



2017-2018 Indiana Energy Assistance Program Application

FOR AGENCY USE ONLY:

- Date Received: _____
- App Number: _____
- Mail-in Appointment Other/Home visit

1. Personal Information

Your Name (First, MI, Last)		Social Security Number	Date of Birth (Month, Day, Year)
Current Home Address:			
Street, Apt # or PO		City, State, Zip	
County:	Best Contact Phone Number:	Can we send you text notifications to this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language spoken at home:	Email address:	Can we send you email notification? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 2. Energy Emergency (Skip this section if you do not have an energy emergency.)

If your utility has been disconnected, is about to be disconnected, or you are out of fuel, you may send us your disconnect information below. *Calling Hoosier Uplands will resolve the energy emergency faster than mailing in this application.* Call your energy provider for faster service or if you are experiencing a life-threatening situation.

If you mail this application with an energy emergency, please include disconnect notice(s).

- Already disconnected. Company: _____ Disconnect Date: _____ Amount Owed: _____
- Received disconnect notice. Company: _____ Date Scheduled: _____ Amount Owed: _____
- In crisis Bulk/Biofuel/ pre-paid utility: You are in crisis if you have less than 25% of your fuel left in your tank or biofuels (wood, pellets etc.); or if you are within ten (10) days of running out of your primary heating source.
% of fuel do in your tank today _____ Amount Owed: _____

You must self-declare that you are in crisis for bulk, biofuel or a pre-paid utility. Please fill out the Self-Declaration of Primary Fuel Source Level at the end of this application if you have less than 25% in your tank; or if you are within ten (10) days of running out of credit your prepaid account.

Part 3. Household Information

List **ALL** household members, starting with you. Attach a separate sheet for any additional household members.

First Name, MI, Last Name	Social Security Number	Date of Birth MM-DD-YYYY	Race	Hispanic Y/N	Sex M/F	Disability Y/N	Years of school / level of education attained (over 14 years only)	Military Status* : Active, Veteran, none	Health Insurance: Medicaid, Medicare, State Health Insurance, Military Insurance, Direct Pay, Employment based, none

*If anyone is a **Veteran**, please provide proof (DD-214, military ID card, military separation papers, etc.).

Race: **B** = Black or African American **W** = White **A** = Asian **I** = American Indian or Alaska Native
P = Native Hawaiian or Other Pacific Islander **O** = Other **M** = Multi Race

How many individuals in your household aged 14-24 who are neither working or in school? _____

Are you or is anyone in your household currently an employee *or* board member of Hoosier Uplands?

No Yes If yes, please check one: Self Household Member Board Member

Part 4: Income, Benefits, and other Assistance:

Please list all income from all members of your household aged 18 and up. Income includes but is not limited to wages, supplemental social security (SSI), Social Security Disability Income (SSDI), retirement from Social Security, pension, veteran’s benefits, private disability insurance, alimony, unemployment insurance, self-employment, workers comp etc. For a complete list of income see instructions at eap.ihcda.IN.gov. **You must send proof of income. Please send copies.**

How many people age 18 or up did not have any income the past 3 months? _____

(Each person with Zero Income must fill out a Zero Income Affidavit and an Indiana Workforce Development Release of Information. Please include a Photo ID for each person with Zero Income).

Other Income: Check any income from any of these sources. Proof of income from these sources is NOT necessary:

TANF	Y/N	SNAP (Food Stamps)	Y/N
Child Care Voucher	Y/N	Permanent Supportive Housing	Y/N
Child Support	Y/N	HUD VASH Voucher	Y/N
Earned Income (EITC)	Y/N	Section 8 (HCV)	Y/N
Tax Credit	Y/N	Public Housing	Y/N
Other _____		Affordable Care Act Subsidy	Y/N

Do you pay Child Support? Monthly amount Paid: _____ (include proof of payments)

Part 5. Housing Information

Please check the type of housing you live in:

Single Family House Multi-Unit (Apartment/ Condo) Mobile Home Other: _____

Are you a:

Homeowner: If you own your home, buying your home or have a Life Estate you are a home owner. Please provide proof of ownership.

Renter: Please provide a Landlord Affidavit

Is heat included in your rent? Yes No

Is electricity included in your rent? Yes No

If heat or electricity is included in the rent, we may pay you directly. You will have to provide a Landlord affidavit showing that utilities are in the Landlord's name. Please provide your Direct Deposit information on the ACH/Direct Deposit form. Contact Hoosier Uplands or can be found at eap.IHCDA.in.gov

Part 6. What is your Primary Heat?

Bulk Fuels (Kerosene, LP Gas, Oil, Wood, Coal, Pellets) Electric Furnace Natural Gas

What energy company-(s) supply heat and electricity to your home?

	Primary Heating Source Vendor	Electric Vendor
Company Name		
Name on Account		
Account Number		

Send a copy of your last heat and electric bill. For bulk fuel, send a fuel receipt. If the name of one of your household members name is not the name on the account, call Hoosier Uplands. If your bills are in your landlord's name, include a Landlord Affidavit.

If eligible, would you like to be referred to the Weatherization Program? Yes No

Part 7. Consent and Signature

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 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. However, 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 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.

Print Name: _____

Signature _____ Today's Date: _____

This section is only for clients who use bio-fuel or pre-paid utility service who will have an energy crisis within ten days.

Self-Declaration of Primary Fuel Source Level

I, _____ (print 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. (Check the appropriate box)

I am a person who is within 10 days of having no heat due to low fuel source or a prepaid utility.

NOTE: Benefits will not be provided to individuals who move out of the State of Indiana or on behalf of individuals who are deceased.

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 the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this fraud or omission.**

Signature: _____

Date: ____/____/____

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 Ink.**

APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City: _____ State: IN Zip Code: _____	

UTILITY INFORMATION (to be completed by the Landlord; Check appropriate lines)

Heating costs are:	Electric costs are:
<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment <input type="checkbox"/> Responsibility of the Renter, but in the Landlords name <i>PROVIDE UTILITY STATEMENT COPY-if checked above</i> <input type="checkbox"/> Responsibility of the Renter <input type="checkbox"/> Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known)	<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment <input type="checkbox"/> Responsibility of the Renter, but in the Landlords name <i>PROVIDE UTILITY STATEMENT COPY-if checked above</i> <input type="checkbox"/> Responsibility of the Renter <input type="checkbox"/> Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known)

Primary Heat Source:

- Electric (furnace or baseboard- no space heaters)
 Natural Gas
 Kerosene, LP Gas, Oil, Wood, Pellets (wood or corn) or Coal
 Primary Heat Source is not working (in-operable)

Number of Household Members:

Adults: _____ Children: _____

Dwelling Type:

- Mobile home
 Single site
 Multi-unit (duplex to apartment complex)

<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 Name (printed)	Landlord Name(Signature)
Address:	Date:
City:	Phone:
State: _____ Zip Code: _____	Email (optional): _____

LSP: The information on this document must include the landlord's complete address and telephone number. A copy of this affidavit must be filed with the EAP application.