Energy Assistance Program Instructions and Checklist

PLEASE READ CAREFULLY

□ **Current Heat / Electric Bill** – dated within the past 30 days.

- **Electric and Natural Gas Bills**: you must include **ALL** pages and or **BOTH** sides. This is required.
- **LP Gas**: we must have a **statement** dated within the last 30 days. **No** delivery receipts.
- If the utility bill is not in a household member's name, you must try to get it in a member's name. If you cannot you must fill out completely the **Non Household Member Declaration Form**. To obtain, visit the office or print off www.hoosieruplands.org
- If you do not have a bill or statement dated within the last 30 days, contact your utility vendor to send us a copy. The vendor can email a current bill to eap@hoosieruplands.org
- If your utilities are included in rent, your landlord must fill out a **Tenant Verification Statement**. To obtain, visit the office or print off www.hoosieruplands.org

□ **Income** for all household members aged 18 years and older.

- **Zero Income** – if anyone in the household age 18 or older has not had any income at any period in the past 3 months, they must fill out an **Undocumented Income Verification Form**. To obtain, visit the office or print off www.hoosieruplands.org
- **Odd Jobs** – fill out an **Undocumented Income Verification Form**. To obtain, visit the office or print off www.hoosieruplands.org
- **Employed** – include your most recent check stub with gross year to date information.
- **Self-Employed** – include all pages of your most recent tax return.
- **SSA, SSI, Pension, Retirement, or VA** – include your **current year Benefit Letter**. Copy only do not mail original.
- **Unemployment Benefits** – visit the office to obtain a **DWD Release Form** or print off www.hoosieruplands.org

□ **Veteran** - include your DD214 or discharge paper. **Copy only do not mail original**

□ Social Security Number - Everyone's number MUST be written legibly on the application. We no longer need the cards.

□ Children age 18 or over still in High School or College – include a letter of attendance or a class schedule.

□ Energy Assistance Application

- You must complete the 2 page application entirely. Sign and date the application.
- Don't forget to answer the Primary Heating question: Is it working?

➔ IF YOU DO NOT RETURN THE REQUIRED DOCUMENTS ↑ WITH YOUR COMPLETED APPLICATION, YOUR APPLICATION COULD BE DENIED.

↳Applications are processed in the order received. Processing time could take up to 55 days.

Applications and documents may be returned by mail, at your local office, or by emailing to eap@hoosieruplands.org Documents being emailed should be in pdf form. We do NOT accept faxes.

*Make sure your application is completely filled out. Write neat with black or blue ink. There is a copy machine in the lobby if you need copies made. Use the drop box in the lobby to leave your application / documents if you are dropping by the office.

ihcda
Indiana Housing & Community Development Authority

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.
- 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 information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting. The program does not discriminate for reasons of race or ethnic background, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

Indiana Energy Assistance Program Application

Program Year 2026

HOOSIER UPLANDS / ihcda	Return to your local office or by email: eap@hoosieruplands.org	**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

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.

☐ **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.**

☐ **Check here if any household member has a life-threatening medical condition that requires home utility service for treatment.**

Is <u>any person</u> in this houshehold affiliated with the above-named agency as: an employee or staff membe`r, volunteer, board member, or subcontractor, <u>*or*</u> related to any employee, staff member, volunteer, board member, or subcontractor? Relatives include parent, child, grandparent, granchild, sibling, spouse, aunt, uncle, niece, nephew, parent-in-law, child-in-law, sibling-in-law, grandparent-in-law, or grandchild-in-law.

☐ No ☐ Yes (please identify member and relationship):

Part I: Contact Information

Applicant Name	Last four digits of SSN	County
	xxx-xx-	

Physical Address (*Including Apartment/Lot/Trailer Number, if applicable*)	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 <u>at least one</u> form of contact information. Failure to provide accurate contact information may delay application processing. It is your reponsibility to monitor your e-mail, postal mail, voicemail, and SMS/MMS for messages concerning your application and to reply in a timel manner. Failure to respond in a timely manner to requests for additional information or documentation will result in the denial of your application.

