



# INDIANA ENERGY ASSISTANCE & WATER ASSISTANCE PROGRAM PY2022

Enclosed is the mail-in application. Please **COMPLETE** and **SIGN** the application. Provide **ALL** required documents and return this application by either dropping off at your local office or mailing to:

HUMAN SERVICES, INC.  
ENERGY ASSISTANCE PROGRAM  
P.O. BOX 119  
CLIFFORD, IN 47226

---

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, 2021.

For energy emergencies prior to November 1, 2021, please contact 211 for further assistance.

---

## **\*\*CONTINUE TO PAY ON YOUR BILLS\*\***

Once your application is processed and **APPROVED**, the benefit payment may take up to **120 days** to show on your utility bill. **You CAN be disconnected if you stop paying your utility bills** after submitting an assistance application. **Moratorium protection can ONLY cover eligible households in good standing with a regulated utility vendor from December 1 thru March 15.**

### **REMINDERS:**

- All mail-in applications are processed on a **FIRST COME, FIRST SERVE BASIS**. HSI has 55 days to process your application from the date the application is received in the office. Processing time begins November 1, 2021.
- **THE PROGRAM BEGINS NOVEMBER 1, 2021. NO PAYMENTS WILL BE MADE PRIOR TO THIS DATE. NOTIFICATION LETTERS WILL ALSO BE SENT OUT BEGINNING THIS DAY.**
- Check that all the required documents are included before returning, as incomplete applications will create a delay in processing.
- Remember to **SEND ONLY COPIES OF REQUESTED INFORMATION** and **KEEP YOUR ORIGINAL DOCUMENTS.**

#### **Bartholomew County**

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

#### **Decatur County**

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

#### **Jackson County**

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

#### **Johnson County**

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

#### **Shelby County**

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

## Indiana Energy Assistance and Water Assistance Program Application INSTRUCTIONS

- Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.
- If you 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, heating, and/or water/wastewater bills with your application.

### Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income or non-cash benefit assistance received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- If anybody in your household has **paid** child support in the past three months, submit proof of payments to have child support deducted from household income.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

### Part IV: Household Members and Demographics

- **Please include yourself as household member number 1.**
- **You must list all persons residing at the address of application as of the date of application.**
- You must complete **all fields** for **all individuals**. Failure to complete demographic information will delay your application processing as the local service provider will need to contact you to gather this information.
- **If there are more than four persons in your household, you will require an attachment to list the other members.** Please contact your local service provider for the attachment and check the box to notify the intake processing your application that there are more than four people present.
- Please use the codes provided to identify race, ethnicity, employment status, education level, Health Insurance, and Military status for each household member.
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles.
- Please define your household type according to the options provided.

### Part V: Certification

- **Failure to sign and date the certification statement will invalidate your application.**

## 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
      - **Last paystub from the most recent complete month.** (i.e., if you apply in November 2021, please submit last paystub from October).
      - Request for Earnings information form – contact Local Service Provider
    - Social Security/SSI/VA benefits
      - Most recent award letter (may be downloaded from online)
      - Bank statement
    - Pension/retirement
      - Award letter
    - Self-Employment
      - Most recent Form 1040 tax return, **with all appropriate self-employment schedules.**
    - Unemployment Benefits
      - Completed release of information form for DWD.
      - Full print-out of your most current Uplink statement.
    - Alimony/spousal support/Worker's Compensation/Private disability
      - Any documentation of payments received.
    - Odd Jobs/irregular income/No Income
      - Completed Income Verification form – contact Local Service Provider
    - If you have any questions about acceptable documentation, contact your local service provider.
  4. Current, complete bills for your electric, heating, and water/wastewater utilities.
    - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
    - If utilities are included in your rent, please provide completed Landlord Affidavit.
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.





## 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.
- Lifeline/Telephone Assistance Plan for verifying program eligibility.
- Other agencies or entities as allowed by federal or state law.

### Why do we collect Social Security Numbers?

We use Social Security Numbers in the administration of the EAP and WAP to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social

Security Number in order to process your application and to prevent, detect and correct fraud and abuse.



AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i).

