



## ENERGY ASSISTANCE PROGRAM

**2023-2024**

Please complete the application and gather all required documents. Applications can be completed one of the following ways:

### ONLINE

Scan the QR to be taken to the website.



Opens October 2, 2023.

### EMAIL

[eap@hsi-indiana.com](mailto:eap@hsi-indiana.com)

### MAIL

Human Services, Inc.  
Energy Assistance Program  
P.O. Box 119  
Clifford, IN 47226

### DROP OFF

Drop off at your local office in the drop box.

If you have a **DISCONNECT NOTICE** or are **DISCONNECTED**, **DO NOT MAIL YOUR APPLICATION**.

Contact your local office at the number below for information on Crisis Assistance.

**CRISIS ASSISTANCE STARTS NOVEMBER 1, 2023.**

For energy emergencies before November 1, 2023, please contact 211 for further assistance and/or refer to the External Referral Form located at the back of this packet.

### **REMINDERS:**

- Applications are processed on a **FIRST COME, FIRST SERVE BASIS**. Human Services, Inc. has **55 days** to process your application starting November 1, 2023.
- Due to the large volume of applications received, **please refrain from contacting the office regarding your status until the end of the 55 days unless your utility bill(s) go into a Crisis status. Crisis status would be: receive a disconnect notice, disconnected, low or out of fuel, and/or low pre-paid balance. If this occurs, contact your local office immediately.**
- Check that all the required documents are submitted, as incomplete applications will create a delay in processing. If your application is Incomplete, you will receive notification via mail.
- Do not send original documents. Send only copies of your information.
- No payments and/or status notification letters will be made or sent prior to November 1, 2023. **THE BENEFIT PAYMENT IS A ONE-TIME PAYMENT ONLY (NOT MONTHLY). CONTINUE TO PAY YOUR BILLS.**
- Once application has been fully processed, you will receive a letter in the mail notifying you of your status along with payment information. You CAN be disconnected if you stop paying your utility bills after applying. Moratorium protection can ONLY cover eligible households in good standing with a regulated utility vendor from December 1 thru March 15.

#### **Bartholomew County**

P.O. Box 119  
Clifford, IN 47226  
(812)372-8407

#### **Decatur County**

1939 C N. Carver St.  
Greensburg, IN 47240  
(812)663-8830

#### **Jackson County**

1115 E Oak St.  
Seymour, IN 47274  
(812)522-8718

#### **Johnson County**

600 Ironwood Dr Suite N  
Franklin, IN 46131  
(317)736-0755

#### **Shelby County**

825 Elm St.  
Shelbyville, IN 46176  
(317)398-3153



# ENERGY ASSISTANCE PROGRAM

## CHECKLIST

### 2023-2024

**The following items must be submitted for your application to be considered complete.**

- **APPLICATION:** Fill out the entire application (front and back). Make sure all household members are listed. Failure to provide information on the full household is considered fraud. Fraud may result in a denial of assistance or repayment of benefits.
- **DRIVER'S LICENSE/PHOTO ID:** A state-issued photo ID for the head of household.
- **PROOF OF SOCIAL SECURITY NUMBER:** Must be provided for all household members. Proof can be one of the following: Social Security Card, Real ID, US Passport, W-2/1099/Paystub, Medicare benefit letter, Military ID, Letter from Social Security Administration or Social Security Benefit letter, Family Demographic from the Family and Social Services Administration. It cannot be handwritten, and the full name and social security number must be listed. Passports outside of the US are not acceptable. **If you are providing anything other than a Social Security Card, US Passport, or Real ID, you must submit a photo ID as well for anyone 18 and/or older.**
- **PROOF OF VETERAN STATUS (IF APPLICABLE):** Proof can be one of the following: DD214, Veteran's Administration identification card, Active-Duty Common Access ID, Retired Military Uniformed Services ID, Military Separation/Retirement Orders, VFW card, American Legion Membership Card, Homeowner with VA loan, Real ID w/Veteran Identification (located on back side).
- **LANDLORD AFFIDAVIT (IF APPLICABLE):** If you are renting and your electric and/or gas utility are included in the rent, the Landlord Affidavit **MUST** be filled out by your landlord and turned in to agency.
- **UTILITY BILLS (ALL PAGES):** Most recent billing statement(s) from your utility vendors: electric, gas, LP gas/oil, etc.
- **REFERRAL FORM:** Complete form entirely. Must be returned.

**INCOME INFORMATION:** ALL ADULTS 18 YEARS AND/OR OLDER MUST PROVIDE PROOF OF ALL INCOME RECEIVED IN THE PREVIOUS THREE MONTHS.

IF YOU ARE APPLYING IN:	PROVIDE INCOME FOR THESE THREE MONTHS:	IF YOU ARE APPLYING IN:	PROVIDE INCOME FOR THESE THREE MONTHS:
AUGUST	May, June, July	JANUARY	October, November, December
SEPTEMBER	June, July, August	FEBRUARY	November, December, January
OCTOBER	July, August, September	MARCH	December, January, February
NOVEMBER	August September, October	APRIL	January, February, March
DECEMBER	September, October, November	MAY	February, March, April

- **EMPLOYMENT:** Last paystub of the previous month or first paystub of the current month. These must show the YTD gross. If the YTD gross is not on the paystub, all paystubs from the previous three months must be provided.
- **NON-EMPLOYEE COMPENSATION/ MISC INCOME:** Ex.: Door Dash, Grubhub, Uber, etc. Must provide monthly statement for each month from the previous three months.
- **SOCIAL SECURITY BENEFITS (SSI/SSDI/SS/SSA):** Current award letter with all pages dated within the last year OR current bank statement with all pages. Must be on bank's letterhead or stamped by the bank. Bank statements cannot be accepted if there is more than one name on the statement and the deposit does not identify who it belongs to. Bank statements cannot be altered or marked out.
- **PENSION:** Most recent check stub or current award letter. If it does not show gross, must provide one for each of the three months. No bank statements. If it is not current, it must state that it is a lifetime benefit.
- **VA PENSION/VETERAN'S BENEFIT:** Current award letter or benefit statement that is dated within the last year. No bank statements.
- **SELF EMPLOYMENT:** Complete 1040 and Schedule C, E, F, or SE from the most recent tax year.
- **UNEMPLOYMENT BENEFITS:** Complete the enclosed "Indiana Workforce Development Release of Information" for each adult in the household receiving unemployment benefits anytime in the previous three months
- **CHILD SUPPORT:** If anyone in the household pays Child Support, provide proof: printout from the courthouse, proof that clearly states it is being withheld from income, or a bank statement. The documentation must clearly show that the payment is for child support.
- **INCOME VERIFICATION AFFIDAVIT:** Must be completed by anyone in the household 18 and/or older that has had no income for one month and/or more OR has had cash income.

**Every application is on a case-by-case basis. Additional documentation may be requested once your application has been received.**

**Failure to provide required and/or requested documents may result in a delay in processing and/or denial of your application.**

**Provide copies of documentation, originals will not be returned.**

Bartholomew County  
P.O. Box 119  
Clifford, IN 47226  
Phone: (812) 372-8407

Decatur County  
1939 C N Carver St  
Greensburg, IN 47240  
Phone: (812) 663-8830

Jackson County  
1115 E Oak St  
Seymour, IN 47274  
Phone: (812) 522-8718

Johnson County  
600 Ironwood Dr Suite N  
Franklin, IN 46131  
Phone: (317) 736-0755

Shelby County  
825 Elm Street  
Shelbyville, IN 46176  
Phone: (317) 398-3153

## 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 Housing & Community Development Corporation

## 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.
- 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.



## RELEASE OF EMPLOYMENT HISTORY LKE INSTRUCTIONS

The Indiana Department of Workforce Development (IDWD) will release wage or employment history information to a third party only via the Last Known Employer (LKE) website after submitting a completed copy of the attached release form. Please login to your LKE account to submit requests for employment history. If you do not have a LKE account and the reason for requesting employment history on behalf of a citizen is in compliance with IC 4-1-6-2(13)(B), you may apply for an account by navigating to <https://uplink.in.gov/lke>.

**\*Please Note:**

- **Non-IDWD forms will not be completed by IDWD staff.**
- **Unemployment insurance (UI) benefit information:** Applicants who have had an Indiana UI claim can obtain benefit information via their Claimant Self Service (CSS) account at [uplink.in.gov/CSS/CSSLogon.htm](https://uplink.in.gov/CSS/CSSLogon.htm). CSS support can be reached by navigating to [webapps.dwd.in.gov/AskWorkOne](https://webapps.dwd.in.gov/AskWorkOne) or calling 800-891-6499.
- **Copies of IRS Form 1099-Misc:** Applicants who have had an Indiana UI claim can obtain copies via CSS of Form 1099 issued by DWD for UI payments.

