

PY 2026 Indiana Energy Assistance Program Application INSTRUCTIONS

- **Please note that Indiana's Energy Assistance Program provides a one-time benefit payment.** This is **not** recurring monthly assistance and is not designed to cover all of your utility costs for a year.
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis.
- If anybody in your household has a life-threatening medical condition that require home utility service for treatment, check the box to inform the agency.
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles.
- Please complete the application form **in its entirety**, including fields with yes/no options.

Part I: Contact Information

- **Please fill in all information completely**, including the full name and last four digits of SSN for the person completing the application for the household. If you do not fully complete the information or provide good methods of contact, it may delay application processing or denial of your application.
- If you do not have an alternate mailing address from your home address, please leave that field blank.

Part II: Home and Utility Information

- Please complete all fields completely.
- Please submit your **current** electricity and heating bills or account statements with your application.

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- If anybody in your household has **paid** child support in the past three months, submit proof of payments.

Part IV: Household Members and Demographics

- **Please include yourself as household member number 1.**
- **You must list all persons residing at the address of application as of the date of application.**
- You must complete **all fields** for **all individuals**. Failure to complete demographic information will delay your application processing as the local service provider will need to contact you to gather this information. We require full Social Security Numbers for all members of the household.
- **If there are more than eight persons in your household you will require an attachment to list the other members.** Please contact your local service provider for the attachment and check the box to notify the intake processing your application that there are more than four people present.
- Please use the codes provided to identify race, ethnicity, and Military status for each household member.

Part V: Certification

- **Failure to sign and date the certification statement will invalidate your application.**

Submitting your application

- **Please submit your application to the local service provider administering EAP for your county**, not to IHcDA.
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
 1. **Current documentation of income for all household members age 18 or over.** This may include:
 - Employment/wages
 - **Most recent** paystub
 - Request for Earnings information form – contact Local Service Provider
 - Social Security/SSI/VA benefits
 - Most recent **complete** award letter (may be downloaded from online)
 - **Complete** bank statement
 - Pension/retirement
 - Award letter
 - Self-Employment
 - Most recent Form 1040 tax return, with all appropriate self-employment schedules.
 - Unemployment Benefits
 - Completed release of information form for DWD.
 - **Full** print-out of your most current Uplink statement.
 - Alimony/spousal support/Worker's Compensation/Private disability
 - Any documentation of payments received.
 - Odd Jobs/irregular income/No Income
 - Completed Undocumented Income Verification – contact Local Service Provider
 - If you have any questions about acceptable documentation, contact your local service provider.
 2. **Current, complete bills for your electric, heating, and water/wastewater utilities.**
 - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
 - If utilities are included in your rent, please provide completed Tenant Verification Statement.
 - Please ensure you are providing the **full and complete** billing statement!
- **Depending on household circumstances, additional documentation may be required.** Please contact your local service provider with any additional questions.



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.

Appeal Rights

You have the right to appeal the determination of your eligibility if you do not agree with any aspect of it. All appeals of eligibility determination must be submitted in writing or through the online portal at <http://eap.ihcda.in.gov>. All eligibility determination letters include appeal instructions on them. Appeals must be submitted within thirty (30) days of eligibility determination.

You also have the right to appeal an agency not taking timely action on your application. Please be advised of the current guidelines set for determination of your application:

- Most applications should be processed and have eligibility determined within **fifty-five (55) days of receipt of your application**.
- Crisis applications (applications for which a metered utility has been issued a disconnection notice or already disconnected, or a bulk deliverable fuel is within ten (10) days of being depleted or already depleted, or in which biofuel is within 21 days of funds being depleted or already depleted or prepaid metered energy is within 10 days of being depleted) should be addressed in a way that offers mitigation of the crisis within **forty-eight (48) hours of the LSP being made aware of the crisis**.
- Life-threatening crisis applications (applications for which metered utility service is shut off and/or the deliverable bulk fuel is completely out **and** the household either: (1) qualifies as a vulnerable population household, (2) has a documented medical need with an extreme safety concern, or (3) requires a deliverable fuel tank safety inspection) should be addressed in a way that offers mitigation of the crisis within **eighteen (18) hours of the LSP being made aware of the crisis**.

Considering these timelines, if you feel your application is not being addressed in a timely manner, you may appeal by sending a written communication to the Local Service Provider. You may obtain the Local Service Provider's information by going to <http://eap.ihcda.in.gov>. You may also reach out to IHCD, who will forward your appeal to the Local Service Provider to address. IHCD may be reached at:

Indiana Housing and Community Development Authority

30 S Meridian Street

Suite 900

Indianapolis, IN 46204

Attn: Energy Assistance Program

e-mail: eap@ihcda.in.gov

Someone from the Local Service Provider will respond to your appeal.