Utility Assistance Application Checklist

If your utility has been or is about to be disconnected, call 1-800-589-2264 our automated appointment line available 24 hours a day, to check the availability of crisis appointments. If no appointments are available prior to your disconnect, please contact Brightpoint at 1-800-589-3506 and follow the prompts for Energy Assistance. Please keep in mind the phone lines are very busy and hold times can be increased. If you are unsure of your local agency or need other emergency options, please call 211.

How to submit the application?
- **Drop off at your local office** *(Preferred method if you are up for disconnect)*
- **US Mail:**
  Brightpoint
  PO Box 10570
  Fort Wayne, IN 46853-0570
- **Fax:** 1-844-510-5775 *(Please verify after 2 business days that your fax has been received)*
- **Email:** gethelp@mybrightpoint.org

Please read carefully and follow step by step instructions. Failure to submit all required information, or submitting an incomplete application could result in denial or delay of benefit. Please make sure to sign and date the application.

1. Did you send in a full EAP application (all documents) and receive an EAP benefit between November 2017 and August 2019?  
   Yes (proceed to the next question)  
   or  
   No *(Go to the next page, you are not eligible to recertify)*

2. Are the members in your household the same as they were between November 2017 and August 2019?  
   Yes (proceed to the next question)  
   or  
   No *(Go to the next page, you are not eligible to recertify)*

3. Is your **only** source of income Social Security, Veteran’s Benefits, Supplemental Social Security (SSI) or Retirement Pension/Annuity? *(No one in your household may be working. If there is a household member who has income from a job, self-employment, some other income source, or zero income, you will need to send in a complete application with all supporting documents)*  
   Yes (see below)  
   or  
   No *(Go to the next page, you are not eligible to recertify)*

If you answered **Yes to all three (3) questions above**, you qualify for recertification for up to two years. The third year you will be required to submit all documents. To recertify:

1. Complete the enclosed EAP Application, sign the application and return it to us. Be sure to answer all the questions, sign and date the application.

2. Include a copy of your current heating and electric bills*(if applicable)*. This is to ensure your benefit is applied to the correct account. If utilities are included in your rent please include a completed Landlord Affidavit.
Privacy Notice: 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.
Energy Assistance Program Application - Program Year 2020

If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider to check the availability of crisis appointments.

If you are unsure of your local agency or need other emergency options, please call 211.

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>SSN (Last four digits)</th>
<th>Date of birth (MM/DD/YYYY)</th>
<th>Gender</th>
<th>Race</th>
<th>Military Status</th>
<th>Health Insurance</th>
<th>Hispanic?</th>
<th>Disabled?</th>
<th>School Years Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>xxx-xx-</td>
<td>F / M</td>
<td></td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

Race Codes:
A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O - Other

Military Status Codes:
A - Active; V - Veteran; N - No Affiliation

Health Insurance Codes:
A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None

<table>
<thead>
<tr>
<th>Home Type (please check one)</th>
<th>Ownership (please check one)</th>
<th>Utility Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-unit (apartment, condo, duplex, etc.)</td>
<td>Own</td>
<td>Heat included in rent?</td>
</tr>
<tr>
<td>Site-built single house</td>
<td>Rent</td>
<td>Electricity included in rent?</td>
</tr>
<tr>
<td>Mobile Home</td>
<td>Other:</td>
<td>Electric vendor:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Heating Fuel (please check one)</th>
<th>Heating Source (please check one)</th>
<th>Cooling Source (please check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric</td>
<td>Furnace</td>
<td>Central Air</td>
</tr>
<tr>
<td>Wood</td>
<td>Baseboard Heater</td>
<td>Window Unit</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Heat vendor: _______________________

Please complete and sign page 2
Please complete in blue or black ink only
Please indicate all types of income received by the household in the past three months *(please check all that apply)*:

- □ Employment/wages
- □ Pension/Retirement
- □ Unemployment
- □ Social Security/SSDI
- □ SSI
- □ VA Benefits
- □ Self-Employment
- □ Interest
- □ Odd jobs/irregular income
- □ Other: ___________________ □ Zero Income

Please indicate all sources of assistance receive by the household *(please check all that apply)*:

- □ Housing Choice Voucher (Section 8)
- □ SNAP (Food Stamps)
- □ Earned Income Tax Credit (EITC)
- □ Public Housing
- □ Healthcare Subsidy
- □ Child Care Voucher
- □ Other: ___________________ □ None

Does anybody in the household pay child support?

□ Yes  Monthly amount paid: $_________ (please include proof of payments) □ No

Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?

□ No □ Yes  please list: ______________________________________

Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?

□ No □ Yes  please list: ______________________________________

Is anybody in the household a seasonal migrant farmer?

□ No □ Yes  please list: ______________________________________

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

Please be sure to complete both sides of this application in its entirety. Please be sure you attach and include all required supporting documents. These include, but are not limited to:

- □ Copies of Social Security cards for all household members, or other official document with Social Security number. REAL IDs or US Passports may be used in place of Social Security Cards.
- □ State or federally-issued photo ID for the individual signing this application.
- □ Proof of income for the past three (3) months for each household member age 18 or over.
- □ Most recent full electric bill, including name, service address, and account number.
- □ Most recent gas or bulk fuel bill or delivery/account statement, including name, service or delivery address, and account number.
- □ If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. **If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.**
- □ Your local service provider's referral form.

If you have any questions regarding acceptable documentation, please contact your local service agency.

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. 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.**

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

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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</thead>
<tbody>
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<td>20___</td>
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<td>20___</td>
<td>20___</td>
<td>20___</td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
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<td>20___</td>
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<td>20___</td>
</tr>
</tbody>
</table>

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. (For example: Section 8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)

<table>
<thead>
<tr>
<th>Rent/Mortgage:</th>
<th>Help Received:$____________________ From Whom: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paid to me ☐ Paid directly to landlord or mortgage company ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Utilities:</th>
<th>Help Received:$____________________ From Whom: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paid to me ☐ Paid directly to utility ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food:</th>
<th>Help Received:$____________________ From Whom: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paid to me ☐ Paid directly to grocery store/retailer ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Household Expenses:</th>
<th>Help Received:$____________________ From Whom: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paid to me ☐ Paid directly to store/retailer ☐</td>
</tr>
</tbody>
</table>

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: ____________________________
Brightpoint and other agencies in the area, offer many programs that might be of interest to many of our clients. Below is a list of the services we provide and other programs available in our service area. By signing this form, you are giving Brightpoint permission to share your contact and basic family information with the program(s) or agency you have chosen below.

<table>
<thead>
<tr>
<th>Brightpoint Volunteer/Internship</th>
<th>Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start</td>
<td>Family Development (Voluntary case management)</td>
</tr>
<tr>
<td>CCDF (Childcare vouchers)</td>
<td>Housing Transitions</td>
</tr>
<tr>
<td>Weatherization</td>
<td>Covering Kids &amp; Families / Community Health Education (Medicaid, Hoosier Healthwise, Healthy Indiana Plan HIP, Health Insurance Marketplace)</td>
</tr>
<tr>
<td>Brightpoint Development Fund</td>
<td>Brightpoint Development Fund (Individual Development Account)</td>
</tr>
<tr>
<td>(Small Business Loans)</td>
<td>Brightpoint Development Fund (Community Involvement)</td>
</tr>
<tr>
<td>Brightpoint Development Fund</td>
<td>JAG-Youth Programs</td>
</tr>
<tr>
<td>(Housing Development)</td>
<td>SNAP (Food Stamps), TANF (Temporary Assistance to Needy Families)</td>
</tr>
<tr>
<td>On My Way Pre K</td>
<td>Local Township Trustee</td>
</tr>
<tr>
<td>Healthy Families</td>
<td></td>
</tr>
<tr>
<td>WIC (Women, Infant &amp; Children, Supplemental healthy foods)</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

*Name: ____________________________ *Phone Number: ____________________________
*Street: ____________________________ *City: ____________________________
*State: ____________________________ *Zip code: ____________________________
County: ____________________________

Is communication via text preferable? Yes ____ No ____ Standard Text Rates Apply
Mobile Number: ____________________________ Carrier: ____________________________
Is communication via email preferable? Yes ____ No ____
Email Address: ____________________________

Language Spoken in Home: ____________________________ Alternate Phone Number: ____________________________

Number in Household: Adults: _______ Children: _______ Monthly Income: ____________________________

By my signature, I consent to the referral and allow Brightpoint to share information with the necessary agency.

Signature: ____________________________ Date: ____________________________

*Referring Staff Signature: ____________________________ Date: ____________
*Staff Contact Number: ____________________________
ENERGY ASSISTANCE PROGRAM (EAP)
LANDLORD AFFIDAVIT

**Landlord:** Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in blue or black ink only.**

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>City:</td>
<td>State: IN</td>
</tr>
</tbody>
</table>

**UTILITY INFORMATION** (to be completed by the landlord, property owner, leasing agent, or authorized designee only. Please complete entirely.)

<table>
<thead>
<tr>
<th>Heating costs are (check one):</th>
<th>Electric costs are (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility of the landlord, included in the tenant’s monthly rent payment.</td>
<td>Responsibility of the landlord, included in the tenant’s monthly rent payment.</td>
</tr>
<tr>
<td>Responsibility of the tenant, but in the landlord’s name</td>
<td>Responsibility of the tenant, but in the landlord’s name</td>
</tr>
<tr>
<td>Responsibility of the tenant</td>
<td>Responsibility of the tenant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary heating source (check one):</th>
<th>How much does the tenant pay each month in rent? $___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric (furnace, baseboard, or wall unit)</td>
<td>Is the primary heating source operable?</td>
</tr>
<tr>
<td>Natural gas</td>
<td>Yes  No</td>
</tr>
<tr>
<td>LP gas, fuel oil, wood, coal, pellets, kerosene</td>
<td></td>
</tr>
</tbody>
</table>

I grant IHCDA permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.

<table>
<thead>
<tr>
<th>Landlord or authorized designee name:</th>
<th>Landlord or authorized designee signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Date:</td>
</tr>
<tr>
<td>City:</td>
<td>Phone:</td>
</tr>
<tr>
<td>State:</td>
<td>Email (optional):</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>Web Based</td>
</tr>
</tbody>
</table>
ACH Authorization Form (Direct Deposit)

Application Key: _________________________

Please complete all areas and sign prior to returning. A voided check may be attached to this form.

Head of Household ______________________________ Date ____________________

Banking Information

(Name of Financial Institution)

(Address of Financial Institution)

☐ Checking Account  ☐ Savings Account  Name on account: ______________________________

Financial Institution Routing Number: (9 Digits) ______________________________

Checking/Savings Account Number: ______________________________

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

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.

(Authorized Signature) (Date)