

# ENERGY ASSISTANCE PROGRAM (EAP)

## 2026-2027

**OCT. 1, 2026 THROUGH APR. 30, 2027**



**Good Samaritan Network**

is the contact for Hamilton County.

### **GOOD SAMARITAN NETWORK**

Client Assistance Office North Bldg  
**13053 Parkside Dr, Fishers, IN 46038**

**317-842-2603 x 205**

**eap@gsnlive.org**

## **DISCONNECTS**

If you have a disconnect notice or your utility is already off, or if you are nearly out of fuel, please write this on your application or call **317-842-2603 X 205** to advise us of your current crisis situation.

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### **PLEASE READ APPLICATION INSTRUCTIONS:**

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- If you have already submitted your application once this season, please do not resubmit or send another application via US mail, email, or fax. Faxed documents are typically too dark/blurred to read.
- If you heat with gas, both your gas bill and electric bill are required to accompany your application when it is submitted. You do not have to be in disconnect to apply.
- Applications cannot be processed until all documentation is provided to us.
- SEE ATTACHED DOCUMENTS CHECKLIST OF ITEMS TO RETURN WITH THE APPLICATION.
- Applications for households not in disconnect will be processed on a first received basis. Please allow 55 days for processing.

# APPLICATION PACKET CHECKLIST

Use this checklist to make sure your application is ready for processing so you don't experience any delays.

- ❑ 1. Complete the application pages (ALL SECTIONS/QUESTIONS). The applicant (age 18 or older) must sign the application. If a Power of Attorney signs the application, this paperwork is needed.

## SUBMIT IT WITH THE FOLLOWING:

- ❑ 2. Income documentation for ALL household members who are age 18 and older for the three previous months. (*Examples: last check stub received, Social Security benefit letter, Pension statement*) Income documentation provided may not be altered in any way.
- ❑ 3. If renting, and one or both utilities are included in the monthly rent, the Tenant Verification Statement must be completed by the Landlord. This form is available for download at <https://www.areaivagency.org/eap/> or at any of our offices.
- ❑ 4. Copies of CURRENT utility bills. If heating with gas, BOTH your gas and electric bills are required. Must include all pages! If your utility bill is in the name of someone not living in the household, you must complete a Non Household Member Declaration Form. This form is also available for download at <https://www.areaivagency.org/eap/> or at any of our offices.

❑ Gas

❑ Electricity

❑ Bulk fuel statement

## **PY 2027 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.

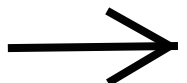
### **Part III: Income and Benefits**

- 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.
- For each job held by any wage earner in the household for the previous 3 months, please list the employer, first pay date, and indicate whether they are still working. If you need space for additional jobs, your LSP can provide you with an attachment sheet.

### **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.

SEE REVERSE SIDE



## 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. Current documentation of income for all household members age 18 or over. This may include:
    - Employment/wages
      - **Most recent** paystub
      - Work/pay statements for **immediate 13 weeks prior to application** for gig work
      - 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 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.

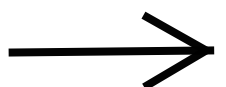
### Why do we collect Social Security Numbers?

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, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

SEE REVERSE SIDE



## 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](mailto:eap@ihcda.in.gov)

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

# Indiana Energy Assistance Program Application

Program Year 2027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|  <div style="font-size: 24pt; font-weight: bold; margin: 5px 0;">AREA IV AGENCY</div> <div style="font-size: 8pt; border: 1px solid black; padding: 2px; display: inline-block;">ON AGING &amp; COMMUNITY ACTION</div><br><br> <div style="font-size: 8pt; margin-top: 5px;">Indiana Housing &amp; Community Development Authority</div> | <b>Area IV Agency on Aging and Community Action Programs, Inc</b><br><br><b>660 N 36th St., PO Box 4727</b><br><b>Lafayette, IN 47903</b><br><b>765-447-7683 ext 400</b><br><b>www.areaivagency.org</b><br><b>eap@areaivagency.org</b> | For Provider/Agency Use Only |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date received:                                                                                                                                                                                                                         |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Application number:                                                                                                                                                                                                                    |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Mail in <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person<br><input type="checkbox"/> Outreach/Home Visit/Other                                                                           |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Is Household disconnected or out of fuel?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Household has D/C notice or less than 25% fuel?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                            |                              |
| Household heat source is inoperable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        |                              |

**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.**

☐ **Check here if your electric or heating utility is disconnected, scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity.**

