

## Energy Assistance Program Instructions and Checklist: **Read Carefully For Changes**

### **Current Heat/Electric Bill**

This is your responsibility.

- **Dated** within the past 30 days
- **All** pages/both sides of the bill
- Utilities included in rent? Your landlord **must** fill out the Tenant Verification.
- Bills in a non-household members name? You **must** fill out the Non-Household Member Form in full.

If you do not have a copy of your bill, your vendor can email a copy to: eap@hoosieruplands.org

### **Income**

For all household members age 18 and over.

- **Employed:** include your most recent check stub
- **Self-employed:** include your current tax return
- **Odd Jobs:** fill out the Undocumented Income Verification Form
- **Zero Income:** fill out the Undocumented Income Verification Form
- **Unemployment Benefits:** fill out the DWD Release
- **SSA/SSI/VA/Pension:** current year **Benefit Letter** No 1099's or W-2's.

### **Veteran**

- A copy of your DD214.

Copy only, do NOT mail the original.

Children age 18 and over in High School or College: include a letter of attendance or class schedule.

### **Application**

Fully complete both pages and sign/date. Use only black or blue ink.

***New:*** If you do not return all of the above required documentation, your application will automatically be denied.

**\*\*Applications are processed in the order received. Processing time is up to 55 days.**

Applications and documents may be returned by mail, at your local office, or by emailing eap@hoosieruplands.org

Emailed documents and applications should be scanned in pdf form. We do not accept faxes.

### **Lawrence County Residents**

521 W Main St  
Mitchell, IN 47446  
812-849-4457

### **Martin County Residents**

127 Water St  
Shoals, IN 47581  
812-247-3303

### **Orange County Residents**

200 W Court St, Ste 3  
Paoli, IN 47454  
812-723-4607

### **Washington County Residents**

902 Aspen Dr  
Salem, IN 47167  
812-883-5368

## 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 IHCD.
- 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, religion, gender, sexual orientation or political affiliation.

# Indiana Energy Assistance Program Application

Program Year 2027

|                                                                                  |                                                                       |                                                                                                                                                           |  |                                                          |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
|  | Return to your Local Office<br>eap@hoosieruplands.org<br>812-849-4457 | For Provider/Agency Use Only                                                                                                                              |  |                                                          |  |
|                                                                                  |                                                                       | Date received:                                                                                                                                            |  | Application number:                                      |  |
|                                                                                  |                                                                       | <input type="checkbox"/> Mail-in <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person <input type="checkbox"/> Outreach/Home Visit/Other |  |                                                          |  |
|                                                                                  |                                                                       | Household is disconnected or out of fuel:                                                                                                                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                                                                  |                                                                       | Household has d/c notice or less than 25% fuel:                                                                                                           |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                                                                  |                                                                       | Household heat source is inoperable:                                                                                                                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**If your utility is disconnected or scheduled for imminent disconnection, or if you are very low or out of prepaid or deliverable fuel, contact this agency directly. If you need other emergency options, please call 2-1-1.**

☐ **My electric or heating is disconnected or scheduled for disconnection, or I am low or out of deliverable heating fuel/prepaid electricity.**

☐ **A member of this household has a life-threatening medical condition that requires home utility service for treatment.**

**Is any person in your household affiliated with this agency as an employee or staff member, volunteer, board member, or subcontractor, or related to any employee, staff member, volunteer, board member, or subcontractor?**

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

Part I: Contact Information

|                                                                                 |                      |        |
|---------------------------------------------------------------------------------|----------------------|--------|
| Applicant Name                                                                  | Last 4 digits of SSN | County |
|                                                                                 | xxx-xx-              |        |
| Physical Address <i>(Including Apartment/Lot/Trailer Number, if applicable)</i> | City                 | Zip    |
|                                                                                 |                      | IN     |

