

PY 2024 Indiana Energy Assistance Program Application INSTRUCTIONS

- **Please note that Indiana's Energy Assistance Program provides a one-time benefit payment.** This is not recurring monthly assistance, and is not designed to cover all of your utility costs for a year.
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis.
- Please complete the application form **in its entirety**, including fields with yes/no options.

Part I: Contact Information

- **Please fill in all information completely**, including the full name and last four digits of SSN for the person completing the application for the household. If you do not fully complete the information or provide good methods of contact, it may delay application processing.

Part II: Home and Utility Information

- Please complete all fields completely.
- Please submit your **current** electricity and heating bills or account statements with your application.

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income or non-cash benefit assistance received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- If anybody in your household has **paid** child support in the past three months, submit proof of payments to have child support deducted from household income.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

Part IV: Household Members and Demographics

- **Please include yourself as household member number 1.**
- **You must list all persons residing at the address of application as of the date of application.**
- You must complete **all fields** for **all individuals**. Failure to complete demographic information will delay your application processing as the local service provider will need to contact you to gather this information.
- **If there are more than four persons in your household (five on the large print form), you will require an attachment to list the other members.** Please contact your local service provider for the attachment and check the box to notify the intake processing your application that there are more than four people present.
- Please use the codes provided to identify race, ethnicity, employment status, education level, Health Insurance, and Military status for each household member.
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles.
- Please define your household type according to the options provided.

Part V: Certification


- **Failure to sign and date the certification statement will invalidate your application.**

Submitting your application

- **Please submit your application to the local service provider administering EAP for your county**, not to IHCD.
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
 1. Photo ID for the person completing and signing the application.
 2. Proof of SSN for each member of the household. This may be:
 - Copy of Social Security card.
 - Copy of a valid U.S. passport.
 - Copy of a valid state-issued REAL ID.
 - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person's name and full, unredacted SSN.
 3. **Current** documentation of income for all household members age 18 or over. This may include:
 - Employment/wages
 - **Most recent** paystub
 - Request for Earnings information form – contact Local Service Provider
 - Social Security/SSI/VA benefits
 - Most recent **complete** award letter (may be downloaded from online)
 - **Complete** bank statement
 - Pension/retirement
 - Award letter
 - Self-Employment
 - Most recent Form 1040 tax return, with all appropriate self-employment schedules.
 - Unemployment Benefits
 - Completed release of information form for DWD.
 - **Full** print-out of your most current Uplink statement.
 - Alimony/spousal support/Worker's Compensation/Private disability
 - Any documentation of payments received.
 - Odd Jobs/irregular income/No Income
 - Completed Income Verification form – contact Local Service Provider
 - If you have any questions about acceptable documentation, contact your local service provider.
 4. **Current, complete bills** for your electric and heating utilities.
 - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
 - If utilities are included in your rent, please provide completed Landlord Affidavit.
 - Please ensure you are providing the **full and complete** billing statement!
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.