☐ **Check here if any household member has a life-threatening medical condition that requires home utility service for treatment.**

**Is any person in this 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?**

**\* = Relatives include parent, child, grandparent, grandchild, sibling, spouse, aunt, uncle, niece, nephew, parent-in-law, child-in-law, sibling-in-law, grandparent-in-law, or grandchild-in-law.**

☐ No    ☐ Yes (list name and relation): \_\_\_\_\_

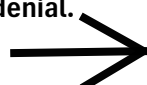
## Part I: Contact Information

|                                                                                                              |                                |               |
|--------------------------------------------------------------------------------------------------------------|--------------------------------|---------------|
| <b>Applicant Name</b>                                                                                        | <b>Last four digits of SSN</b> | <b>County</b> |
|                                                                                                              | XXX-XX-                        |               |
| <b>Physical Address <i>(Including Apartment/Lot/Trailer Number)</i></b>                                      | <b>City</b>                    | <b>Zip</b>    |
|                                                                                                              | IN                             |               |
| If you have a P.O. box or an alternate mailing address, please list it below. Otherwise, please leave blank. |                                |               |
|                                                                                                              |                                |               |
| <b>Telephone number</b>                                                                                      | <b>E-Mail Address</b>          |               |
|                                                                                                              |                                |               |
| <input type="checkbox"/> Check here if you would like to <b>OPT OUT</b> of e-mail notifications              |                                |               |

Please complete and sign page 4 - 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 will lead to denial.

See reverse side



**Part II: Home and Utility Information**

| Home Type                                                                                              | Home Ownership                                             |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Site-Built single family house <input type="checkbox"/> Mobile Home           | <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| <input type="checkbox"/> Multi-unit, 2-4 units (duplex/triplex/quadplex/townhouse/condo)               | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Multi-unit, 5+ units (apartment, condo) <input type="checkbox"/> Other: _____ |                                                            |

**Utilities and Payment**

|                                                                             |                                                                         |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Electricity Vendor: _____                                                   | Heating Vendor: _____                                                   |
| Account Number: _____                                                       | Account Number: _____                                                   |
| <input type="checkbox"/> Check here if electricity is included in your rent | <input type="checkbox"/> Check here if heating is included in your rent |

**Primary Installed Heating Equipment (choose one):**

- ☐ Furnace/Heat Pump
 ☐ Baseboard/Wall Unit  
☐ Fireplace/Wood Stove  
☐ Other: \_\_\_\_\_

Is it working? ☐ Yes ☐ No

**Primary Heating Fuel (choose one):**

- ☐ Electric
 ☐ Natural Gas  
☐ Propane
 ☐ Fuel Oil  
☐ Firewood/Corn/Pellets
 Do you chop your own wood?  
☐ 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**

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Employment/wages (include <u>most recent</u> paystub, or work statement for previous 13 weeks for gig work)<br><input type="checkbox"/> Social Security/SSDI/SSI (include current award letter)<br><input type="checkbox"/> VA Disability/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 statement 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 <input type="checkbox"/> Undocumented Income Verification form)<br><input type="checkbox"/> No Income (include completed Undocumented Income Verification form)<br><input type="checkbox"/> Other: _____ (contact agency for guidance) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**If Employment/Wages selected, please complete for each job during past 3 months:**

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Wage Earner: _____                                                      | Wage Earner: _____                                                      |
| Employer: _____                                                         | Employer: _____                                                         |
| First Pay Date: _____                                                   | First Pay Date: _____                                                   |
| Still Working? <input type="checkbox"/> Yes <input type="checkbox"/> No | Still Working? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wage Earner: _____                                                      | Wage Earner: _____                                                      |
| Employer: _____                                                         | Employer: _____                                                         |
| First Pay Date: _____                                                   | First Pay Date: _____                                                   |
| Still Working? <input type="checkbox"/> Yes <input type="checkbox"/> No | Still Working? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please complete and sign page 4 - 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 will lead to denial.

