


# Indiana Energy Assistance and Water Assistance Program Application

## Program Year 2022

 <p style="font-size: small;">Helping People. Changing Lives. <b>community Action</b> PARTNERSHIP AMERICA'S POVERTY FIGHTING NETWORK</p>	North Central Community Action Agencies, Inc. 301 E 8th Street Suite 107 Michigan City, IN 46360 Phone: 219-872-0351 Fax: 219-872-0174 Website: www.nccomact.org Email: ahenderson@nccomact.org	<b>For Provider/Agency Use Only</b>
	<b>Date received:</b> _____	
	<b>Application number:</b> <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		
<b>What kind of assistance are you applying for?</b> <input type="checkbox"/> Utility Assistance (electricity and heating) <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.		
<b>Part I: Contact Information</b>		
<b>Applicant Name</b>	<b>Last four digits of SSN</b> xxx-xx-	<b>County</b>
<b>Physical Address (Including Apartment Number)</b>	<b>City</b>	<b>State</b> <b>Zip</b> 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.		
<b>Telephone number</b> <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<b>Mobile phone carrier</b> <input type="checkbox"/> Consent to receive texts	<b>E-mail Address - check box to give consent for us to e-mail you.</b> <input type="checkbox"/>
<b>Part II: Home and Utility Information</b>		
<b>Home Type (Please check one)</b> <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: _____	<b>Home Ownership (please check one)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	<b>Utilities and Payment</b> Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent Water/Wastewater Vendor(s): _____
<b>Primary Heating Source (please check one)</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Primary Heating Fuel (please check one)</b> <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: _____	<b>Secondary Heating Fuel</b> <input type="checkbox"/> Electric furnace/baseboard <input type="checkbox"/> Wood Stove <input type="checkbox"/> None <input type="checkbox"/> Other: _____ EAP cannot pay benefits to fund the use of space heaters.
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		
<b>Part III: Income and Benefits</b>		
Please indicate <u>all</u> 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 <u>all</u> 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"/> HUD-VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Child support <input type="checkbox"/> Earned Income Tax Credit (EITC) <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): _____	

**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 <u>all</u> people residing in household, <u>including yourself</u> . Check here and attach additional sheet if more than four people are in household: <input type="checkbox"/>												
	Last Name and Suffix	First Name	M.I.	D.O.B.	Gender	Disability	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
							Please use codes listed below					
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						
<b>Race Codes:</b> 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				<b>Ethnicity Codes:</b> H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins				<b>Employment Codes:</b> 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				
<b>Education codes:</b> 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				<b>Health Insurance Codes:</b> 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				<b>Military Codes:</b> A - Active-duty military V - Veteran N - No affiliation				
<b>Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____				<b>Household Type (please check one)</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <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												
<p><b>Disclaimer:</b> 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.</p> <p style="text-align: center;"><b>Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.</b></p>												
<b>Signature of person completing this form (required)</b>								<b>Date (required)</b>				