

For Applicant Use

EAP household #: _____

Primary Applicant: _____

Date: _____

1. Do you live in boat, hotel, motel, icehouse, recreational vehicle (RV) or outbuilding?
 - a. If not, what type of home do you live in?

Part A

2. Is the home your primary residence?
3. How often does your home move throughout the year?

Part B

4. What do you use for electricity?
 - a. Select all that apply:

<input type="checkbox"/> Active, connected electricity account	<input type="checkbox"/> Generator
<input type="checkbox"/> Use a shared meter	<input type="checkbox"/> Inactive electricity account
<input type="checkbox"/> Electric in rent	<input type="checkbox"/> No electricity
<input type="checkbox"/> Solar	
 - b. Other:
 - c. Tell us how your electricity is connected (e.g., connected with a buried line, extension cord, shore power, etc.), if applicable.
5. What do you use for a heat source?
 - a. Select all that apply:

<input type="checkbox"/> 100-gallon or larger tank that is set	<input type="checkbox"/> Less than 100-gallon tank
<input type="checkbox"/> Active, connected account with natural gas vendor	<input type="checkbox"/> Tank is not set
<input type="checkbox"/> Wood stove with active account	<input type="checkbox"/> Account with vendor is not active
<input type="checkbox"/> Wood stove and self-cut wood	<input type="checkbox"/> Heat source is not functioning
<input type="checkbox"/> Heat in rent	
<input type="checkbox"/> Electric heat with active, connected account	
 - b. Other:
 - c. Tell us how your heat source is connected, if applicable.

Energy Assistance Program

6. What upgrades have you made to protect your home from Minnesota weather (e.g., skirting, insulation, etc.)?
7. Do you rent or own the home?
8. Do you rent or own the land?

Part C

9. What do you use for sewage? Do you have a toilet?

a. Select all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Functioning septic system | <input type="checkbox"/> Toilet or sewage are not functioning |
| <input type="checkbox"/> Mound system | <input type="checkbox"/> Use sewage on another property |
| <input type="checkbox"/> Outhouse | <input type="checkbox"/> Community toilet |
| <input type="checkbox"/> Compost toilet | <input type="checkbox"/> Bucket |

b. Other:

10. What do you do for bathing?

a. Select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Working shower or bath | <input type="checkbox"/> Use shower facilities on another property |
|---|--|

b. Other:

11. What do you use for drinking and cooking water?

a. Select all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Connected water | <input type="checkbox"/> Hauling water |
| <input type="checkbox"/> Well water | <input type="checkbox"/> Use hose in summer |
| <input type="checkbox"/> Insulated or protected water storage system | <input type="checkbox"/> Unable to access water for part of the year |

b. Other:

12. What appliances do you use to cook? What do you use to keep food cold?

a. Select all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Cooler |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Do not have a way to cook |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Cook on another property |
| <input type="checkbox"/> Grill or electric grill | |
| <input type="checkbox"/> Refrigerator | |
| <input type="checkbox"/> Mini fridge | |

b. Other: