

# **ENERGY ASSISTANCE PROGRAM**

**2021-2022**

**NOVEMBER 1, 2021 THROUGH MAY 16, 2022**

**Hamilton County residents may contact Good Samaritan Network at  
12933 Parkside Dr, Fishers, IN PH: 317.842.2603**

## **DISCONNECT PROCEDURE**

**IF YOU HAVE A DISCONNECT NOTICE OR YOUR UTILITY IS ALREADY OFF, 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.**

**PLEASE SEE INSTRUCTIONS ON FOLLOWING PAGES**

**\* If your heating and/or electric is included in your rent, a Landlord Affidavit must be completed by your landlord. This form is on Area IV Agency's website at [www.areaivagency.org](http://www.areaivagency.org) or call the number above to receive one.**

**If not in disconnect, applications will be processed on a first received basis.  
Please allow 55 days for processing.**

## 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 award letter (may be downloaded from online)
      - 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.
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.



## Privacy Notice and Your Rights and Responsibilities

**Privacy Act Provisions:** Federal laws require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3).

Please read this *Privacy Notice* carefully before completing and signing the *Indiana Energy Assistance Program application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP) and the Weatherization Assistance Program (WAP).

### Why do we collect the information on the application?

We will use your information to research, evaluate and administer the EAP and WAP programs. We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

### Do you have to give us the information?

You have the right to not give us the information we ask for.

### What happens if you give or do not give us the information?

If you give us the information requested on the application, your application will be processed. If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

### Who may see this information?

The following persons may receive information contained in your application if: (i) they need access to the application information to do their jobs in connection with the EAP and WAP, or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with IHCDA.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- United States Social Security Administration.
- 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 - Large Print**  
**Program Year 2022**

 <b>AREA IV AGENCY</b> <small>ON AGING &amp; COMMUNITY ACTION</small>   <small>Indiana Housing &amp; Community Development Agency</small>	<b>AREA IV AGENCY</b> <b>660 N 36TH ST</b> <b>PO BOX 4727</b> <b>LAFAYETTE, IN 47905</b> <b>PH: 765-447-7683</b> <b>FAX 765-446-5505</b> <b>eap@areaivagency.org</b>	<b>For Provider/Agency Use Only</b>			
		<b>Date received:</b>			
		<b>Application number:</b>			
		<input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other			
		Household is disconnected or out of fuel: <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					
<b>What kind of assistance are you applying for?</b> <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both  <input type="checkbox"/> <b>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.</b> <b>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.</b>					
<b>Part I: Contact Information</b>					
<b>Applicant Name</b>			<b>Last four digits of SSN</b>	<b>County</b>	
			xxx-xx-		
<b>Physical Address (Including Apartment Number)</b>			<b>City</b>	<b>State</b> <b>Zip</b>	
				<b>IN</b>	
<b>If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.</b>					
<b>Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.</b>					
<b>Telephone number</b>  <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<b>Mobile phone carrier</b>  <input type="checkbox"/> Consent to receive texts	<b>E-mail Address (check box to give consent for us to e-mail you.)</b> <input type="checkbox"/>			

Please complete and sign all pages - 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 II: Home and Utility Information**

Home Type (Please check one)	Home Ownership (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: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Included in rent
		Electricity Vendor: _____
		<input type="checkbox"/> Included in rent
		Heating Vendor: _____
		Water/Wastewater Vendor(s): _____ <span style="float: right;"><input type="checkbox"/> Included in rent</span>
Primary Heating Source (please check one)	Primary Heating Fuel (please check one)	Secondary Heating Fuel
<input type="checkbox"/> Furnace <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____ <b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric furnace/baseboard <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: <input type="checkbox"/> None
		<b>EAP cannot pay benefits to fund the use of space heaters.</b>

**The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your household be interested in a referral to the Weatherization program?**     Yes     No

**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.**

- Employment/wages       Social Security Retirement       Social Security Disability       SSI       Self-Employment  
 Pension/Retirement       VA Disability       VA Pension       Unemployment Benefits       Alimony/Spousal Support  
 Workers' Compensation       Private Disability       Odd jobs/irregular income       No income       Other: \_\_\_\_\_

**Please indicate all sources of assistance received by any member of the household. Check all that apply.**

- Housing Choice Voucher (Section 8)       Public Housing       Permanent Supportive       HUD-VASH       SNAP (Food Stamps)       TANF  
 Child care voucher       WIC       Affordable Care Act subsidy       Child support       Earned Income Tax Credit (EITC)  
 Other: \_\_\_\_\_       None

<p><b>Has anybody in the household <u>paid</u> child support in the past three months?</b></p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes (please submit proof of payments)</p>	<p><b>Is anybody in the household between the ages of 14-24 and neither working nor attending school?</b></p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes (please list): _____</p>
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### Part IV: Household Members and Demographics