**Information regarding employment history available via IDWD employer Unemployment Insurance Tax records:**

- **If complete wage and/or employment history records are needed**, we recommend contacting the Social Security Administration, Internal Revenue Service, or Indiana Department of Revenue.
- IDWD employer tax records **do not include wages earned** in other states or U.S. territories, income earned which was or will be reported on a 1099-Misc Form (self-employment, contract employment, etc), or income earned through the performance of non-covered or excluded services described in IC 22-4-8.
- Employers report wages to IDWD quarterly. Even timely reports are often 4-6 months in the arrears. The information IDWD has available is employer, not employee, records for the purposes of assessing an employer's Unemployment Insurance Tax **which is often not an accurate reflection of an individual's complete income or employment history.**

**To help us provide timely responses**, please ensure the following action is taken when submitting a request for employment information via the LKE website:

- Use only the attached form. No other forms will be accepted or completed. Do not submit non-DWD forms.
- **Ask applicants to provide all previously used names during employment on the IDWD approved release form.**
- Confirm the form is **complete**, legible, and there are no corrected errors on the release form. If a mistake is made, please complete a new form as an error on the form could result in the request being denied.
- A valid Social Security Number or Individual Tax Identification Number is required.
- Submit only one release form per applicant request for employment history. Requests submitted with release forms belonging to multiple applicants will be denied.
- Please do not submit duplicate requests. Submitting duplicate requests delays processing times and may result in denial.
- Every effort will be made to respond to requests within 5 business days. Processing times may be longer during periods of high volume.

Thank you,

Employment History Verification Unit  
Indiana Department of Workforce Development  
[employverification@dwd.in.gov](mailto:employverification@dwd.in.gov)

# RESOURCES BY COUNTY

Please contact 211 or a resource listed below for assistance.

BARTHOLOMEW COUNTY		
TRUSTEES:		ADDITIONAL RESOURCES:
Clay Township: (812)378-4834	Haw Creek Township: (812)546-5947	<b>Love Chapel:</b> (812)372-9421 Food Pantry, Hot Meal Site, Supportive Living, Homeless Shelter, Financial Assistance
Clifty Township: (812)546-5587	Jackson Township: (812)717-0167	<b>WIC:</b> (812)379-1557 Serves pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk
Columbus Township: (812)372-8249	Ohio Township: (812)371-0791	<b>Salvation Army:</b> (812)372-7118 Food pantry, clothing/furniture referral, some financial assistance
Flat Rock Township: (812)344-8896	Rock Creek Township: (812)343-2593	
German Township: (812)526-5505	Sand Creek Township: (812)579-2001	
Harrison Township: (812)343-0662	Wayne Township: (812)342-5080	
DECATUR COUNTY		
TRUSTEES:		ADDITIONAL RESOURCES:
Adams Township: (765)570-3329	Marion Township: (812)805-0556	<b>Agape Center:</b> (812)222-4273 Financial assistance, Transitional Living assistance
Clay Township: (812)663-8952	Salt Creek Township: (812)212-1961	<b>Bread of Life:</b> (812)663-1055 Food assistance
Clinton Township: (812)614-1269	Sand Creek Township: (812)591-2037	
Fugit Township: (812)662-8895	Washington Township: (812)663-5501	
Jackson Township: (812)591-2400		
JACKSON COUNTY		
TRUSTEES:		ADDITIONAL RESOURCES:
Brownstown Township: (812)358-4451	Owen Township: (812)521-0848	<b>St. Vincent DePaul:</b> (812)524-8566 Utility assistance
Carr Township: (812)966-0076	Pershing Township: (812)528-1507	<b>Anchor House:</b> (812)522-9308 Food assistance; Emergency Shelter
Driftwood Township: (812)216-4872	Redding Township: (812)528-1926	<b>Salvation Army:</b> Crothersville Residence 812-793-2512; Other Jackson County Residence 812-522-8718
Grassy Fork Township: (812)530-6147	Salt Creek Township: (812)498-4880	<b>WIC:</b> (812)523-1248 Serves pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk
Hamilton Township: (812)521-1441	Vernon Township: (812)793-3352	
Jackson Township: (812)528-7879	Washington Township: (812)523-3210	
JOHNSON COUNTY		
TRUSTEES:		ADDITIONAL RESOURCES:
Blue River Township: (812)371-6981	Nineveh Township: (317)516-1598	<b>Salvation Army:</b> (317)881-2505 Rent, utility, food assistance
Clark Township: (317)862-2550	Pleasant Township: (317)535-7571	<b>Lords Locker:</b> (317)878-7708 Food, clothing, household good assistance
Franklin Township: (317)736-7511	Union Township: (317)736-7511	<b>Impact Center:</b> (317)881-6727 Ext. 242 Food, clothing, household good assistance
Hensley Township: (317)710-5880	White River Township: (317)422-1143	<b>WIC:</b> (317)736-6628 Serves pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk
Needham Township: (317)736-7511		
SHELBY COUNTY		
TRUSTEES:		ADDITIONAL RESOURCES:
Addison Township: (317)398-6896	Moral Township: (317)835-7572	<b>Salvation Army:</b> (317)398-7421 Food assistance, utility assistance (When Avail.)
Brandywine Township: (317)835-8304	Noble Township: (765)525-7160	<b>Shelby Senior Services:</b> (317)398-0127 Food assistance, insurance assistance, advocacy
Hanover Township: (765)763-6415	Shelby Township: (317)512-4200	
Hendricks Township: (463)464-9948	Sugar Creek Township: (317)835-2389	
Jackson Township: (317)729-5135	Union Township: (765)544-2540	
Liberty Township: (317)403-4081	Van Buren Township: (765)763-6015	
Marion Township: (317)398-2025	Washington Township: (812)603-0673	

