

ENERGY ASSISTANCE PROGRAM

2022-2023

NOVEMBER 1, 2022 THROUGH MAY 15, 2023

**Hamilton County residents may contact Good Samaritan
Network at 12933 Parkside Dr; Fishers PH: 317.842.2603 x 205**

PLEASE READ INSTRUCTIONS!

**SEE ATTACHED CHECKLIST OF ITEMS TO RETURN
WITH THE APPLICATION**

**If you do not provide us with everything necessary to complete your
application, it may DELAY the processing of your application. You DO
NOT have to be in a disconnect status to apply for the program.**

DISCONNECT PROCEDURE

- **IF YOU HAVE A DISCONNECT NOTICE, OR IF YOUR UTILITY IS
ALREADY OFF, OR YOU ARE NEARLY OUT OF FUEL, PLEASE CALL
317.842.2603 x 205 AND SCHEDULE AN APPOINTMENT WITH THE
ENERGY ASSISTANCE STAFF. THESE APPOINTMENTS WILL BEGIN NO
EARLIER THAN NOVEMBER 1ST.**
- **IF YOU ARE NOT IN A DISCONNECT STATUS, PLEASE ALLOW 55
DAYS FOR PROCESSING. THESE APPLICATIONS WILL BE
PROCESSED ON A FIRST RECEIVED BASIS.**

****** APPLICATION PACKET******

******CHECKLIST******

Use this checklist to make sure your application is ready for processing when it's submitted to us.

1. ☐ Complete the application pages (ALL sections) and sign.

SUBMIT IT WITH THE FOLLOWING:

2. ☐ Copies of Social Security cards for all household members.
3. ☐ Copy of photo ID for the person who signed the application.
4. ☐ Income documentation for ALL household members who are age 18 and older for the three previous months. If no income, the Income Verification Affidavit must be completed. (Sections 2 & 3)
5. ☐ If renting, and one or both utilities are included in the monthly rent, the Landlord Affidavit must be completed by the Landlord.
6. ☐ Copies of CURRENT utility bills
If your utility bill is in the name of someone not living in the household, you must complete a Utility Affidavit.

☐ Gas

☐ Electric

☐ Bulk fuel statement

PY 2023 Indiana Energy Assistance and Water Assistance Program Application INSTRUCTIONS

- Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.
- 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.
- 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.

Part II: Home and Utility Information

- Please complete all fields completely.
- Please submit your **current** electricity, heating, and/or water/wastewater bills with your application.

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income or non-cash benefit assistance 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 to have child support deducted from household income.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

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.
- **If there are more than four 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, employment status, education level, Health Insurance, and Military status for each household member.
- 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 define your household type according to the options provided.

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 IHCD.
- 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. Photo ID for the person completing and signing the application.
 2. Proof of SSN for each member of the household. This may be:
 - Copy of Social Security card.
 - Copy of a valid U.S. passport.
 - Copy of a valid state-issued REAL ID.
 - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person's name and full, unredacted SSN.
 3. 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 Income Verification form – contact Local Service Provider
 - If you have any questions about acceptable documentation, contact your local service provider.
 4. 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 Landlord Affidavit.
 - 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 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.
- Lifeline/Telephone Assistance Plan for verifying program eligibility.
- 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 is voluntary information. It is compiled and recorded for statistical purposes only. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

Indiana Energy Assistance and Water Assistance Program Application

 AREA IV AGENCY <small>ON AGING & COMMUNITY ACTION</small>  <small>Indiana Housing & Community Development Authority</small>	AREA IV AGENCY 660 N 36TH ST PO BOX 4727 LAFAYETTE IN 47905 PH: 765-447-7683 EXT 300 eap@areaivagency.org	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">For Provider/Agency Use Only</th> </tr> <tr> <td colspan="2">Date received: _____</td> </tr> <tr> <td colspan="2">Application number: _____</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other </td> </tr> <tr> <td>Household is disconnected or out of fuel:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Household has d/c notice or less than 25% fuel:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Household heat source is inoperable:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	For Provider/Agency Use Only		Date received: _____		Application number: _____		<input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <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
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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															
What kind of assistance are you applying for? <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both <input type="checkbox"/> Check here if your electric or heating utility is disconnected or scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity. If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of a prepaid, bulk deliverable fuel, contact your local service provider listed above to request a crisis appointment. If you need other emergency options, please call 2-1-1.																
Part I: Contact Information																
Applicant Name	Last four digits of SSN	County														
	XXX-XX-															
Physical Address (Including Apartment/Lot/Trailer Number)	City	State Zip														
		IN														
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.																
Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.																
Telephone number	Mobile phone carrier	E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>														
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> Consent to receive texts															
Part II: Home and Utility Information																
Home Type (Please check one)		Utilities and Payment														
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____		Electricity Vendor: _____ <input type="checkbox"/> Included in rent														
Home Ownership (Please check one)		Heating Vendor: _____ <input type="checkbox"/> Included in rent														
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		Water Vendor: _____ <input type="checkbox"/> Included in rent														
		Wastewater Vendor: _____ <input type="checkbox"/> Included in rent														
Primary Heating Source (please check one)	Primary Heating Fuel (please check one)	Do you have a secondary heating source installed?														
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____														
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No																
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____																
Please indicate all sources of assistance received by any member of the household. Check all that apply.																
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____																
Has anybody in the household paid child support in the past three months?	Is anybody in the household between the ages of 14-24 and neither working nor attending school?															
<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____															

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 and DemographicsList all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household: ☐

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
	Please use codes listed below											
Applicant					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

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	Employment Codes: FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker
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Education codes: A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate	Health Insurance Codes: A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None	Military Codes: A - Active-duty military V - Veteran N - No affiliation
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Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	Household Type (please check one) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> Other: _____
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Part V: Certification

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, Water 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, Water 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 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.

Signature of person completing this form (required)	Date (required)

Indiana Energy Assistance and Water Assistance Program Application Large Household Attachment

Program Year 2023

Please complete and return with your application if household is larger than four members.

This form is not necessary if household is four people or smaller.

Please provide address and applicant information so that we may match this attachment to the main application.

Applicant Name					Last four digits of SSN		County					
					XXX-XX-							
Physical Address (Including Apartment/Lot/Trailer Number)						City		State	Zip			
								IN				
Part IV: Household Members and Demographics (continued)												
Please list <u>all</u> people residing in this household not already listed on the main application form.												
	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please use codes listed below					
5					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
8					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Race Codes:			Ethnicity Codes:			Employment 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			H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins			FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker						
Education codes:				Health Insurance Codes:				Military Codes:				
A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate				A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None				A - Active-duty military V - Veteran N - No affiliation				

Application number: _____

*****IMPORTANT TO COMPLETE AND RETURN THIS FORM*****
Confirmation of Energy Education Training

By changing the energy habits of my entire household and following simple energy saving practices, I understand I will be able to save money on my energy bill.

The answers to following questions can be found on the attached Energy Saving Tips.

1) To retain inside heat, keep shades and curtains:

☐ Open all night

☐ Open all day

2) To save on heating costs while asleep or away from home:

☐ Lower thermostat setting

☐ Increase thermostat setting

3) To help them do the job intended, keep radiators or heating vents:

☐ Free of dust and dirt

☐ Clear from furniture or draperies

☐ Both of the above

4) Kitchen and bath ventilating fans should:

☐ Always be off

☐ Off when no longer needed

☐ Always be on

5) Furnace filters should be replaced

☐ Every year

☐ Twice per year

☐ Never

☐ Every month

6) For an extra barrier to cold replace screens with

☐ Trash bags

☐ Storm windows

I have learned new ways to save money on my utility bills and will do my best to conserve energy.

Signature of Head of Household

Date

Print Name

Address

Signature of EAP Intake Worker

Date

ENERGY SAVING TIPS

HOME HEATING

There are a variety of ways to reduce energy usage to help save on home heating costs. The methods used to save money on home heating costs will vary for each homeowner depending on age and size of home, number of occupants, schedules and habits.

- **Keep shades and curtains open during the day.** Especially on the south side of your home you can naturally heat your home by keeping shades open during the day and close them at night to retain the heat.
- **Close the fireplace damper.** Stop cold air from entering the house through the chimney when not in use.
- **Replace screens with storm windows.** For an extra barrier to the cold outside air make sure to close storm windows tightly so no air leaks in or out.
- **Set back your thermostat.** In heating mode, lower your thermostat by 1 degree for 8 hours (while asleep or away from home) to save about 1% on our heating bill. For convenience, install a programmable thermostat to automatically adjust the temperature depending on the time of day and day of week.
- **Set your furnace fan to "auto".** Setting the fan switch on your thermostat to "on" will cause it to run all the time, whether or not your home needs heating or cooling.
- **Use your ceiling fan clockwise.** In the winter months, your fan should run in reverse (clockwise) at a low speed. This will gently draw the room air up towards the ceiling and force the warm air down and out towards the walls, avoiding giving you the wind chill effect.
- **Insulating and air sealing.** These two cost effective ways to improve energy efficiency will lower your utility bill and help you stay warm and comfortable. Reducing air leaks alone could cut 10 percent from the average household's energy bill.



When correctly installed in a home that has been air sealed, insulation can help you achieve both comfort and energy savings during the hottest and coldest times of the year.

- **Keep radiators or heating vents clear from furniture or draperies.** Keep your radiators, registers and baseboard heaters dirt and dust free.
- **Maintain your heating system.** Schedule yearly maintenance with a qualified contractor and replace furnace filters monthly or according to the manufacturer's instructions.
- **Use kitchen and bath ventilating fans wisely.** Turn these fans off as soon as they are no longer needed. In about one hour, these fans can pull out a houseful of warmed air.
- **Caulk and weather strip around windows and doors** to keep the warm air from escaping.

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any month

Household Member: _____ Application Key: _____

Section 1: I verify that I have received income as defined below, by the month but I have **NO** documentation for this income.

Please write the year below the month. Source of my income is: _____

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Jan 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 20__

(Income includes but is not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, and royalties.)

Section 2: I received **NO** income during the following months. Check all that apply and write the year below the month.

Jan 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 20__

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

YOU MUST COMPLETE THIS SECTION IN FULL IF YOU INDICATED ANY MONTHS OF ZERO INCOME IN SECTION 2.

Rent/Mortgage:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to store/retailer <input type="checkbox"/>

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

Signature of Zero Income Applicant

____/____/____
Date

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this _____ day of _____ 20__.

County of Residence: _____ Notary Public – Signature _____

Commission Expires: _____ Notary Public -Printed Name _____



Area IV Agency Program Referral Form

I would like to be referred to the following Area IV Programs:

_____ **Housing Choice Voucher Program**

- *Provides rental housing assistance to low-income individuals and families. Participants find housing to fit their specific needs/desires in the open rental market. This can include a family home, apartment, duplex, or a mobile home. This program is available in the counties of Carroll, Clinton, White, and Tippecanoe (excludes 5-mile radius of Lafayette and West Lafayette).*

_____ **Weatherization**

- *Provides energy audits of owner-occupied homes in order to help the occupant conserve energy and save money. Energy audits are performed to determine needs and include health and safety measures, general heat waste reduction activities, client education, evaluation, repair and possible replacement of furnace, water heaters and cook stoves, sealing air leaks, and insulating. Eligible participants must be at or below 200% of the federal poverty level (FPL) and must reside in the counties of Carroll, Clinton, Tippecanoe, and White.*

_____ **Other Program**

- *Description of need:*

Name: _____

Address: _____

Phone Number: _____