**Why do we ask for information about your race?**

This is voluntary information. It is compiled and recorded for statistical purposes only. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

# Indiana Energy Assistance and Water Assistance Program Application

## Program Year 2022

 <b>HSI</b> HUMAN SERVICES INC. 	<b>Human Services, Inc.</b> 4355 E CR 600 N Columbus, IN 47203 (812)372-8407 www.hsi-indiana.com eap@hsi-indiana.com	<b>For Provider/Agency Use Only</b> <b>Date received:</b> _____ <b>Application number:</b> _____ <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
<b>What kind of assistance are you applying for?</b> <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both <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. <b>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>		
<b>Part I: Contact Information</b>		
<b>Applicant Name</b>		<b>Last four digits of SSN</b>
		xxx-xx-
<b>Physical Address (Including Apartment Number)</b>		<b>City</b>
		<b>State</b>
		<b>Zip</b>
		IN
<b>If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.</b> _____ _____		
<b>Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.</b>		
<b>Telephone number</b>	<b>Mobile phone carrier</b>	<b>E-mail Address - check box to give consent for us to e-mail you.</b> <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>		
<b>Home Type (Please check one)</b>	<b>Home Ownership (please check one)</b>	<b>Utilities and Payment</b>
<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: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent Water/Wastewater Vendor(s): _____ <input type="checkbox"/> Included in rent
<b>Primary Heating Source (please check one)</b>	<b>Primary Heating Fuel (please check one)</b>	<b>Secondary Heating Fuel</b>
<input type="checkbox"/> Furnace <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 <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric furnace/baseboard <input type="checkbox"/> Wood Stove <input type="checkbox"/> None <input type="checkbox"/> Other: _____
<b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		EAP cannot pay benefits to fund the use of space heaters.
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Part III: Income and Benefits</b>		
<b>Please indicate all types of income received by any member of the household in the past three months. Check all that apply.</b>		
<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: _____		
<b>Please indicate all sources of assistance received by any member of the household. Check all that apply.</b>		
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Child support <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
<b>Has anybody in the household paid child support in the past three months?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)		<b>Is anybody in the household between the ages of 14-24 and neither working nor attending school?</b> <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.	D.O.B.	Gender	Disability	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
							Please use codes listed below					
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						

<b>Race Codes:</b> 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	<b>Ethnicity Codes:</b> H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	<b>Employment Codes:</b> 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
--	---	---

<b>Education codes:</b> 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	<b>Health Insurance Codes:</b> 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	<b>Military Codes:</b> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	<b>Household Type (please check one)</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <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: _____
---	---

**Part V: Certification**

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

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

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

# Indiana Energy Assistance and Water Assistance Program Application Large Household Attachment

Program Year 2022

Application key number: \_\_\_\_\_

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 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.	D.O.B.	Gender	Disability	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
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						

<b>Race Codes:</b> 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	<b>Ethnicity Codes:</b> H - Hispanic, Latino, or Spanish Origins N - Not Hispanic, Latino, or Spanish Origins	<b>Employment Codes:</b> FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six month; NL - Not in labor force; M - Migrant Seasonal farm worker
--	---	--

<b>Education codes:</b> 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	<b>Health Insurance Codes:</b> 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	<b>Military Codes:</b> A - Active-duty military V - Veteran N - No affiliation
--	---	---



## Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income

Household Member: \_\_\_\_\_ Application Key: \_\_\_\_\_

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

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Jan 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 20__

(Income sources may include but are not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, cashed vacation or sick pay, tips, pensions, disability payments from any source, dividends, interest, gambling winnings, railroad retirement benefits, military allotments, life insurance payments, workers compensation, unemployment or strike benefits, social security benefits for any age, and royalties.)

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

Jan 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 20__
-------------	-------------	-------------	-------------	-------------	--------------	--------------	-------------	--------------	-------------	-------------	-------------

**Section 3:** Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

Rent/Mortgage:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to store/retailer <input type="checkbox"/>

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

\_\_\_\_\_  
*Signature of Zero Income Applicant*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

**NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)**

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

County of Residence: \_\_\_\_\_ Notary Public – Signature \_\_\_\_\_

Commission Expires: \_\_\_\_\_ Notary Public -Printed Name \_\_\_\_\_



## 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 his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in blue or black ink only.**

### APPLICANT INFORMATION (may be completed by applicant, intake, or landlord)

Applicant Name:	Date:
Address:	Phone:
City: <span style="margin-left: 150px;">State: IN</span> <span style="margin-left: 50px;">Zip Code:</span>	

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

<b>Heating costs are (check one):</b> <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	<b>Electric costs are (check one):</b> <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
--	---

- Primary heating source (check one):**
- Electric (furnace, baseboard, or wall unit)
  - Natural gas
  - LP gas, fuel oil, wood, coal, pellets, kerosene

How much is the tenant responsible to pay out of pocket each month in rent? \$ \_\_\_\_\_

Is the primary heating source operable?  
 Yes  No

### All contact information is required unless otherwise noted.

<i>I grant IHADA 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: <span style="margin-left: 100px;">Zip Code:</span>	Email (optional):



**Direct Benefit Payment Election Form**

Head of Household \_\_\_\_\_

Please choose a fulfillment option below for your direct benefit payment. **Please check one.**

- I would like to waive my direct 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 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 would like to receive my direct 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    Name on account: \_\_\_\_\_

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 hereby certify that the information provided above is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

**If I have elected to receive benefit payment by electronic funds transfer**, I hereby authorize the Indiana Housing and Community Development Authority ("IHCDA") to initiate entries to: \_\_\_\_\_'s checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



# HUMAN SERVICES, INC REFERRAL FORM

Print Applicant Name: \_\_\_\_\_

Human Services, Inc. offers a variety of income-based programs.