Indiana Energy Assistance Program Application

Program Year 2024

 <p>community Action Program of Evansville</p> <p>ihcda Indiana Housing & Community Development Authority</p>	CAPE 401 SE 6TH ST, SUITE 001 EVANSVILLE, IN 47713 812.425.4241 capeevansville.org eap@capeevansville.org	For Provider/Agency Use Only			
	Date received: _____				
	Application number: _____				
	<input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other				
	Household is disconnected or out of fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Household has d/c notice or less than 25% fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Household heat source is inoperable: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Check here if your electric or heating utility is disconnected or scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity. If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of a prepaid, bulk deliverable fuel, contact your local service provider listed above to request a crisis appointment. If you need other emergency options, please call 2-1-1.					
Part I: Contact Information					
Applicant Name			Last four digits of SSN		County
			XXX-XX-		
Physical Address (Including Apartment/Lot/Trailer Number)			City	State	Zip
				IN	
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.					
Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.					
Telephone number		Mobile phone carrier		E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>	
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile		<input type="checkbox"/> Consent to receive texts			
Part II: Home and Utility Information					
Home Type (Please check one)			Utilities and Payment		
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____			Electricity Vendor: _____ <input type="checkbox"/> Included in rent		
Home Ownership (Please check one)			Heating Vendor: _____ <input type="checkbox"/> Included in rent		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____					
Primary Heating Source (please check one)		Primary Heating Fuel (please check one)		Do you have a secondary heating source installed?	
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____		<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No					
The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your Household be interested in a referral to the Weatherization program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Part III: Income and Benefits					
Please indicate all types of income received by any member of the household in the past three months. Check all that apply.					
<input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____					
Please indicate all sources of assistance received by any member of the household. Check all that apply.					
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____					
Has anybody in the household paid child support in the past three months?			Is anybody in the household between the ages of 14-24 and neither working nor attending school?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)			<input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____		

Please complete and sign page 2 - Application is not valid without signature and date.

Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.

Part IV: Household Members and DemographicsList all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household: ☐

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
Applicant					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Race Codes:

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

Ethnicity Codes:

H - Hispanic, Latino, or Spanish origins
N - Not Hispanic, Latino, or Spanish origins

Employment Codes:

FT - Employed full-time; **PT** - Employed part time; **R** - Retired;
US - Unemployed six months or less;
UL - Unemployed longer than six months; **NL** - Not in labor force;
M - Migrant Seasonal farm worker

Education codes:

A - Grades 0-8; **B** - Grades 9-12, Non-graduate;
C - High School Graduate/Equivalency Diploma;
D - Some post-secondary school; **E** - 2- or 4-year college degree; **F** - Other post-secondary graduate

Health Insurance Codes:

A - Medicaid; **B** - Medicare;
C - State Children's Health Insurance Program;
D - State Health Insurance for Adults; **E** - Military Health Care;
F - Direct-Purchase; **G** - Employment-Based; **N** - None

Military Codes:

A - Active-duty military
V - Veteran
N - No affiliation

Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?

☐ No
☐ Yes (please list): _____

Household Type (please check one)

☐ Single Person ☐ Two Adults, No Children ☐ Single Female Parent ☐ Single Male Parent
☐ Two-Parent Household ☐ Non-related adults with children
☐ Multi-Generational Household (three or more generations) ☐ Other: _____

Part V: Certification

Disclaimer: I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. I am a resident of Indiana and an applicant for the Energy Assistance and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, misrepresentation, or omission.

Energy Assistance Program and Low Income Home Water Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability,

Signature of applicant (required)

Date (required)

Indiana Energy Assistance Program Application Large Household Attachment
Program Year 2024

Please complete and return with your application if household is larger than four members.

This form is not necessary if household is four people or smaller.

Please provide address and applicant information so that we may match this attachment to the main application.

Applicant Name				Last four digits of SSN		County	
				XXX-XX-			
Physical Address (Including Apartment/Lot/Trailer Number)				City		State	Zip
						IN	

Part IV: Household Members and Demographics (continued)

Please list all people residing in this household not already listed on the main application form.

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
							Please use codes listed below					
5					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
8					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Race Codes:	Ethnicity Codes:	Employment Codes:
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	H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker

Education codes:	Health Insurance Codes:	Military Codes:
A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate	A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None	A - Active-duty military V - Veteran N - No affiliation

Application number: _____

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any of the three months preceding application. This form must be completed in its entirety.

Household Member: _____ Application Key: _____ Application Date: _____

Section 1: Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the **gross** income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. **If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

The source of the above income is: _____

(Income includes but is not limited to: wages, self-employment, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, and royalties.)

Section 2: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses
<input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

Signature of Household Member

____/____/____
Date

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this _____ day of _____ 20____.

County of Residence: _____ Notary Public – Signature _____

Commission Expires: _____ Notary Public – Printed Name _____

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any of the three months preceding application. This form must be completed in its entirety.

