

# Energy Assistance Program Application - Program Year 2021

		<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: Y / N																	
		Household has disconnect notice or less than 25% fuel left: Y / N																	
Household heat source is inoperable: Y / N																			
<b>Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider/community action agency listed above to check the availability of crisis appointments. <b>If you need other emergency options, please call 211.</b>																			
<b>Physical Address with Apartment Number</b>				<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>County</b>									
						IN													
<b>Alternate Mailing Address (only complete if different from physical address above)</b>								<b>Last four digits of SSN</b>											
								xxx-xx-											
<b>Phone number</b>			<b>May we text you?</b>		<b>E-Mail Address</b>				<b>May we e-mail you?</b>										
<input type="checkbox"/> home <input type="checkbox"/> cell			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No										
Please list <b>all</b> people residing at this address, including yourself. Attach a separate sheet if necessary.																			
<b>Name</b> (Last, First, Middle Initial)		<b>Date of birth</b> (MM/DD/YYYY)		<b>Gender</b>		<b>Race</b>		<b>Military Status</b>		<b>Health Insurance</b>		<b>Employment Status</b>		<b>Hispanic?</b>		<b>Disability?</b>		<b>School Years Completed</b>	
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
<b>Race Codes:</b> A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O -				<b>Military Codes:</b> A - Active; V - Veteran; N - No Affiliation		<b>Health Insurance Codes:</b> A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None				<b>Employment Status Codes:</b> A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired									
<b>Home Type (please check one)</b> <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home				<b>Ownership (please check one)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____				<b>Utility Payment</b> Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Electric vendor:</b> _____											
<b>Heating Source (please check one)</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____				<b>Primary Heating Fuel (please check one)</b> <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____ <b>Heat vendor:</b> _____				<b>Cooling Source (please check one)</b> <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No											

Please complete and sign page 2 - Application is not valid without signature and date.

<p><b>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</b></p> <p> <input type="checkbox"/> Employment/wages    <input type="checkbox"/> Social Security/SSDI    <input type="checkbox"/> SSI    <input type="checkbox"/> VA Benefits  <input type="checkbox"/> Pension/Retirement    <input type="checkbox"/> Self-Employment    <input type="checkbox"/> Interest    <input type="checkbox"/> Odd jobs/irregular income  <input type="checkbox"/> Unemployment benefits    <input type="checkbox"/> No income    <input type="checkbox"/> Other: _____         </p>	<p><b>Has anybody in the household <u>paid</u> child support in the past three months?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>Monthly amount paid: \$ _____</i>  <i>(please include proof of payments)</i> </p>
<p><b>Please indicate <u>all</u> sources of assistance receive by the household (please check all that apply):</b></p> <p> <input type="checkbox"/> Housing Choice Voucher (Section 8)    <input type="checkbox"/> Public Housing    <input type="checkbox"/> HUD VASH Voucher    <input type="checkbox"/> Permanent Supportive Housing  <input type="checkbox"/> SNAP (Food Stamps)    <input type="checkbox"/> Healthcare Subsidy    <input type="checkbox"/> Child Care Voucher    <input type="checkbox"/> Child Support    <input type="checkbox"/> TANF  <input type="checkbox"/> Earned Income Tax Credit (EITC)    <input type="checkbox"/> Other: _____    <input type="checkbox"/> None         </p>	
<p><b>Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>please list: _____</i> </p>	<p><b>Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>please list: _____</i> </p>
<p><b>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?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p><b>Please be sure to complete <u>each page</u> of this application in its entirety.</b></p> <p><b>Please be sure you attach and include <u>all</u> required supporting documents. These include, but are not limited to:</b></p> <p> <input type="checkbox"/> Copy of Social Security card for <b>each</b> household member. REAL ID or US Passport may be used in lieu of Social Security card.  <input type="checkbox"/> State or federally-issued photo ID for the individual signing this application.  <input type="checkbox"/> Proof of income for the past three (3) months for each household member age 18 or over.  <input type="checkbox"/> Most recent <b>full</b> electric bill, including name, service address, and account number.  <input type="checkbox"/> Most recent <b>full</b> gas or bulk fuel bill or account statement, including name, service or delivery address, and account number.  <input type="checkbox"/> If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. <b>If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.</b>  <input type="checkbox"/> Your local service provider's referral form.         </p> <p><b>If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.</b></p>	
<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 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 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><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>	
<p><b>Signature of person completing this form (required)</b></p>	<p><b>Date (required)</b></p>