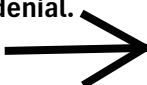
**Part IV: Household Members**List all people residing in household, including **yourself as the first member**.Check here and attach additional sheet if more than nine people are in household: ☐

|                                                                                                                                                                                                                               | Last Name and Suffix | First Name | M.I. | Full Social Security Number | Citizen/Qualified Alien?                                                                                | Date of Birth | Sex                                                      | Disabled?                                                   | Race                                                                               | Ethnicity | Military Status |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|------|-----------------------------|---------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|-----------|-----------------|
|                                                                                                                                                                                                                               |                      |            |      |                             |                                                                                                         |               |                                                          |                                                             | Please use codes listed below                                                      |           |                 |
| <b>Applicant</b>                                                                                                                                                                                                              |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>2</b>                                                                                                                                                                                                                      |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>3</b>                                                                                                                                                                                                                      |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>4</b>                                                                                                                                                                                                                      |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>5</b>                                                                                                                                                                                                                      |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>6</b>                                                                                                                                                                                                                      |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>7</b>                                                                                                                                                                                                                      |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>8</b>                                                                                                                                                                                                                      |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>9</b>                                                                                                                                                                                                                      |                      |            |      |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                             |               | <input type="checkbox"/> M<br><input type="checkbox"/> F | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                    |           |                 |
| <b>Race Codes</b>                                                                                                                                                                                                             |                      |            |      |                             | <b>Ethnicity Codes</b>                                                                                  |               |                                                          |                                                             | <b>Military Status Codes</b>                                                       |           |                 |
| <b>A</b> - Asian; <b>B</b> - Black or African American;<br><b>I</b> - American Indian or Alaska Native;<br><b>P</b> - Native Hawaiian or other Pacific Islander;<br><b>W</b> - White; <b>M</b> - Multi-race; <b>O</b> - Other |                      |            |      |                             | <b>H</b> - Hispanic, Latino, or Spanish origins;<br><b>N</b> - Not Hispanic, Latino, or Spanish origins |               |                                                          |                                                             | <b>A</b> - Active-duty military<br><b>V</b> - Veteran<br><b>N</b> - No affiliation |           |                 |

Please complete and sign page 4 - 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 will lead to denial.

See reverse side



**Part V: Certification**

**Disclaimer:** By typing my name, I intend to sign this statement and understand that signing and submitting this statement through electronic signature is the legal equivalent as my handwritten signature. 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.

**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)**

Please complete and sign page 4 - 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 will lead to denial.

\*\*\*\*A check stub MUST be provided for employment if it's accessible\*\*\*\*

Energy Assistance Program Undocumented Income Verification

This form is to be completed by anyone claiming undocumented income or zero income for any of the three months preceding application. This form must be completed in its entirety.

Household Member: \_\_\_\_\_ Application Key: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Section 1:** Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the gross income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.

|          |           |           |          |          |          |          |          |          |          |          |          |
|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| \$       | \$        | \$        | \$       | \$       | \$       | \$       | \$       | \$       | \$       | \$       | \$       |
| May 2026 | June 2026 | July 2026 | Aug 2026 | Sep 2026 | Oct 2026 | Nov 2026 | Dec 2026 | Jan 2027 | Feb 2027 | Mar 2027 | Apr 2027 |

The source of the above income is: \_\_\_\_\_  
(Income includes but is not limited to: wages, self-employment, 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:** Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.

☐ Check here if all below needs were met by income of a parent/spouse/partner/roommate in the household

| Rent/Mortgage                                                                                                                                                                                                                                                                                  | Utilities                                                                                                                                                                                                                                                                               | Food                                                                                                                                                                                                                                                                                   | Other Household Expenses<br>(hygiene/personal care, medical needs, cleaning, etc.)                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Housing Support/voucher<br><input type="checkbox"/> Assistance program: _____<br><input type="checkbox"/> Have not paid/am behind<br><input type="checkbox"/> Family/friend paid for me<br><input type="checkbox"/> Family/friend gave me money:<br>*Amount: \$ _____ | <input type="checkbox"/> Included in rent<br><input type="checkbox"/> Assistance program: _____<br><input type="checkbox"/> Have not paid/am behind<br><input type="checkbox"/> Family/friend paid for me<br><input type="checkbox"/> Family/friend gave me money:<br>*Amount: \$ _____ | <input type="checkbox"/> SNAP/WIC benefits<br><input type="checkbox"/> Food bank/food pantry<br><input type="checkbox"/> Assistance program: _____<br><input type="checkbox"/> Family/friend paid for me<br><input type="checkbox"/> Family/friend gave me money:<br>*Amount: \$ _____ | <input type="checkbox"/> Assistance program: _____<br><input type="checkbox"/> Family/friend paid for me<br><input type="checkbox"/> Family/friend gave me money:<br>*Amount: \$ _____ |

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. I also authorize the release of income information by any employer who may have issued me payment for earnings within the 91-day period preceding the date of application listed above.

Signature of Household Member

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## Area IV Agency Program Referral Form

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

\_\_\_\_\_ **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:*

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_