To apply for SNAP (Food Assistance) benefits,

please call: 800-403-0864 or visit: <https://fssabenefits.in.gov/bp/#/>.



# ENERGY ASSISTANCE

## ENERGY SAVING TIPS

Here are some ways to save energy and lower your utility bills.

### 1. Switch to LED Lights.

Change your indoor and outdoor light bulbs to energy-efficient LED light bulbs.

### 2. Use space heaters as little as possible.

Space heaters are a dangerous way to heat your home and can raise your heating cost by \$100 a month. If needed, make sure they are used only when needed and shut off when not supervised.

### 3. Set energy savings mode.

Setting energy savings mode on your TVs, game systems, and computers will save energy by automatically powering down after a set number of hours unused.

### 4. Turn off unnecessary lighting.

Turning off lights can save as little as 1.2 cents per hour for just one lightbulb.

### 5. Plug electronics into power strips.

Power strips make it easier to turn everything off when not needed or leaving the home.

### 6. Close/open shades and drapes.

Closing shades and drapes during the day in the summer can cool your home naturally. Opening the shades and drapes during the day in the winter can use the sun to heat your home naturally.

### 7. Turn off fans when leaving the room.

Fans are used to cool people, not rooms and should be turned off in unoccupied rooms.

### 8. Use the microwave to cook as often as possible.

Microwaves use as much as 80% less energy than an oven.

### 9. Take showers.

Baths use twice as much hot water as showers.

### 10. Rinse with cold water.

When rinsing dishes to put them in the dishwasher, rinse them with cold water.

### 11. Use the dishwasher.

Dishwashers use less hot water to clean your dishes than washing them by hand. If you have a dishwasher, it's recommended that you use this instead of hand washing to lower energy costs.

### 12. Maintain your heating and cooling systems.

Check your air filters monthly and change them regularly. A new air filter is nice, white, and clean with no debris. A dirty air filter will be darker, frayed, and may have debris. Make sure filters and vents are open and not blocked by any furniture, clothing, carpeting, or drapes.

### 13. Adjust the temperature.

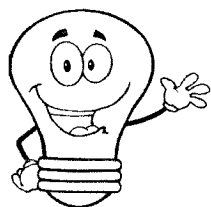
Keep your temperature as low as comfortable for you when you are home. When you are out of the house, turn the thermostat back 10 to 15 degrees.

### 14. Wash clothes with cold water.

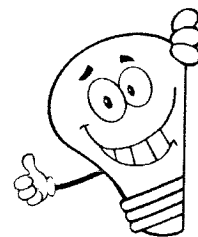
85% of energy used washing laundry comes from heating the water alone. Wash clothes with cold water unless necessary and make sure to wash full loads.

### 15. Energy Guide and EnergyStar labels

When purchasing appliances, look for the EnergyStar and EnergyGuide labels. The EnergyGuide label provides information about energy consumption and shows how much energy an appliance uses. The EnergyStar label identifies that the item meets requirements for energy efficiency. These appliances will cost less money to run and are more energy efficient than appliances without the stickers.




Don't let energy waste your money!





# Indiana Energy Assistance Program Application

## Program Year 2024

 <b>HSI</b> HUMAN SERVICES INC. <b>ihcda</b>	<b>Human Services, Inc.</b> 4355 E CR 600 N Columbus, IN 47203 Phone: (812)372-8407 Website: <a href="http://www.hsi-indiana.com">www.hsi-indiana.com</a> Email: <a href="mailto:eap@hsi-indiana.com">eap@hsi-indiana.com</a>	<b>For Provider/Agency Use Only</b> 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.		
<b>Part I: Contact Information</b>		
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	
<b>Part II: Home and Utility Information</b>		
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 If yes, please describe: _____
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Part III: Income and Benefits</b>		
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.

**Part IV: Household Members and Demographics**List all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household: ☐

	Last Name and Suffix	First Name	M.I.	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

**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

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

☐ No  
☐ Yes (please list): \_\_\_\_\_

**Household Type (please check one)**

☐ Single Person    ☐ Two Adults, No Children    ☐ Single Female Parent    ☐ Single Male Parent  
☐ 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 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 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)

## 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 all below needs 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 \_\_\_\_\_



## **RELEASE OF INFORMATION**

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

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

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

**\*\*Applicant contact information**

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

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

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

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

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

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

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

☐ Check this box if a Power of Attorney is attached.

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

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

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

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

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

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

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

**\*REQUIRED FIELDS**

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

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

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

**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:

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

- ☐ I 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**



# Referral Form for Services - Internal

2023-2024

Human Services, Inc. offers a variety of income-based programs to assist individuals and families on the road to self sufficiency. **Please mark the program(s) below offered by Human Services, Inc. that you would like to be referred to for follow-up:**

☐ **Coaching For Success**

Provides assistance to move people forward to a better quality of life utilizing a holistic approach to break the cycle of poverty. Efforts are made to build the skills necessary in participants so they may grow in their own abilities to become independent. It requires high motivation for self-growth and places a strong focus in the areas of income, education, and housing which are the pillars of opportunity to forward movement.

☐ **Coordinated Entry**

Centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals for individuals and families seeking housing or services. This is a centralized waiting list for Housing First, Homeless Prevention and Rapid Rehousing Programs.

☐ **Housing First**

Provides housing and supportive services for individuals and families experiencing housing crises who have severe mental illnesses and/or chronic chemical addictions. Must be on Coordinated Entry.

☐ **Head Start / Early Head Start**

Provides comprehensive services to enrolled children (up to age 5) and their families, which include health, nutrition, social, and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services.

☐ **Housing Choice Voucher (Section 8)**

Provides eligible households vouchers to help pay the rent on privately owned homes of the households choosing. An individual or family receiving a voucher must pay at least 30% of its monthly income for rent and utilities.

☐ **Rapid Re-Housing**

Provides coaching and financial assistance by rapidly re-housing individuals and families who are homeless. Must be on Coordinated Entry.

☐ **Indiana Emergency Rental Assistance**

Provides financial assistance for rent and utility payments for Indiana residents whose income has been negatively impacted by the pandemic and are currently renting their place of residence. Coaches work with participants to maintain current rent payments, develop better relationships and communications with their landlords / other community partners, learn to live within a budget, thereby avoiding evictions.

☐ **Women, Infants, and Children (WIC)**

Decatur & Shelby Counties Only  
Provides supplemental nutritious foods, nutrition education and counseling, breastfeeding support for women (pregnant, breastfeeding, or postpartum), infants (up to 1st birthday), and children (up to 5th birthday).

☐ **Infant Care Pantry**

Johnson & Shelby Counties Only  
Provides diapers and wipes to qualifying families.

☐ **Food Pantry**

Decatur & Shelby Counties Only  
Provides food assistance to qualifying individuals and families.

☐ **The Salvation Army**

Jackson County Only  
Provides assistance with rent/mortgage, utilities, healthcare (non-narcotic medications), work boots or non-slip shoes, and disaster relief to qualifying individuals and families.

☐ **I do not want to be referred to any programs.**

I understand that all information gathered regarding the Energy Assistance Program (EAP) application is personal and private. I give my permission to the staff of Human Services, Inc. to release my information to the program(s) that I have identified above.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ENERGY EDUCATION ACKNOWLEDGEMENT

I have received and reviewed the Energy Education material that has been provided to me. The material discussed ways to cut energy costs and make my home more energy efficient.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FORM MUST BE SIGNED AND RETURNED.**