**If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.**

|                  |                |                                                           |
|------------------|----------------|-----------------------------------------------------------|
| Telephone number | E-mail Address | Would you like to receive application notices via e-mail? |
|                  |                | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Part II: Home and Utility Information

|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Home Type (Please check one)</b><br><input type="checkbox"/> Site-built single-family home <input type="checkbox"/> Multi-unit 2-4 units (duplex/triplex/quadplex/condo/townhouse)<br><input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-unit 5+ units (apartment/condo)<br><input type="checkbox"/> Other: _____ | <b>Utilities and Payment</b><br>Electricity Vendor: _____<br>Account number: _____<br>Heating Vendor: _____<br>Account Number: _____                                                                                                                |
| <b>Home Ownership (Please check one)</b><br><input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____                                                                                                                                                                                          | <input type="checkbox"/> Electricity included in rent <input type="checkbox"/> Heat included in rent                                                                                                                                                |
| <b>Primary Installed Heating Equipment (please check one)</b><br><input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit<br><input type="checkbox"/> Wood Stove/Fireplace <input type="checkbox"/> Other: _____                                                                                       | <b>Primary Heating Fuel (please check one)</b><br><input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil<br><input type="checkbox"/> Firewood/Corn/Pellets |

**Is it working?**   ☐ Yes   ☐ No

**The weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligible Hoosiers.**

**Are you interested in a referral to the Weatherization program?**   ☐ Yes   ☐ No

Part III: Income and Benefits

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Employment/wages (include current paystub with YTD gross or work statement with previous 13 weeks for gig work)<br><input type="checkbox"/> Social Security/Disability/SSI/VA disability/VA pension (include current award letter)<br><input type="checkbox"/> Self-Employment (include most recent full 1040 tax return)<br><input type="checkbox"/> Unemployment (include current Uplink or DWD release form) | <input type="checkbox"/> Pension/Retirement (include award letter or unredacted bank statement)<br><input type="checkbox"/> Odd Jobs/irregular income (include completed Income Verification Statement)<br><input type="checkbox"/> No income (include completed Income Verification Statement)<br><input type="checkbox"/> Other: _____ (contact agency for guidance) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**If Employment/wages selected, please complete for each job held during past three months:**

|                                                                                                                                           |                                                                                                                                           |                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Wage Earner: _____<br>Employer: _____<br>First pay date: _____<br>Still working? <input type="checkbox"/> Yes <input type="checkbox"/> No | Wage Earner: _____<br>Employer: _____<br>First pay date: _____<br>Still working? <input type="checkbox"/> Yes <input type="checkbox"/> No | Wage Earner: _____<br>Employer: _____<br>First pay date: _____<br>Still working? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

Partner Agency

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

**Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.**

**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         |
|-----------|----------------------|------------|------|-----------------------------|-------------------------------------------------------|---------------|------------------------------------------------------------|-------------------------------------------------------|-------------------------|-------------------------|-------------------------|
|           |                      |            |      |                             |                                                       |               |                                                            |                                                       | Use codes below         |                         |                         |
| Applicant |                      |            |      |                             | <input type="radio"/> Yes<br><input type="radio"/> No |               | <input type="radio"/> Male<br><input type="radio"/> Female | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> N |
| 2         |                      |            |      |                             | <input type="radio"/> Yes<br><input type="radio"/> No |               | <input type="radio"/> Male<br><input type="radio"/> Female | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> N |
| 3         |                      |            |      |                             | <input type="radio"/> Yes<br><input type="radio"/> No |               | <input type="radio"/> Male<br><input type="radio"/> Female | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> N |
| 4         |                      |            |      |                             | <input type="radio"/> Yes<br><input type="radio"/> No |               | <input type="radio"/> Male<br><input type="radio"/> Female | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> N |
| 5         |                      |            |      |                             | <input type="radio"/> Yes<br><input type="radio"/> No |               | <input type="radio"/> Male<br><input type="radio"/> Female | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> N |
| 6         |                      |            |      |                             | <input type="radio"/> Yes<br><input type="radio"/> No |               | <input type="radio"/> Male<br><input type="radio"/> Female | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> N |
| 7         |                      |            |      |                             | <input type="radio"/> Yes<br><input type="radio"/> No |               | <input type="radio"/> Male<br><input type="radio"/> Female | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> N |
| 8         |                      |            |      |                             | <input type="radio"/> Yes<br><input type="radio"/> No |               | <input type="radio"/> Male<br><input type="radio"/> Female | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> O | <input type="radio"/> N | <input type="radio"/> N |

**Race 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

**Ethnicity Codes**

**H** - Hispanic, Latino, or Spanish origins;  
**N** - Not Hispanic, Latino, or Spanish origins

**Military Status Codes**

**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 also understand that the State of 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 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)**