List **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.	D.O.B.	Gender	Disability	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
<b>Please use codes listed below</b>												
<b>Applicant</b>					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>2</b>					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>3</b>					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>4</b>					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>5</b>					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>Race Codes:</b> <b>A</b> - Asian; <b>B</b> - Black or African American; <b>I</b> - American Indian or Alaska Native; <b>P</b> - Native Hawaiian or other Pacific Islander; <b>W</b> - White; <b>M</b> - Multi-race; <b>O</b> - Other	<b>Ethnicity Codes:</b> <b>H</b> - Hispanic, Latino, or Spanish origins <b>N</b> - Not Hispanic, Latino, or Spanish origins	<b>Employment Codes:</b> <b>FT</b> - Employed full-time; <b>PT</b> - Employed part time; <b>R</b> - Retired; <b>US</b> - Unemployed six months or less; <b>UL</b> - Unemployed longer than six months; <b>NL</b> - Not in labor force; <b>M</b> - Migrant Seasonal farm worker
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<b>Education codes:</b> <b>A</b> - Grades 0-8; <b>B</b> - Grades 9-12, Non-graduate; <b>C</b> - High School Graduate/Equivalency Diploma; <b>D</b> - Some post-secondary school; <b>E</b> - 2- or 4-year college degree; <b>F</b> - Other post-secondary graduate	<b>Health Insurance Codes:</b> <b>A</b> - Medicaid; <b>B</b> - Medicare; <b>C</b> - State Children's Health Insurance Program; <b>D</b> - State Health Insurance for Adults; <b>E</b> - Military Health Care; <b>F</b> - Direct-Purchase; <b>G</b> - Employment-Based; <b>N</b> - None	<b>Military Codes:</b> <b>A</b> - Active-duty military <b>V</b> - Veteran <b>N</b> - No affiliation
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<b>Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	<b>Household Type (please check one)</b> <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 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)**

## Energy Assistance Program (EAP) Simplified Recertification Tool

**Applicant Name:** \_\_\_\_\_

Households with fixed income may recertify for EAP with limited documentation for two years after their last full application. All applicants must resubmit all documents every third year. If you can answer yes to **all three of the following statements**, you may qualify for simplified recertification.

- **I submitted an approved EAP application with all required documents during program year 2020 (October 2019-September 2020) or program year 2021 (October 2020-September 2021).**  
 Yes       No      Program Year:  2020       2021

Application number, if available: \_\_\_\_\_

- **The members of my household are the same as the last time I sent in approved EAP application. Nobody has moved in or moved out from my household.**  
 Yes       No
- **All household income is fixed income. No adults in the household are working or are claiming zero income, or otherwise have any sources of income other than Social Security, Veteran's Benefits, Supplemental Security Income (SSI) or Retirement Pension/Annuity. Income amounts have not changed, other than Cost of Living Adjustments.**  
 Yes       No

If you answered **yes** to **all three of the above questions** and believe you qualify for simplified recertification, please submit the following to your Local Service Provider:

- This form, completed and signed
- A PY2022 EAP Application form, completed and signed
- Your current utility and/or bulk heating fuel bills.

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I hereby certify that the information provided above 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 understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

**Applicant signature:** \_\_\_\_\_

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

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

**\*\*\*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 Reduce Your Energy Bills handout:

1) Furnace/AC units should be serviced regularly by a professional.

- True  False

2) On 90+ degree days, what time of day is best to do laundry or use the stove/oven?

- Early AM  After dark  
 Mid-Afternoon  Middle of the night

3) What should be cleaned regularly to make sure there are no leaks?

- Thermostat  Vents  
 Ductwork  All of the above

4) Ceiling fans should be set to what motion and when?

- Always off  Lowest setting in summer  
 Highest setting always  Clockwise in winter & counterclockwise in summer

5) Refrigerator coils should be vacuumed how often?

- Every year  Twice per year  
 Never  Every month

6) Electronics and small appliances should be unplugged when not in use?

- True  False

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



# Reduce Your Energy Bills

## Indiana Office Of Utility Consumer Counselor

Contact your electric utility & find out if you qualify for a home energy assessment. That's the quickest way to find steps to save energy & money around the home. The following tips can help, too.

### Throughout the Home

- Unplug cell phone chargers, electronics, & small appliances when you're not using them. Advanced power strips can help greatly.
- An electricity usage monitor will show how much energy a device or appliance is using, including standby power.
- Set your water heater at 120 degrees. Insulate hot water pipes if you need to.
- On really hot days (90 degrees or more), wait until after dark to do laundry or use the stove or oven. Cook with your microwave.
- Look for the Energy Star label and do your homework when shopping for new windows.
- Keep energy efficiency in mind with any landscaping. Plant deciduous trees to the west & south of the home, & evergreens to the north.

### Insulation is Critical

- Make sure your attic, exterior walls, & any crawl spaces are properly insulated. Your attic insulation should be rated at R-38 or higher in southern Indiana, & R-49 or higher in northern Indiana.
- You may need to add attic insulation if you haven't in a few years. It can settle over time, becoming less effective.
- Check weather stripping, caulking, & seals around doors/windows. Several small holes or cracks can let as much air out as an open window.
- Use plastic or foam gaskets to insulate drafty electrical outlets.
- Close the fireplace damper when not using it.

