

Indiana Energy Assistance Program Application - Large Print
Program Year 2024

 <p>community Action PARTNERSHIP AMERICA'S POVERTY FIGHTING NETWORK</p>	<p align="center">North Central Community Action Agencies, Inc. 301 E. 8th Street, Suite 109 Michigan City, IN. 46360 219-872-0351 www.nccomact.org FAX: 219-872-0174</p>	For Provider/Agency Use Only	
		<p>Date received:</p>	
<p>Application number:</p>		<input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other	
<p>Household is disconnected or out of fuel:</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Household has d/c notice or less than 25% fuel:</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Household heat source is inoperable:</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

<p>Telephone number</p> <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<p>Mobile phone carrier</p> <input type="checkbox"/> Consent to receive texts	<p>E-mail Address -</p> <p>check box to give consent for us to e-mail you.</p> <input type="checkbox"/>

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
Primary Heating Source (please check one)	Heating Vendor: _____
<input type="checkbox"/> Furnace / Heat Pump <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	
Primary Heating Fuel (please check one)	Do you have a secondary heating source installed in your home?
<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: _____

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 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): _____

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
--	---	---

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? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please list): _____	Household Type (please check one) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <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 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 benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

Signature of applicant (required)

Date (required)