Telphone number	Mobile phone carrier - check box to opt of text notification ☐	E-mail Address - check box if you would not like to receive e-mail notificati ☐
☐ Landline ☐ Mobile		

Part II: Home and Utility Information

Home Type (Please check one)

☐ Site-built single family house ☐ Multi-unit 2-4 units (duplex, triplex, quadplex, townhouse, condo)
☐ Mobile home ☐ Multi-unit 5 or more units (apartment, condo)
☐ Other:

Home Ownership (Please check one)

☐ Own ☐ Rent ☐ Other:

Utilities and Payment

Electricity Vendor: ☐ Included in rent

Heating Vendor: ☐ Included in rent

Primary Heating Source (please check one)

☐ Furnace/Heat Pump ☐ Baseboard/Wall Unit
☐ Wood Stove ☐ Other:
Is it working? ☐ Yes ☐ No

Primary Heating Fuel (please check one)

☐ Electric ☐ Natural Gas
☐ Fuel Oil ☐ Wood/Pellets
☐ Propane ☐ Other:

Do you have a secondary heating source installed?

☐ Yes ☐ No

If yes, please describe:

The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligble Hoosiers. ☐ Yes ☐ No
Would your Household be interested in a referral to the Weatherization program?

Part III: Income and Benefits

Please indicate <u>all</u> types of income received by any member of the household in the <u>past three months</u>. Check all that apply.

☐ Employment/wages (include current paystub with YTD gross)
☐ Social Security Retirement/ Disability/SSI (include current award letter or bank
☐ VA Disability/Pension (Include current award letter or bank statement)
☐ Self-Employment (include most recent full 1040 tax return)
☐ Unemployment Benefits (include current Uplink statement or complete DWD release
☐ Pension/Retirement (include award letter, bank statement or pay stub)
☐ Odd jobs/irregular income (include completed Income Verification Affidavit)
☐ No income (include completed Income Verification Affidavit)
☐ Other: (contact agency for guidance on

Does any member of the household receive any of the assistance types listed below?
Check all that apply.

☐ SNAP (Food Stamps) ☐ SSI (Supplemental Security Income)
☐ TANF (Temporary Assistance for Needy Families)

Has anybody in the household <u>paid</u> child support in the past three months?

☐ No ☐ Yes (please submit proof of payments)

Please complete and sign page 2 - <u>Application is not valid without signature and date</u>.
Use blue or black ink <u>only</u> and be sure to fully complete <u>all</u> fields. Failure to fully complete application may delay processing.

Application number: _____

Part IV: Household Members

List all people residing in household, including yourself. Check here and attach additional sheet if more than eight people are in household: ☐

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
Applicant					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
2					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
3					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
4					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
5					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
6					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
7					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
8					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			

Race Codes	Ethnicity Codes	Military Status 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	**H** - Hispanic, Latino, or Spanish origins; **N** - Not Hispanic, Latino, or Spanish origins	**A** - Active-duty military **V** - Veteran **N** - No affiliation

Part V: Certification

Disclaimer: I certify under the penalties for perjury and fraud that the information, upon reasonable investigation, provided in this application is correct and true to the best of my knowledge and belief. I understand that I may be required to verify these statements and hereby give my consent to the State of Indiana, including the Indiana Housing and Community Development Authority (the "State of Indiana"), and the agency from which I am requesting assistance to contact 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 certify that I am currently a resident of Indiana, I have been a resident of Indiana for at least thirty (30) days, and I am an applicant for the Energy Assistance and/or Weatherization Assistance Program(s) (the "Program"). I certify that all members of my household are United States citizens, United States nationals, or qualified non-citizens under 8 U.S.C §1641(b) and are eligible to receive federal taxpayer-funded benefits except as identified in this application. 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 fail to comply with the Program, 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. I understand that I am solely responsible for providing my correct contact information to the State of Indiana or the agency from which I am requesting assistance and for checking my voicemail, e-mail, SMS/MMS messages, or physical mailbox for communication and notifications regarding the Program.

Energy Assistance Program benefits are provided without regard to race, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

Fraud Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.

Signature of applicant (required)	Date (required)

Indiana Energy Assistance Program Application

Application number: _____

Program Year 2026

Please complete and return with your application if household is larger than eight members.
This form is not necessary if household is eight people or smaller.
Please provide address and applicant information so that we may match thi`s attachment to the main application.

Applicant Name	County

Physical Address (Including Apartment/Lot/Trailer Number)	City	State	Zip
		IN	

Part IV: Household Members (continued)

Please list all people residing in this household not already listed on the main application form.

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
9					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
10					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
11					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
12					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
13					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
14					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
15					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
16					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			

Race Codes	Ethnicity Codes	Military Status 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	**H** - Hispanic, Latino, or Spanish origins; **N** - Not Hispanic, Latino, or Spanish origins	**A** - Active-duty military **V** - Veteran **N** - No affiliation