Household Member: _____ Application Key: _____ Application Date: _____

Section 1: Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the **gross** income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. **If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

The source of the above income is: _____

(Income includes but is not limited to: wages, self-employment, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, and royalties.)

Section 2: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses
<input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

Signature of Household Member

____/____/____
Date

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this _____ day of _____ 20____.

County of Residence: _____ Notary Public – Signature _____

Commission Expires: _____ Notary Public – Printed Name _____



RELEASE OF INFORMATION

***APPLICANT'S NAME:** _____

Additional names used during employment: _____

***SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER:** _____ - _____ - _____

****Applicant contact information**

Email Address: _____ **Phone Number:** _____ - _____ - _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

***SIGNATURE OF APPLICANT**

***TODAY'S DATE:**

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

☐ Check this box if a Power of Attorney is attached.

NOTE: This section must be completed by the organization requesting employment history.

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

***SIGNATURE OF REQUESTOR:** _____ *Cynthia Bode*

***Printed Name of the Requestor:** _____

*** Requesting Organization:** _____

***Email Address:** _____

***Phone Number:** _____ - _____ - _____ **Fax Number:** _____ - _____ - _____

***REQUIRED FIELDS**

****Applicant's phone number, email address, or mailing address is required.**

Email employverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.

ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone who does not reside in the household

<p>Head of Household's Name: _____ Date: _____</p> <p>Address: _____ City/State/Zip: _____</p>						
<p>Utility in non-household member's name (Check all that apply):</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Heating</p> <p>Name and <u>current</u> address of person listed on utility bill(s):</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>						
<p>Relationship of the individual on the above-indicated utility bill(s) to the household member (check one):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Spouse or significant other</td><td><input type="checkbox"/> Landlord</td></tr><tr><td><input type="checkbox"/> Parent</td><td><input type="checkbox"/> Deceased family member</td></tr><tr><td><input type="checkbox"/> Child</td><td><input type="checkbox"/> Other: _____</td></tr></table>	<input type="checkbox"/> Spouse or significant other	<input type="checkbox"/> Landlord	<input type="checkbox"/> Parent	<input type="checkbox"/> Deceased family member	<input type="checkbox"/> Child	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Spouse or significant other	<input type="checkbox"/> Landlord					
<input type="checkbox"/> Parent	<input type="checkbox"/> Deceased family member					
<input type="checkbox"/> Child	<input type="checkbox"/> Other: _____					
<p>Please explain barriers to placing the above utility/utilities in the name of a current household member:</p> <p>_____</p> <p>_____</p> <p>_____</p>						
<p style="text-align: center;">Certification Statement</p> <p>I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the overall household income. I also certify that I have received consent from the above-named account holder to release or allow to be released utility data and information for the purposes of eligibility determination and reporting.</p> <p>I understand that falsifying this information may result in disqualifying my household for IHCD-administered assistance program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.</p> <p>Signature of Head of Household: _____ Date: _____</p>						

Application Key: _____

Declaration of Absent Household Members

I, _____ (name),
being of sound mind and at least 18 years of age, affirm that I have personal knowledge
of the facts described in this form.

APPLICATION ADDRESS:

Address

City

IN
State

Zip Code

Total Number of People living in Household: _____

The below individuals no longer reside in the household:

Name	When did they move out of the household?	Where is the individual?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in IHCD-administered assistance programs and may be grounds for termination of my assistance and/or repayment of the assistance that I receive based on this misrepresentation or omission.**

Signature: _____ Date: ____/____/____

Telephone Number: (____) _____ - _____

(IHCD may follow-up while your request for assistance is being processed or after your application has been processed.)

ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD AFFIDAVIT

Landlord: Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with their utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in blue or black ink only.**

SECTION I: APPLICANT INFORMATION (may be completed by applicant, intake, or landlord)

Applicant Name:	Date:
Address (including apartment/lot number):	Phone:
City:	State: IN Zip Code:

SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating source (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Electric furnace <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Electric wall unit <input type="checkbox"/> Natural gas furnace <input type="checkbox"/> Liquid propane furnace <input type="checkbox"/> Fuel oil furnace <input type="checkbox"/> Wood-burning stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other: _____

Is the primary heating source operable?
☐ Yes ☐ No

How much is the tenant responsible to pay out of pocket monthly in rent **after subsidies**? \$ _____

All contact information is required.

<i>I grant IHCD permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.</i>	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email:

Energy Assistance Program Direct Benefit Payment Election Form

Head of Household _____

Please choose a fulfillment option below for your direct Energy Assistance Program (EAP) benefit payment. **Please check one.**

- ☐ I would like to waive my direct EAP benefit payment to be applied directly to my electricity/heating (**circle one**) utility, which I pay separately. I understand that the full benefit will be paid to my vendor within sixty (60) days and **I will not receive a direct payment.**
- ☐ I would like to receive my direct EAP benefit payment as an Electronic Funds Transfer (direct deposit). **I understand that this may take up to 120 days to receive**, and is subject to further delays if I have provided inaccurate banking information. I have provided my banking information below.

☐ Checking Account ☐ Savings Account Account holder name: _____


Financial Institution: _____

Financial Institution Routing Number:
(must be nine digits)

--	--	--	--	--	--	--	--	--

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:


 Routing Number Account Number

- ☐ I would like to receive my direct EAP benefit payment as a check mailed to my primary residence or mailing address. **I understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations. **If you do not return this form with your application, your benefit will be issued as a check.**

I hereby certify that the information provided above is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

If I have elected to receive benefit payment by electronic funds transfer, I hereby authorize the Indiana Housing and Community Development Authority ("IHCD") to initiate entries to the above identified checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCD is notified by an authorized individual in writing to cancel it in such time as to afford IHCD and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCD contained herein.

Applicant Signature

Date



Privacy Notice and Your Rights and Responsibilities

Privacy Act Provisions: Federal 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).

Please read this *Privacy Notice* carefully before completing and signing the *Indiana Energy Assistance Program application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP) and the Weatherization Assistance Program (WAP).

Why do we collect the information on the application?

We will use your information to research, evaluate and administer the EAP and WAP 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 the 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 application if: (i) they need access to the application information to do their jobs in connection with the EAP and WAP, 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 IHCD.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- 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 EAP and WAP 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).

Why do we ask for information about your race?

This information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting.. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.



CAPE Customer Satisfaction Survey

1. What program did you visit today? _____

2. Is this your first visit to CAPE?

_____ Yes _____ No _____ I've been here more than three times

3. How was the quality of service you received today?

_____ Excellent _____ Very Good _____ Good _____ Fair _____ Poor

4. Did you receive the assistance you came in for?

_____ Yes _____ No

If no, why? _____

5. Would you recommend our agency to others? _____ Yes _____ No _____ Undecided

6. Would you return to CAPE if you need assistance in the future?

_____ Yes _____ No _____ Undecided

7. Was there a staff person that was especially helpful to you? _____

8. What other services do you need that CAPE does not currently provide?

9. Additional comments about the service you received

Referral Numbers

Numbers you can call if you need additional help.

Trustees for Vanderburgh County

Center -----	812.435.5502
Knight -----	812.477.1596
Perry -----	812.425.8460
Pigeon -----	812.435.5388

Trustee for Posey County

Black Township -----	812.838.3851
Mars (Krisene) -----	812.985.3083

Trustee for Gibson County

Patoka -----	812.385.5333
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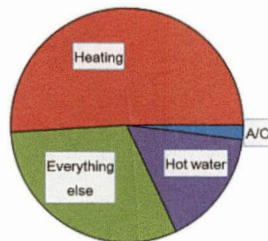
Charities

Salvation Army -----	812.425.1375
Catholic Charities -----	812.423.5456
St. Vincent de Paul -----	812.425.3485

IMPORTANT NOTICE: All services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

What uses the most energy in your home?

