



Energy Assistance Program Application

Enclosed is the ENERGY ASSISTANCE PROGRAM (EAP) application FOR HEATING and/or WATER ASSISTANCE. EAP applications are on a FIRST COME FIRST SERVE BASIS. Please note that since all cases are different additional documentation may be required.

If you have a disconnection notice, contact your utility provider to arrange to stay connected and avoid interruption of services while awaiting your application processing. It will take up to 55 days to process your application from the date you submit your complete application. Prior to submission, be sure you are submitting all required documents. The 55 days processing start on the official heating season opening date of November 1, 2022.

The approved EAP benefit will take up to 120 days for payment to show up on your utility bill, after the November 1st program start date. For example, if you apply on November 1st your payment will may not show up on your utility bill until the end of February (120 days later).

Below are in the EAP program income limits for reference.

Household Size	1 month	3 months	12 months
1	\$ 2,318	\$ 6,954	\$ 27,816
2	\$ 3,032	\$ 9,096	\$ 36,384
3	\$ 3,746	\$ 11,238	\$ 44,952
4	\$ 4,459	\$ 13,377	\$ 53,508
5	\$ 5,173	\$ 15,519	\$ 62,076
6	\$ 5,886	\$ 17,658	\$ 70,632
7	\$ 6,020	\$ 18,060	\$ 72,240
8	\$ 6,154	\$ 18,462	\$ 73,848
9	\$ 6,288	\$ 18,864	\$ 75,456
10	\$ 6,421	\$ 19,263	\$ 77,052

**CONTINUE TO PAY YOUR HEATING UTILITY BILL,
DO NOT RISK GETTING DISCONNECTED**

**Northwst Indiana Community Action
2022-2023 Energy Assistance Program Intake Sites**

Applications can be dropped off or mailed to any of the below listed local intake sites for application processing.

EAP intake Site	ADDRESS	County	PHONE
Greater Hammond Community Services	824 Hoffman Street - Hammond IN 46320	Lake	219-932-4800
Healthy East Chicago	100 W. Chicago Ave. Ste. F East Chicago IN 46312	Lake	219-397-2620
Lake County Community Services	1450 Joliet St Suite 202, Crown Point IN 46307	Lake	219-663-0627
North Township Trustee East Chicago	2100 Broadway - East Chicago IN 46312	Lake	219-398-2435
North Township Trustee Hammond	5947 Hohman Ave., Hammond IN 46320	Lake	219-932-2530
Newton County Community Services	213 E. North Street - Morocco IN 47963	Newton	219-285-2246
Portage Township Trustee	3590 Willowcreek Rd. Suite B., Portage IN 46368	Porter	219-762-1623
Porter Co. Aging & Community Services	1005 Campbell Street - Valparaiso IN 46385	Porter	219-464-9736
Jasper County Community Services	967 E. Leopold St., Rennsealer IN 47978	Jasper	219-866-8071

PY 2023 Indiana Energy Assistance and Water Assistance Program Application INSTRUCTIONS

- Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.
- 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, heating, and/or water/wastewater bills 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, 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 IHCDA.
- 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, heating, and water/wastewater 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 and Water Assistance Program Application

Program Year 2023



SEE EAP INTAKE SITE LISTING FOR MAILING ADDRESS AND/OR DROP OFF LOCATION.

For Provider/Agency Use Only

Date received:

Application number:

Mail-In Appointment Outreach/Home Visit/Other

Household is disconnected or out of fuel: Yes No

Household has d/c notice or less than 25% fuel: Yes No

Household heat source is inoperable: Yes No

What kind of assistance are you applying for?

Utility Assistance (electricity and heating)

Water Assistance

Both

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 Heating Vendor: _____ <input type="checkbox"/> Included in rent

Home Ownership (Please check one)	Water Vendor: _____ <input type="checkbox"/> Included in rent Wastewater 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 <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____

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?** Yes 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?**

No Yes (please submit proof of payments) No 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 Demographics

List all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household: <input type="checkbox"/>												
Applicant	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Please use codes listed below					
							Race	Ethnicity	Employment	Education	Health Insurance	Military Status
1					<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 Indiana 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 Parent, Female Single Parent, Male
 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 am a resident of Indiana and an applicant for the Energy Assistance, Water 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, I may become ineligible from receiving Energy Assistance, Water Assistance, and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that I have received based on any such 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, national origin, ancestry, or status as a veteran.

Signature of person completing this form (required)

Date (required)

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 IHCDA.
- 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.
- Lifeline/Telephone Assistance Plan for verifying program eligibility.
- 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 is voluntary information. It is compiled and recorded for statistical purposes only. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

Energy Assistance Program Income Verification Affidavit

This form is required for any and ALL household members 18 years of age and older who is claiming no (ZERO) income, in any of the past THREE complete full months.

This form must be completed in its entirety and signed by all household members 18 years of age and older. **Incomplete forms are considered incomplete applications.**

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any month

Household Member: _____ Application Key: _____

Section 1: I verify that I have received income as defined below, by the month but I have NO documentation for this income.

Please write the year below the month. **Source of my income is:** _____

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Jan 20____	Feb 20____	Mar 20____	Apr 20____	May 20____	June 20____	July 20____	Aug 20____	Sept 20____	Oct 20____	Nov 20____	Dec 20____	

(Income includes but is not limited to: wages, 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: I received NO income during the following months. *Check all that apply and write the year below the month.*

Jan 20____	Feb 20____	Mar 20____	Apr 20____	May 20____	June 20____	July 20____	Aug 20____	Sept 20____	Oct 20____	Nov 20____	Dec 20____	

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help.

