2022/2023 Indiana Energy Assistance (EAP) & Water Assistance Program
Application Instructions

Programs starts November 1, 2022 - May 15, 2023 or until funds run out.

If you have a disconnect notice
- Complete the EAP application and return with all required documents.
- Please mark the crisis box on the top of the application, if you have a disconnect notice, or you are running low on bulk fuel.

Ways to Submit Application
- Online: http://eap.ihcda.in.gov opens October 3, 2022
- Email: gethelp@mybrightpoint.org
- Drop off at your local office (Outside drop box is available)
- US Mail: Brightpoint, PO Box 10570, Fort Wayne, IN 46853-0570

Important
- Entire application must be complete or it will delay your application being processed.
- Please select what programs, you are applying for Energy Assistance, Water Program, or both.
- If you or anyone living in your home is a Brightpoint employee, related to a Brightpoint employee, or is board member, mark it on your application.
- Moratorium begins December 1, 2022 – March 15, 2023. You must have active disconnect and provide a copy of disconnect bill to us.
- Please make sure all the documents are clear. Screenshots are not acceptable.

Contact Information & Identification
- Please print your first and last name, phone number, and last 4 of SSN of the person completing application.
- Provide ALL household members’ social security cards or Real ID.
- If no Social Security card, submit US passports or a copy of pre-printed federal form such as W2 with full Social Security number.
- Provide birth certificate, for any children under 12 months.
Household Members and Demographics
- You MUST complete demographic information for every person living in the home.
- Use the codes below the demographic box to provide race, ethnicity, employment status, education level, health insurance, and military status for each individual.
- Anyone, 14 to 24 years old, not earning wages or not attending school, please mark box at the bottom of application.

Home and Utility Information
- Provide copy of entire fuel, electric, water and sewer bills.
- If you heat with bulk fuel provide the most recent invoice/statement from the vendor.
- If utilities are in someone’s name who does not live in the home, complete the Utility Affidavit form found on our website www.mybrightpoint.org.
- If utilities are included in rent, you MUST have your landlord complete the Landlord Affidavit found on our website www.mybrightpoint.org.

Income and Benefits
- Provide all forms of income or non-cash benefits within the household for three full months prior to the day you turn your application in to us. Example: Application turned in during April; January through March income documentation is required.
- If someone in your household pays child support, provide documentation for the last full three months of the payments.

List of Acceptable Income Documents
- Paystubs for full 3 months prior to turning in application must include YTD gross, client name, company’s name, and pay date.
- Current year Social Security Award Letter or entire bank statement with nothing marked out.
- If you are self-employed or a landlord, you MUST submit your most recent 1040 tax return with all schedules.
- Unemployment requires print out of all Uplink Weekly Details for full three months prior to turning in application.
- Only complete Income Verification Form, if you have odd jobs or no income. Entire form MUST be filled out.
Important: Make sure that ALL income you turn in is for the **three full months prior to the day you turned in your application**. Also, make sure all forms of income have your name, company name and pay date on them.

If you have questions, please call Brightpoint at 1-800-589-3506 and follow the prompts to Energy Assistance and phone staff can assist you. You can also email your questions to gethelp@mybrightpoint.org.

We mail notification letters to you after the utility company has been notified. It can take **6 to 8 weeks** from the date you were approved, for the utility company to receive payment, and to post the payment to your account.

**It is your responsibility to continue to pay your utility bills until you see the payment on your utility bill.**
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 provide 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.
PY 2023 Indiana Energy Assistance and Water Assistance Program Application

INSTRUCTIONS

• Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.
• If you have a disconnect notice or have been disconnected, please check the box on the application and gather all documents to submit via email to gethelp@mybrightpoint.org or complete the application on line at http://eap.ihcda.in.gov
• 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.

Mail In Application
Submitting your application

- Please submit your application to the local service provider administering EAP for your county, not to IHCDA.
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting http://eap.ihcda.in.gov. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
  1. Photo ID for the person completing and signing the application.
  2. Proof of SSN for each member of the household. This may be:
     - Copy of Social Security card.
     - Copy of a valid U.S. passport.
     - Copy of a valid state-issued REAL ID.
     - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person’s name and full, unredacted SSN.
  3. Current documentation of income for all household members age 18 or over. This may include:
     - Employment/wages
       - Most recent paystub
       - Request for Earnings information form – contact Local Service Provider
     - Social Security/SSI/VA benefits
       - Most recent complete award letter (may be downloaded from online)
       - Complete bank statement
     - Pension/retirement
       - Award letter
     - Self-Employment
       - Most recent Form 1040 tax return, with all appropriate self-employment schedules.
     - Unemployment Benefits
       - Completed release of information form for DWD.
       - Full print-out of your most current Uplink statement.
     - Alimony/spousal support/Worker’s Compensation/Private disability
       - Any documentation of payments received.
     - Odd Jobs/irregular income/No Income
       - Completed Income Verification form – contact Local Service Provider
     - If you have any questions about acceptable documentation, contact your local service provider.
  4. Current, complete bills for your electric, heating, and water/wastewater utilities.
     - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
     - If utilities are included in your rent, please provide completed Landlord Affidavit.
     - Please ensure you are providing the full and complete billing statement!
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.
Indiana Energy Assistance and Water Assistance Program Application
Program Year 2023

For Provider/Agency Use Only

<table>
<thead>
<tr>
<th>Date received:</th>
<th>Application number:</th>
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<tbody>
<tr>
<td></td>
<td>□ Mail-In  □ Appointment  □ Outreach/Home Visit/Other</td>
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</tbody>
</table>

Household is disconnected or out of fuel: □ Yes □ No
Household has d/c notice or less than 25% fuel: □ Yes □ No
Household heat source is inoperable: □ Yes □ No

Part I: Contact Information

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Last four digits of SSN</th>
<th>County</th>
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</table>

Physical Address (Including Apartment/Lot/Trailer Number)

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.

Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.

<table>
<thead>
<tr>
<th>Telephone number</th>
<th>Mobile phone carrier</th>
<th>E-mail Address - check box to give consent for us to e-mail you.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Landline  □ Mobile  □ Consent to receive texts</td>
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</tbody>
</table>

Part II: Home and Utility Information

<table>
<thead>
<tr>
<th>Home Type (Please check one)</th>
<th>Utilities and Payment</th>
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<tbody>
<tr>
<td>□ Site-built single house</td>
<td>Electricity Vendor: __________________</td>
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<tr>
<td>□ Multi-unit (apartment, condo, duplex, etc.)</td>
<td>Included in rent</td>
</tr>
<tr>
<td>□ Mobile home</td>
<td>Heating Vendor: ________________</td>
</tr>
<tr>
<td>□ Other: _________________</td>
<td>Included in rent</td>
</tr>
</tbody>
</table>

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<tr>
<th>Home Ownership (Please check one)</th>
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<tbody>
<tr>
<td>□ Own  □ Rent  □ Other: ________________</td>
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Primary Heating Source (please check one)

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<tr>
<th>Primary Heating Fuel (please check one)</th>
<th>Do you have a secondary heating source installed?</th>
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<tbody>
<tr>
<td>□ Furnace/Heat Pump  □ Baseboard/Wall Unit</td>
<td>□ Yes □ No</td>
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<tr>
<td>□ Wood Stove  □ Other: _________________</td>
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<tr>
<td>□ Electric  □ Fuel Oil  □ Natural Gas  □ Propane  □ Propane</td>
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<tr>
<td>□ Yes  □ No</td>
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<tr>
<td>□ Other: ________________</td>
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</table>

Is it working? □ Yes □ No

The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your Household be interested in a referral to the Weatherization program? □ 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.

<table>
<thead>
<tr>
<th>□ Employment/wages</th>
<th>□ Social Security Retirement  □ Social Security Disability  □ SSI  □ Self-Employment</th>
</tr>
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<tbody>
<tr>
<td>□ Pension/Retirement</td>
<td>□ VA Disability  □ VA Pension  □ Unemployment Benefits  □ Alimony/Spousal Support</td>
</tr>
<tr>
<td>□ Workers’ Compensation</td>
<td>□ Private Disability  □ Odd jobs/irregular income  □ No income  □ Other: ________________</td>
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</table>

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

<table>
<thead>
<tr>
<th>□ Housing Choice Voucher (Section 8)  □ Public Housing  □ Permanent Supportive Housing  □ VASH  □ SNAP (Food Stamps)  □ TANF</th>
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<tbody>
<tr>
<td>□ Child care voucher  □ WIC  □ Child support  □ Affordable Care Act subsidy  □ Earned Income Tax Credit (EITC)</td>
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<td>□ None</td>
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</table>

Has anybody in the household paid child support in the past three months? □ Yes □ No (please submit proof of payments)

Is anybody in the household between the ages of 14-24 and neither working nor attending school? □ Yes □ No (please list: ________________)

Please complete and sign page 2 - Application is not valid without signature and date.

Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.
Part IV: Household Members and Demographics

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

<table>
<thead>
<tr>
<th>Last Name and Suffix</th>
<th>First Name</th>
<th>M.I.</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Disabled?</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Employment</th>
<th>Education</th>
<th>Health Insurance</th>
<th>Military Status</th>
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<tbody>
<tr>
<td>Applicant</td>
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Race Codes:
A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White; M - Multi-race; O - Other

Ethnicity Codes:
H - Hispanic, Latino, or Spanish origins; N - Not Hispanic, Latino, or Spanish origins

Employment Codes:
FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker

Education codes:
A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate

Health Insurance Codes:
A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None

Military Codes:
A - Active-duty military; V - Veteran; N - No affiliation

Household Type (please check one)
- Single Person
- Two Adults, No Children
- Single Parent, Female
- Single Parent, Male
- Two-Parent Household
- Non-related adults with children
- Multi-Generational Household (three or more generations)
- Other: ______________________

Part V: Certification

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

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

Signature of person completing this form (required)  Date (required)
Privacy Notice and Your Rights and Responsibilities

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Why do we ask for information about your race?
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Mail In Application
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>
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<tbody>
<tr>
<td>Early Head Start</td>
<td>Family Development (Voluntary case management)</td>
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<tr>
<td>CCDF (Childcare vouchers)</td>
<td>Housing Transitions</td>
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<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 (Small Business Loans)</td>
<td>Brightpoint Development Fund (Community Involvement)</td>
</tr>
<tr>
<td>Brightpoint Development Fund (Housing Development)</td>
<td>JAG-Youth Programs</td>
</tr>
<tr>
<td>On My Way Pre K</td>
<td>SNAP (Food Stamps), TANF (Temporary Assistance to Needy Families)</td>
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<td>Healthy Families</td>
<td>Local Township Trustee</td>
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<td>WIC (Women, Infant &amp; Children, Supplemental healthy foods)</td>
<td>Other:</td>
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</tbody>
</table>

*Name: ___________________________  *Phone Number: ___________________________
*Street: _________________________  *City: ___________________________
*State: _________________________  *Zip code: ___________________________
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 Income Verification Affidavit

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

Household Member: _____________________________ Application Key: _____________________________

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

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

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

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

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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.)

You must complete this section in full if you indicated any months of zero income in section 2.

Rent/Mortgage: Help Received: $__________ From Whom: _________________________
Paid to me ☐ Paid directly to landlord or mortgage company ☐

Utilities: Help Received: $__________ From Whom: _________________________
Paid to me ☐ Paid directly to utility ☐

Food: Help Received: $__________ From Whom: _________________________
Paid to me ☐ Paid directly to grocery store/retailer ☐

Other Household Expenses: Help Received: $__________ From Whom: _________________________
Paid to me ☐ Paid directly to store/retailer ☐

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 _____________________________

Revised 2022.08.11
Energy Assistance Program Income Verification Affidavit
This form is to be completed by anyone claiming zero income or undocumented income for any month

Household Member: _____________________________ Application Key: __________________________

Section 1: I verify that I have received income as defined below, by the month but I have NO documentation for this income.
Please write the year below the month. Source of my income is: _____________________________

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

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

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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.)

