



Eco3 ENERGY

Select your program:

- Advanced Home Energy Audit
- Giving Comfort @ Home (Air-sealing and weatherization)
- Home Heating Fuel Transition
- Utility Bill Assistance
- Home Heating System Replacement

PART 1: PERSONAL INFORMATION

Your Social Security Number: _____ - _____ - _____

First Name _____ Middle Initial _____ Last Name _____

Property Address _____

City _____ State _____ Zip _____ County _____

Preferred Phone # _____ Email Address _____

YOU MUST ALSO SIGN AND DATE THIS APPLICATION AT THE BOTTOM OF THE LAST PAGE.*

PART 2: HOUSEHOLD INFORMATION—INCLUDING YOURSELF, LIST ALL HOUSEHOLD MEMBERS:

HOUSEHOLD MEMBER NAMES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	HISPANIC (Y/N)	RACE (SEE BELOW)	SEX (M/F)	YEARS OF SCHOOL	HAVE INCOME (Y/N)	DISABLED* (Y/N)
1.								
2.								
3.								
4.								
5.								
6.								
7.								

RACE INFORMATION: SELECT LETTER FOR CHART ABOVE	A=Asian	B=Black or African American	I= American Indian or Native Alaskan
	O= Native Hawaiian or Other Pacific Islander	W= White or Caucasian	

*Disability: a physical or mental impairment that substantially limits one or more major life activities.

**Attach a separate sheet if necessary for any additional household members.

- How many people in your household had income in the past 3 months? _____
- Do you own your home? (Check one): Yes / No
- Have you had AEOA Weatherization performed since 1994? Yes / No / I don't know

PART 3: OTHER BENEFITS

- Do you receive benefits from St. Louis County? (Ex: Food, Child-Care, Healthcare Assistance) Yes / No
- Do you receive Supplemental Security Income (SSI)? Yes / No

**If you answered YES to questions in Part 3, you may automatically qualify for our programs, with proof of your benefits

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PART 4: PROOF OF INCOME AND BENEFITS

Send copies of most recent **federal tax return** and **proof of gross income for the past 3 complete months** for all household members except wages for children in grades K-12, (including SSI, Disability, GA, MSA, child support or alimony payments your household receives). *Your application will be delayed if you do not include proof of income*

If you receive benefits from St. Louis County or Supplemental Security Income attach proof of benefits. Examples include letter of acceptance or recent statement. If receiving these benefits, no other income documentation is needed at this time.

SOURCES OF INCOME AND OTHER ASSISTANCE

<input type="checkbox"/> Wages	<input type="checkbox"/> Tribal Bonus or Per Capita Payments	<input type="checkbox"/> Social Security or Social Security Disability
<input type="checkbox"/> Self Employment/Farm Income	<input type="checkbox"/> MN Supplemental Aid (MSA)	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Diversionary Work (DWP)	<input type="checkbox"/> Long/Short term Disability
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> MFIP	<input type="checkbox"/> Retirement Income
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Food Support (is not income)	<input type="checkbox"/> Pension/Annuity (including quarterly and annual)
<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> General Assistance (GA)	<input type="checkbox"/> Earned Income Credit (not counted as income)
<input type="checkbox"/> Contract for Deed Interest	<input type="checkbox"/> Child or Spousal Support	<input type="checkbox"/> No Income
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> Other: _____	

HOUSEHOLD MEMBER NAMES	INCOME SOURCE/EMPLOYER NAME	DATE STARTED	DATE ENDED
1.			
2.			
3.			
4.			

INCOME ELIGIBILITY 2021: Annual Income

HOUSEHOLD SIZE	HUD LIMIT:
1	\$47,800
2	\$54,600
3	\$61,450
4	\$68,250
5	\$73,750
6	\$79,200
7	\$84,650
8	\$90,100

* I certify that the above information on this form is accurate and complete.

By signing below I give my consent to share this information with various funding sources to help meet funding requirements.

Signature: _____

Date: _____

COMPLETE AND RETURN TO:
Ecolibrium3
 2014 W 3rd Street Duluth, MN
 55806
 or email it to energy@ecolibrum3.org

ecolibrum3.org | 218.336.1038

Minnesota Data Privacy Act/Tennessee Warning:

The Minnesota Data Privacy Act requires that certain information you provide on this form remain as private data. The information about you that is collected on the DEEP Income Verification Form will be classified as private data. Private data about you will be accessible only to you and the personnel who comply with program and reporting requirements. The data you provide is needed to: identify you, contact you in case of random program or energy use evaluation, comply with certain federal and state reporting requirements, evaluate program effectiveness, and administer the DEEP rebate program. If you choose to supply all of the requested data, your application will be processed on a first-come, first-served basis in accordance with the unreserved-rebate program guidelines. If you refuse to supply data requested on the income verification form, your application cannot be processed. Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i)