



**brightpoint**  
 For a Brighter Future.  
 Brightpoint Family Support  
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Energy Assistance  
 Program  
 Application for 2018-  
 2019

**For Office Use Only**

<b>Date Received</b>
<b>Application Number</b>
Mail-in - Appointment - Outreach/Home Visit/Other
Household is disconnected or out of fuel: Y or N
Household has disconnect notice or fuel left is less than 25%: Y or N
Household heat source is inoperable: Y or N

**Please select if any of these situations apply and include any notices or bills you may have received. If you have a disconnect date, include that with the amount owed.**

<b>Already Disconnected or Out of Fuel</b> - Utility Company:	Date:	Amount Owed:
<b>Fuel tank below 25% or Disconnect Notice Received</b> - Utility Company:	Date:	Amount Owed:
<b>What is your primary heat source?</b> Furnace - Space Heater - Wood Stove - Baseboard Heater - Other:	<b>Is it working?</b> Y or N	
<b>What is your primary cooling source?</b> Central Air - Window Unit - Fans - None - Other:	<b>Is it working?</b> Y or N	

If your utility has been or is about to be disconnected, contact your local service agency to check the availability of crisis appointments. If you are out or almost out of fuel, contact your local service agency to check the availability of crisis appointments.  
**If you are unsure of your local agency or need other emergency options, please call 211.**

**Please be sure you attach and include the necessary supporting documents needed for the application. These include, but are not limited to:**

- **Copies of Social Security cards for ALL HOUSEHOLD MEMBERS, or other official document with SS#. REAL IDs can be used in place of social security cards.**
  - **Proof of Income for the past 3 months from each household member over 18. If a member has been unemployed during this period, please include a copy of the zero income affidavit, signed Workforce Development Release and photo I.D.**
  - **Recent electric bill that includes your name, address and account number.**
  - **Recent gas bill, that includes your name, address and account number if you heat with gas.**
  - **A delivery statement from your fuel dealer if you use heating fuel, other than electric or natural gas.**
  - **A signed copy of your rental lease if you have heating and/or electric included in rent, complete with all pages and less than 24 months old or the completed Landlord Affidavit**
  - **Proof of homeownership (mortgage or tax statement, or another official document)**
- If you have any questions regarding documentation to include, please contact your local service agency.**

Physical Address	Apt #	City, State, Zip	County

**Mailing Address (if different from physical)**

Email Address	May we email you?	Phone	May we text you?

Please circle **one** for each category: Rent - Own - Other      Single Unit Site (House) - Mobile Home - Multiplex (Apartment Building or Townhome)

Last Name, First Name, Middle Initial	Last Four Digits of Social Security Number	Date of Birth (MM/DD/YY)	Gender F/M	Hispanic Y/N	See Codes Below			Disabled Y/N	School Years Completed
					Race	Military Status	Health Insurance		
	xxx - xx -								
	xxx - xx -								
	xxx - xx -								
	xxx - xx -								
	xxx - xx -								
	xxx - xx -								

**Attach a separate sheet if necessary for additional household members. Please use the following codes for the above sections:**

<b>Race:</b> <b>A</b> - Asian; <b>B</b> - Black or African American; <b>I</b> - American Indian or Alaska Native; <b>M</b> - Multiracial; <b>O</b> - Other; <b>P</b> - Native Hawaiian or other Pacific Islander; <b>W</b> - White or Caucasian	<b>Military Status:</b> <b>A</b> - Active; <b>N</b> - No Affiliation; <b>V</b> - Veteran	<b>Health Insurance:</b> <b>A</b> - Medicaid; <b>B</b> - Medicare; <b>D</b> - Direct Purchase; <b>E</b> - Employer Based; <b>M</b> - Military; <b>N</b> - None; <b>O</b> - Other; <b>S</b> - State
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<b>Please indicate your main heating fuel source:</b>		<b>Please check any assistance received by the household:</b>				<b>Please name anyone in your household currently related or affiliated with this local agency as:</b>
Electric	Natural Gas	Child Care Voucher	Healthcare Subsidy	Public Housing	TANF	Board Member
Fuel Oil	Propane	Permanent Supportive Housing	HUD VASH Voucher	Section 8 (HCV)	Other:	Employee
Kerosene	Wood	Earned Income Tax Credit (EITC)	Child Support	SNAP (Food Stamps)	N/A	Sub-contractor
Other:		<b>Please list any household member between the ages of 14-24 that are not working <u>and</u> are not in school:</b>				

**Do you pay child support?** Monthly amount paid: \_\_\_\_\_ (include proof of payments)

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 being referred to the Weatherization Program?	Yes	No
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<b>If you are a renter...</b>		
<b>Is heat included in your rent?</b>	Yes	No
<b>Is electricity included in your rent?</b>	Yes	No

If you answered yes to either of these, we may pay you directly. You must provide a lease or Landlord Affidavit that shows that the utilities are in the landlord's name. Please fill out the Landlord Affidavit, which can be obtained from your Local Service Provider. If you'd like your benefit as a direct deposit, please complete the next section.

**DIRECT DEPOSIT FOR UTILITIES INCLUDED IN RENT ONLY**

<b>Bank Name</b>		<b>Bank Address</b>	
<b>Checking or Savings?</b>	<b>Financial Institution Routing Number (9 Digits)</b>	<b>Checking/Savings Account Number</b>	

**Disclaimer:** I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I am a resident of Indiana and an applicant for the Energy Assistance and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. However, I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that I have received based on any such misrepresentation or omission.

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

<b>Signature</b>	<b>Date</b>