



2023/2024 Indiana Energy Assistance (EAP) Application

Instructions

**The Energy Assistance Program starts November 1, 2023
and ends May 20, 2024 or until funds run out.
These benefits are one time per heating season.**

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 2, 2023**
- Secure Upload: <https://mybrightpoint.org/index.php/fs-secure-document-upload/>
- 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.
- 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, 2023 – March 15, 2024.
- Please make sure all the documents are clear. **Screenshots are not acceptable.**

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.



FAQ Sheet for the Energy Assistance Program (EAP)

What does Energy Assistance help with?

-EAP will make a one-time per heating season payment to the electric and heating 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 (no screenshots allowed) 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 14 calendar 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?

- Yes, you may. It is preferred 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!

Privacy Notice and Your Rights and Responsibilities

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

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

Why do we collect the information on the application?

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

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

Do you have to give us the information?

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

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

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

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

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

Who may see this information?

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

- Local Energy Programs Service Providers under contract with IHCD.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- United States Social Security Administration.
- Other agencies or entities as allowed by federal or state law.

Why do we collect Social Security Numbers?

We use Social Security Numbers in the administration of the EAP and WAP to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i).

Why do we ask for information about your race?

This information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting.. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

PY 2024 Indiana Energy Assistance Program Application INSTRUCTIONS

- **Please note that Indiana's Energy Assistance Program provides a one-time benefit payment.** This is not recurring monthly assistance, and is not designed to cover all of your utility costs for a year.
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis.
- 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 and heating bills or account statements 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 (five on the large print form), 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 **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 and heating 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 Program Application
Program Year 2024

 <small>Indiana Housing & Community Development Authority</small>	Brightpoint Family Support PO Box 10570 Fort Wayne, IN 46853 Phone: 1-800-589-3506 (follow prompts for Energy Assistance) Email: gethelp@mybrightpoint.org	For Provider/Agency Use Only			
		Date received: _____			
		Application number: _____			
		<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			
<input type="checkbox"/> 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. 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.					
Part I: Contact Information					
Applicant Name			Last four digits of SSN		County
			xxx-xx-		
Physical Address (Including Apartment/Lot/Trailer Number)			City	State	Zip
				IN	
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.					
Telephone number		Mobile phone carrier		E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>	
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile		<input type="checkbox"/> Consent to receive texts			
Part II: Home and Utility Information					
Home Type (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: _____			Electricity Vendor: _____ <input type="checkbox"/> Included in rent		
Home Ownership (Please check one)			Heating Vendor: _____ <input type="checkbox"/> Included in rent		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____					
Primary Heating Source (please check one)		Primary Heating Fuel (please check one)		Do you have a secondary heating source installed?	
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____		<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please describe: _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.					
<input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____					
Please indicate all sources of assistance received by any member of the household. Check all that apply.					
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____					
Has anybody in the household paid child support in the past three months?			Is anybody in the household between the ages of 14-24 and neither working nor attending school?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)			<input type="checkbox"/> No <input type="checkbox"/> Yes (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.

web application

Part IV: Household Members and DemographicsList 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.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
Applicant					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

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
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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
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Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	Household Type (please check one) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <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 certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. I 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, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, 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 applicant (required)	Date (required)

Indiana Energy Assistance Program Application Large Household Attachment
Program Year 2024

Please complete and return with your application if household is larger than four members.

This form is not necessary if household is four people or smaller.

Please provide address and applicant information so that we may match this attachment to the main application.

Applicant Name	Last four digits of SSN	County
	XXX-XX-	

Physical Address (Including Apartment/Lot/Trailer Number)	City	State	Zip
		IN	

Part IV: Household Members and Demographics (continued)

Please list all people residing in this household not already listed on the main application form.

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
							Please use codes listed below					
5					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
8					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Race Codes:	Ethnicity Codes:	Employment 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	H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	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:	Health Insurance Codes:	Military 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	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	A - Active-duty military V - Veteran N - No affiliation

BRIGHTPOINT Referral Form

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.

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

*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 Income Verification Affidavit

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

Household Member: _____ Application Key: _____ Application Date: _____

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

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

The source of the above income is: _____

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

Section 2: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses
<input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

Signature of Household Member

____/____/____
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 _____

Energy Assistance Program Income Verification Affidavit

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

Household Member: _____ Application Key: _____ Application Date: _____

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

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

The source of the above income is: _____

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

Section 2: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses
<input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

Signature of Household Member

____/____/____
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 _____

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:
(must be nine digits)

--	--	--	--	--	--	--	--	--

Checking/Savings Account Number: _____

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


 Routing Number Account 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 ("IHCD") 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 IHCD is notified by an authorized individual in writing to cancel it in such time as to afford IHCD 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 IHCD contained herein.

Applicant Signature

Date

ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone who does not reside in the household

Head of Household's Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Utility in non-household member's name (Check all that apply):

☐ Electric

☐ Heating

Name and current address of person listed on utility bill(s):

Name: _____

Address: _____

City/State/Zip: _____

Relationship of the individual on the above-indicated utility bill(s) to the household member (check one):

☐ Spouse or significant other

☐ Parent

☐ Child

☐ Landlord

☐ Deceased family member

☐ Other: _____

Please explain barriers to placing the above utility/utilities in the name of a current household member:

Certification Statement

I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the overall household income. I also certify that I have received consent from the above-named account holder to release or allow to be released utility data and information for the purposes of eligibility determination and reporting.

I understand that falsifying this information may result in disqualifying my household for IHCD-administered assistance program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.

Signature of Head of Household: _____ Date: _____

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 their 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)

Applicant Name:	Date:
Address (including apartment/lot number):	Phone:
City:	State: IN Zip Code:

SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating source (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Electric furnace <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Electric wall unit <input type="checkbox"/> Natural gas furnace <input type="checkbox"/> Liquid propane furnace <input type="checkbox"/> Fuel oil furnace <input type="checkbox"/> Wood-burning stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other: _____

Is the primary heating source operable?
☐ Yes ☐ No

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

All contact information is required.

I grant IHCD permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State:	Zip Code:
	Email: