

Energy Assistance Program (EAP) Simplified Recertification Tool

Applicant Name: _____

Households with fixed income may recertify for EAP with limited documentation for two years after their last full application. All applicants must resubmit all documents every third year. If you can answer yes to **all three of the following statements**, you may qualify for simplified recertification. **You will still need to complete and submit an application form.**

- **I submitted an approved EAP application with all required documents during program year 2021 (October 2020-September 2021) or program year 2022 (October 2021-September 2022).**

☐ Yes

☐ No

Program Year: ☐ 2021

☐ 2022

Application number, if available: _____

- **The members of my household are the same as the last time I sent in approved EAP application. Nobody has moved in or moved out from my household.**
☐ Yes ☐ No
- **All household income is fixed income. No adults in the household are working or are claiming zero income, or otherwise have any sources of income other than Social Security, Veteran's Benefits, Supplemental Security Income (SSI) or Retirement Pension/Annuity. Income amounts have not changed, other than Cost of Living Adjustments.**
☐ Yes ☐ No

If you answered **yes** to **all three of the above questions** and believe you qualify for simplified recertification, please submit the following to your Local Service Provider:

- **This form, completed and signed**
- **A PY2023 EAP Application form, completed and signed**
- **Your current utility and/or bulk heating fuel bills.**

I hereby certify that the information provided above 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 understand that falsifying this information may result in disqualifying my household for all IHCD-administered assistance program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

Applicant signature: _____

Date: _____

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