

Indiana Energy Assistance and Water Assistance Program Application - Large Print
Program Year 2023

 Helping People. Changing Lives. community Action PARTNERSHIP AMERICA'S POVERTY FIGHTING NETWORK	North Central Community Action Agencies, Inc. 301 E. 8th Street Suite 109 Michigan City, IN. 46360 Phone: (219)872-0351 Fax: (219)872-0174 www.nccomact.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			
		What kind of assistance are you applying for? <input type="checkbox"/> Utility Assistance (heating and electricity) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both <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 below. Failure to provide accurate contact information may delay application processing.					
Telephone number	<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	Mobile phone carrier	<input type="checkbox"/> Consent to receive texts	E-mail Address - <input type="checkbox"/>	
				check box to give consent for us to e-mail you.	

Please complete and sign all pages - 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 II: Home and Utility Information

Home Type (Please check one)	Utilities and Payment
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Apartment/condo/duplex/etc. <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Included in rent Electricity Vendor: _____
Home Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Included in rent Heating Vendor: _____
Primary Heating Source (please check one) <input type="checkbox"/> Furnace / Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> Included in rent Water Vendor: _____
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater Vendor: _____ <input type="checkbox"/> Included in rent
Primary Heating Fuel (please check one) <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"/> Kerosene <input type="checkbox"/> Other: _____	Do you have a secondary heating source installed in your home? <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"/> Workers' Compensation	<input type="checkbox"/> Private Disability	<input type="checkbox"/> Alimony/Spousal Support
<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"/> WIC
<input type="checkbox"/> Earned Income Tax Credit (EITC)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Child Care Voucher
<input type="checkbox"/> Other: _____		<input type="checkbox"/> None	

Has anybody in the household <u>paid</u> child support in the past three months? <input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)	Is anybody in the household between the ages of 14-24 <u>and</u> neither working nor attending school? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____
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Part IV: Household Members and Demographics

List all people residing in household, including yourself.

Check here and attach additional sheet if more than five people are in household: More than five people in household

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Dis-abled?	Race	Ethnic-ity	Employ-ment	Edu-cation	Health Insurance	Mili-tary 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						
5					<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
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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
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Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?	Household Type (please check one)
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please list): _____	<input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single-Parent Household <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> 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)

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__
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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 (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): _____