- Turn off lights when you are not using them.
- Use a power strip. Plug in multiple devices and turn off the power strip when not using the devices.
- Program your thermostat. Set it to turn down the heat, before you go to bed, and turn it back up in the morning.
- Turn off the water while brushing your teeth or shaving.
- When reviewing your bill each month look for a higher increase in consumption, there may be a hidden leak.
- Wash clothes in cold water. 90% of the energy used by washing machines is for hot water.
- Use lids. They help to cook the food quicker by keeping the steam in the pot or pan.



RULE 3: TURN IT ALL THE WAY OFF

- Devices in sleep or standby mode still use energy!
- Turn off devices at a power strip
- Unplug charging electronics AND chargers when full
- Turn off TVs, computers, and gaming systems
- Don't let faucets run



RULE 4: UPGRADE OLD ENERGY HOGS

- Replace your most used light bulbs with compact fluorescents (CFLs)
- Replace appliances with newer models that have the Energy Star label
- Though upgrades like this can come with a cost, they often pay themselves back over time
- Consult your energy assistance agency to see if you qualify for weatherization



Started in 1992 as part of the federal Clean Air Act, ENERGY STAR is a federal voluntary program run by the U.S. Environmental Protection Agency (EPA) to help people learn more about the many ways they can save money and help reduce environmental degradation through improved energy efficiency. The Environmental Protection Agency (EPA)

When purchasing new appliances, ceiling fans, and electronics. Energy Star products use less energy which helps to lower your utility bill. Approximate savings are \$110 per year on utility costs.

- Have your furnace inspected regularly. This will ensure your unit is functioning efficiently and can save approximately 10% on your heating costs.
- Use drapes. Where windows face the sun, keep drapes open during the day to naturally heat your home.
- Install a programmable thermostat. Use it to automatically control the heat when you are not at home and overnight when you are sleeping.

**** Never use the stove to heat your home. It's extremely dangerous.****



5 SIMPLE STEPS TO SAVE ENERGY

during the Winter and Summer months

The "honor" on your utility bill is very important. Not only does it tell you how much electricity you used but it is directly related to how much you pay. If you are using more than 500 kWh a month chances are there are things you can do to save energy.

- ### 1 CONTROL YOUR THERMOSTAT.

Heating and cooling uses the most energy in your home. By controlling your thermostat you can lower your utility bills. That means setting the thermostat at 68° in the winter and 78° in the summer.
- ### 2 CONSERVE HOT WATER

By covering the temperature on your water heater to 120° and taking short showers you can conserve water and save money.
- ### 3 IF YOU AREN'T USING IT, TURN IT OFF.

There comes a time when you don't need it. Turn it off if possible.
- ### 4 UPGRADE YOUR LIGHTBULBS.

Compact fluorescent light bulbs (CFLs) may cost more than an old fashioned incandescent. But, over the lifetime of the bulb using a CFL will save you money. Check with your utility company to see if they will provide CFLs for free.
- ### 5 CLOSE YOUR WINDOWS.

When making your air conditioner or heat make sure to close your windows.

ihcda For more information and ways to control your energy costs visit: www.in.gov/ihcda

Emergency, replace, and repair program.

This program repairs or replaces non- working furnaces. You must qualify for our energy assistance program to apply. Who can get ERR? Clients applying for ERR must have at least one person in the household who is part of an at-risk population (elderly, children, veterans, or disabled). Only homeowners are eligible for Emergency Repair and Replace of a heating source.

You must show proof of homeownership.

**** You must have a non-working furnace****

If your furnace is not working please call the following number to get the process started for the repair of your furnace. Please sign and send back the attached programs signature page.

812 425 4241