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

<table>
<thead>
<tr>
<th>Rent/Mortgage:</th>
<th>Help Received: $_________________ From Whom: _____________________________</th>
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<td>Paid to me ☐</td>
<td>Paid directly to landlord or mortgage company ☐</td>
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<tr>
<td>Utilities:</td>
<td>Help Received: $_________________ From Whom: _____________________________</td>
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<td>Paid to me ☐   Paid directly to utility ☐</td>
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<tr>
<td>Food:</td>
<td>Help Received: $_________________ From Whom: _____________________________</td>
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<td></td>
<td>Paid to me ☐   Paid directly to grocery store/retailer ☐</td>
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<tr>
<td>Other Household</td>
<td>Help Received: $_________________ From Whom: _____________________________</td>
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<tr>
<td>Expenses:</td>
<td>Paid to me ☐   Paid directly to store/retailer ☐</td>
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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 _________________________

Revised 2022.08.11
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.**

**SECTION I: APPLICANT INFORMATION** (may be completed by applicant, intake, or landlord)

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Date:</th>
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<tr>
<td>Address (including apartment/lot number):</td>
<td>Phone:</td>
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<tr>
<td>City:</td>
<td>State: <strong>IN</strong> Zip Code:</td>
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**SECTION II: DWELLING AND UTILITY INFORMATION** – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

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<tr>
<th>Heating costs are (check one):</th>
<th>Electric costs are (check one):</th>
<th>Water/Wastewater costs are (check one):</th>
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<td>❑ Responsibility of the landlord, included in the tenant's monthly rent payment.</td>
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**Primary installed heating source (check one):**

- ❑ Electric (furnace, baseboard, or wall unit)
- ❑ Natural gas
- ❑ LP gas, fuel oil, wood, coal, pellets, kerosene

*How much is the tenant responsible to pay out of pocket monthly in rent after subsidies? $___________________*

*Is the primary heating source operable?* ❑ Yes ❑ No

*All contact information is required unless otherwise noted.*

---

*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.*

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<tr>
<th>Landlord or authorized designee name:</th>
<th>Landlord or authorized designee signature:</th>
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<td>Address:</td>
<td>Date:</td>
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<td>City:</td>
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<td>State:</td>
<td>Email (optional):</td>
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<td>Zip Code:</td>
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Energy Assistance Program Direct Benefit Payment Election Form

Head of Household __________________________________________________________

Please choose a fulfillment option below for your direct Energy Assistance Program (EAP) benefit payment. Please check one.

☐ I would like to waive my direct EAP 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 EAP 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  Account holder name: ______________________________

Financial Institution: __________________________________________________________

Financial Institution Routing Number: _____________________________________________

☐ I would like to receive my direct EAP 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 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 the above identified 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

Revised 2022.08.11
FAQ Sheet for the Energy Assistance Program (EAP)

What does Energy Assistance and Water Assistance help with?
- EAP will make payment to the electric, heating, water and sewage utility of qualifying households.

Can I come to any of the Brightpoint offices to drop off my application and have someone check that my application and documentation is complete?
- At this time we respectfully request that you submit your application via US Mail, email (gethelp@mybrightpoint.org), or secured document upload at on our website https://mybrightpoint.org/index.php/fs-secure-document-upload/

Can I submit my application online?
- Yes, you may submit your application at http://eap.ihcda.in.gov Please make sure to answer all questions and submit all documentation.

Does everyone living with me have to be on the application?
- Yes, all adults and children have to be listed on the application.

Is there documentation that has to be provided for an adult who has not worked outside the home in the last 3 months?
- Yes, please complete the INCOME VERIFICATION FORM supplied with the application.
- If receiving unemployment, provide a full printout of your most current Uplink statement.

Will my application be denied if any required documentation is missing?
- EAP staff will contact you via mail/phone to request any missing documentation, but you should follow up quickly to requests for additional info. Your application will be denied if we do not hear from you in 10 business days.

How quickly will I know if my family qualifies for EAP benefits?
- It may take up to 55 days to process your application. The goal is to process as quickly as possible though. However, the high volume of applications makes it impossible to verify if an application has been received. You will receive notification via mail of your EAP status.

Can I bring my paperwork to the office and have copies made?
- At this time we respectfully request that you submit your application via US Mail, email (gethelp@mybrightpoint.org), or secured document upload at on our website https://mybrightpoint.org/index.php/fs-secure-document-upload/

What should I do if I receive a disconnect notice before I hear anything from EAP?
- Please contact our office at 1-800-589-3506 and follow the prompts for energy assistance immediately upon receipt of the disconnect notice to notify us of the disconnect date.

Please note that EAP applications are routinely audited. Should you receive a request from the EAP auditor we respectfully request immediate follow up! Thank you!