### Maintain Your Heating & Cooling System

- Change your filter regularly. A dirty filter makes the unit work harder than it should, using more energy & costing you more money.
- Follow the manufacturer's recommendations & have the unit serviced regularly by a professional.
- If your furnace has a built-in humidifier, use it during the winter to help make the air feel warmer.
- Check ductwork regularly to ensure there are no leaks. Clean the vents regularly & keep them unblocked.
- Adjust the thermostat to use less energy when going to bed at night or leaving home for more than 5 hours. A programmable or "smart" thermostat can do this automatically.

### Lights & Fans

- Don't wait for old lightbulbs to burn out. Change them out now to start saving money. Light emitting diodes (LEDs) use much less power than traditional incandescent bulbs & last much longer.
- Look at lumens - rather than watts - when selecting bulbs. Lumens measure a bulb's brightness.
- Turn the lights off when leaving a room. Use a timer for lights when you're on vacation. Set ceiling fans to turn clockwise in winter & counterclockwise in summer. Turn them off when leaving the room.
- Use exhaust fans as little as possible. They can quickly pull large amounts of heated or cooled air out of your home

### Appliances

- Clean or vacuum your refrigerator's coils at least twice a year.
- Close your refrigerator door on a dollar bill. If the bill slips out easily, it's time to replace the gaskets.
- Reconsider that extra refrigerator or freezer in the garage. It's likely to use more power than it should.
- Wash only full loads of clothes, but don't overload the washer. Wash with cold water and use energy-saving settings.
- Make sure your clothes dryer's venting system is unclogged & working properly. Air dry clothing & dishes when possible.
- Buying a new appliance? Look for Energy Star products & read the EnergyGuide labels. Be aware of any rebates your utilities may offer.
- Know where your master shut-off valve is located. Be prepared to use it in case of a burst pipe or other emergency.

### Fast Facts from the Indiana Office Of Utility Consumer Counselor (OUCC)

115 West Washington Street, Suite 1500 South, Indianapolis, Indiana 46204 • Phone: 317.232.2494 • Toll-Free: 1.888.441.2494

Visit us online: [www.in.gov/oucc](http://www.in.gov/oucc) • Subscribe to our newsletter: [www.in.gov/oucc/news](http://www.in.gov/oucc/news)

*Our Mission:* To represent all Indiana consumers to ensure quality, reliable utility services at the most reasonable prices possible through dedicated advocacy, consumer education and creative problem solving.



Updated 10/2020

## Energy Assistance Program Income Verification Affidavit

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

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 sources may include but are not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, cashed vacation or sick pay, tips, pensions, disability payments from any source, dividends, interest, gambling winnings, railroad retirement benefits, military allotments, life insurance payments, workers compensation, unemployment or strike benefits, social security benefits for any age, 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__
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**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.)

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



## RELEASE OF INFORMATION

\*APPLICANT'S NAME: \_\_\_\_\_

*Additional names used during employment:* \_\_\_\_\_

\*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\*Applicant contact information**

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

\_\_\_\_\_  
\*SIGNATURE OF APPLICANT

\_\_\_\_\_  
\*TODAY'S DATE:

**NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

Check this box if a Power of Attorney is attached.

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**NOTE: This section must be completed by the organization requesting employment history.**

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

\*SIGNATURE OF REQUESTOR: \_\_\_\_\_

\*Printed Name of the Requestor: \_\_\_\_\_

\* Requesting Organization: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*REQUIRED FIELDS**

**\*\*Applicant's phone number, email address, or mailing address is required.**

Email [employverification@dwd.in.gov](mailto:employverification@dwd.in.gov) to reach a DWD employment history or LKE website specialist.

PLEASE COMPLETE THIS FORM  
ONLY IF ONE OR BOTH OF  
YOUR UTILITIES IS  
INCLUDED IN YOUR RENT. **Direct Benefit Payment Election Form**



Application Key: \_\_\_\_\_

Head of Household \_\_\_\_\_

Please choose a fulfillment option below for your direct benefit payment. **Please check one.**

- I would like to waive my direct benefit payment to be applied directly to my electricity/heating (**circle one**) utility, which I pay separately. I understand that the full benefit will be paid to my vendor within sixty (60) days and I will not receive a direct payment.
- I would like to receive my direct benefit payment as a check mailed to my primary residence or mailing address. **I understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations. **If you do not return this form with your application, your benefit will be issued as a check.**
- I would like to receive my direct benefit payment as an Electronic Funds Transfer (direct deposit). **I understand that this may take up to 120 days to receive**, and is subject to further delays if I have provided inaccurate banking information. I have provided my banking information below.

Checking Account     Savings Account    Name on account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Financial Institution Routing Number:  
(must be nine digits)

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Checking/Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆  
Routing Number                      Account Number

I hereby certify that the information provided above 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 understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

**If I have elected to receive benefit payment by electronic funds transfer**, I hereby authorize the Indiana Housing and Community Development Authority ("IHCDA") to initiate entries to: \_\_\_\_\_'s checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



## 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:

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

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

\_\_\_\_\_

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