


# Energy Assistance Program Application - Program Year 2020

	<b>For Office 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				

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 to check the availability of crisis appointments.

**If you are unsure of your local agency or need other emergency options, please call 211.**

Is your electric utility disconnected, or have you received a disconnect notice?  Yes     No  
 Vendor name: \_\_\_\_\_ Disconnect date: \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

Is your heating utility disconnected, out of fuel, due for disconnection, or below 25% of a tank?  Yes     No  
 Vendor name: \_\_\_\_\_ Disconnect date: \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

Physical Address with Apartment Number	City	State	Zip Code	County
		IN		

**Alternate Mailing Address, if different from physical**

Phone number	May we text you?	E-Mail Address	May we e-mail you?
<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 **all** people residing at this address. Attach a separate sheet if necessary for additional household members.

Name (Last, First, Middle)	SSN (Last four digits)	Date of birth (MM/DD/YYYY)	Gen-der	Race	Military Status	Health Insurance	His-panic?	Disa-bled?	School Years Completed
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		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 - Other	<b>Military Status 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
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<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 included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____
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<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: _____ Heat vendor: _____	<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: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please complete and sign page 2

Please complete in blue or black ink only

<p><b>Please indicate all 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    <input type="checkbox"/> Other: _____    <input type="checkbox"/> Zero Income         </p>	<p><b>Does anybody in the household <u>pay</u> child support?</b></p> <p> <input type="checkbox"/> Yes    <i>Monthly amount paid: \$_____</i>  <i>(please include proof of payments)</i>  <input type="checkbox"/> No         </p>
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**Please indicate all sources of assistance receive by the household (please check all that apply):**

Housing Choice Voucher (Section 8)     Public Housing     HUD VASH Voucher     Permanent Supportive Housing  
 SNAP (Food Stamps)     Healthcare Subsidy     Child Care Voucher     Child Support     TANF  
 Earned Income Tax Credit (EITC)     Other: \_\_\_\_\_     None

<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>
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**Is anybody in the household a seasonal migrant farmer?**

No     Yes    *please list:* \_\_\_\_\_

**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?**     Yes     No

**Please be sure to complete both sides of this application in its entirety.**

**Please be sure you attach and include all required supporting documents. These include, but are not limited to:**

- Copies of Social Security cards for all household members, or other official document with Social Security number. REAL IDs or US Passports may be used in place of Social Security Cards.
- State or federally-issued photo ID for the individual signing this application.
- Proof of income for the past three (3) months for each household member age 18 or over.
- Most recent full electric bill, including name, service address, and account number.
- Most recent gas or bulk fuel bill or delivery/account statement, including name, service or delivery address, and account number.
- 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. **If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.**
- Your local service provider's referral form.

**If you have any questions regarding acceptable documentation, please contact your local service agency.**

**Disclaimer:** 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.

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

<b>Signature of person completing this form (required)</b>	<b>Date (required)</b>