Please list ALL amounts and from whom help was received to meet living expenses over the past 3 months. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

YOU MUST COMPLETE THIS SECTION IN FULL IF YOU INDICATED ANY MONTHS OF ZERO INCOME IN SECTION 2.

Rent/Mortgage:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to store/retailer <input type="checkbox"/>

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 Zero Income Applicant

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 month

Household Member: _____ Application Key: _____

Section 1: I verify that I have received income as defined below, by the month but I have NO documentation for this income.

Please write the year below the month. **Source of my income is:** _____

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Jan 20____	Feb 20____	Mar 20____	Apr 20____	May 20____	June 20____	July 20____	Aug 20____	Sept 20____	Oct 20____	Nov 20____	Dec 20____	

(Income includes but is not limited to: wages, 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: I received NO income during the following months. *Check all that apply and write the year below the month.*

Jan 20____	Feb 20____	Mar 20____	Apr 20____	May 20____	June 20____	July 20____	Aug 20____	Sept 20____	Oct 20____	Nov 20____	Dec 20____	

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help.

Please list ALL amounts and from whom help was received to meet living expenses over the past 3 months. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

YOU MUST COMPLETE THIS SECTION IN FULL IF YOU INDICATED ANY MONTHS OF ZERO INCOME IN SECTION 2.

Rent/Mortgage:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____	From Whom: _____
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Signature of Zero Income Applicant

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 _____

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Household Member: _____ Application Key: _____

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(Income includes but is not limited to: wages, 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: I received NO income during the following months. *Check all that apply and write the year below the month.*

Jan 20____	Feb 20____	Mar 20____	Apr 20____	May 20____	June 20____	July 20____	Aug 20____	Sept 20____	Oct 20____	Nov 20____	Dec 20____	

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help.

Please list ALL amounts and from whom help was received to meet living expenses over the past 3 months. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

YOU MUST COMPLETE THIS SECTION IN FULL IF YOU INDICATED ANY MONTHS OF ZERO INCOME IN SECTION 2.

Rent/Mortgage:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to grocery store/retailer <input type="checkbox"/>
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Signature of Zero Income Applicant

Date

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

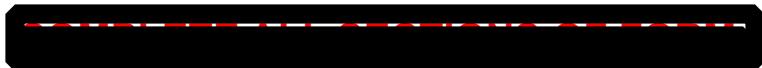
WITNESS my hand and seal this _____ day of _____ 20_____.

County of Residence: _____ Notary Public – Signature _____

Commission Expires: _____ Notary Public -Printed Name _____

Indiana Dept. of Workforce Development Release of Information

Form required for all and each adult household members receiving Unemployment Income Benefits.





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: _____

*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.**

EAP Landlord Affidavit/ ACH Direct Deposit Affidavit

For Renters ONLY.

Required to be completed if your utilities are included in your rent

Landlord Affidavit Form must be complete and signed by your Landlord.

We can accept a Lease agreement with in the last 24 months signed by both parties and states how much rent is paid, what utilities are included and what utilities tenant is responsible for paying.

If one or more utilities are included in your rent and would like to receive the EAP Benefit by ACH Direct Deposit to your bank account.

The **ACH Direct Deposit Affidavit** must be completed correctly and entirely and signed by applicant.

If you wish to receive a paper check, you do not have to complete the ACH Direct Deposit Affidavit.

If you own your home, you are not required to complete and submit the Landlord Affidavit or the ACH Direct Deposit form.

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 his/her 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.

Heating costs are (check one):	Electric costs are (check one):	Water/Wastewater costs are (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"/> 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

Primary installed heating source (check one):

- Electric (furnace, baseboard, or wall unit)
- Natural gas
- LP gas, fuel oil, wood, coal, pellets, kerosene

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

Is the primary heating source operable?
 Yes No

All contact information is required unless otherwise noted.

<i>I grant IHEDA 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 (optional):



Indiana Housing & Community Development Authority

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

Household Size

The below individuals no longer reside in the household:

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 IHCDA-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: (_____) _____ - _____

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

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:

1 2 3 4 5 6 7 8 9 **1 2 3 4 5 6 7 8 9 0 1 2 3**

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 ("IHCDA") 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 IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA 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 IHCDA contained herein.

Applicant Signature

Date

ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT

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

Head of Household's Name: _____	Date: _____
Address: _____	City/State/Zip: _____
Utility in non-household member's name (Check all that apply):	
<input type="checkbox"/> Electric <input type="checkbox"/> Heating <input type="checkbox"/> Water <input type="checkbox"/> Wastewater	
Name and <u>current</u> address of person listed on utility bill(s):	
Name: _____	
Address: _____	
City/State/Zip: _____	
Relationship of the individual on the above-indicated utility bill(s) to the household member (check one):	
<input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Parent <input type="checkbox"/> Child	<input type="checkbox"/> Landlord <input type="checkbox"/> Deceased family member <input type="checkbox"/> Other: _____
Please explain why your utility bill(s) is in the name of someone not listed as a household member: _____ _____ _____	
Certification Statement	
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.	
I understand that falsifying this information may result in disqualifying my household for IHCDA-administered assistance program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.	
Signature of Head of Household: _____ Date: _____	