Please mark the program(s) below offered by Human Services, Inc. that you would like to receive more information about:

Coaching for Success – Bartholomew & Jackson Counties only

Rapid Re-Housing

Head Start

Early Head Start

Housing Choice Voucher (HCV) – Section 8

Women, Infants & Children (WIC) – Decatur & Shelby Counties only

Infant Care Pantry - Johnson & Shelby Counties only

Food Pantry - Decatur & Shelby Counties only

I am not interested in any of the programs listed above.

I understand that all information gathered in regard to 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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**FORM MUST BE SIGNED AND RETURNED WITH PACKET.**

**RESOURCES BY COUNTY**

<b>B A R T H O L O M E W</b>	<b>TRUSTEES:</b>				
		Clay Township	812-378-4834	Hawcreek Township	812-546-5947
		Clifty Township	812-546-5587	Jackson Township	812-524-1564
		Columbus Township	812-372-8249	Ohio Township	812-342-0313
		Flatrock Township	812-344-8896	Rockcreek Township	812-579-5099
		German Township	812-526-5505	Sand Creek Township	812-579-2001
		Harrison Township	812-343-0662	Wayne Township	812-342-5080
		<b>ADDITIONAL RESOURCES:</b>			
		LOVE CHAPEL: Food Pantry, Hot Meal Site, Supportive Living, Homeless Shelter, Financial Assistance			812-372-9421
		THE SALVATION ARMY: Food Pantry, Clothing/Furniture Referral, Some Financial Assistance			812-372-7118
<b>D E C A T U R</b>	<b>TRUSTEES:</b>				
		Adams Township	812-663-4570	Marion Township	812-805-0556
		Clay Township	812-663-8952	Saltcreek Township	812-212-1961
		Clinton Township	812-663-5308	Sandcreek Township	812-591-2037
		Fugit Township	812-662-8895	Washington Township	812-663-5501
		Jackson Township	812-591-2400		
		<b>ADDITIONAL RESOURCES:</b>			
		DECATUR CO ECUMENICAL AGAPE CENTER: Financial Assistance, Transitional Living Assistance			812-222-4273
		GREENSBURG BREAD OF LIFE: Food Assistance			812-663-1055
		THE SALVATION ARMY: Utility Assistance			812-663-1055
<b>J A C K S O N</b>	<b>TRUSTEES:</b>				
		Brownstown Township	812-358-4451	Owen Township	812-995-2308
		Carr Township	812-966-0076	Pershing Township	812-528-1507
		Driftwood Township	812-216-4873	Redding Township	812-530-1197
		Grassy Fork Township	812-216-3228	Salt Creek Township	812-498-4880
		Hamilton Township	812-569-0750	Vernon Township	812-793-3352
		Jackson Township	812-522-3611	Washington Township	812-523-3210
		<b>ADDITIONAL RESOURCES:</b>			
		THE SALVATION ARMY: Rent Assistance, Utility Assistance, Work Boots			812-522-8718
		ST. VINCENT DEPAUL: Utility Assistance			812-524-8566
	COMMUNITY PROVISIONS: Food Assistance			812-522-7079	
<b>J O H N S O N</b>	<b>TRUSTEES:</b>				
		Blue River Township	812-371-6981	Nineveh Township	317-933-2097
		Clark Township	317-862-2550	Pleasant Township	317-535-7571
		Franklin Township	317-736-7511	Union Township	317-422-5773
		Hensley Township	317-710-5880	White River Township	317-422-1143
		Needham Township	317-738-3778		
		<b>ADDITIONAL RESOURCES:</b>			
		SALVATION ARMY SAMARITAN SERVICES: Rent Assistance, Utility Assistance, Food Assistance			317-632-0156
		LORD'S LOCKER: Food Assistance, Clothing Assistance, Household Goods Assistance			317-878-7708
		IMPACT CENTER: Food Assistance, Clothing Assistance, Household Goods Assistance			317-881-6727
<b>S H E L B Y</b>	<b>TRUSTEES:</b>				
		Addison Township	317-398-6896	Moral Township	317-835-7572
		Brandywine Township	317-835-8304	Noble Township	765-525-7160
		Hanover Township	765-763-6415	Shelby Township	317-392-8968
		Hendricks Township	317-729-5518	Sugar Creek Township	317-835-2389
		Jackson Township	317-729-5135	Union Township	765-544-2540
		Liberty Township	765-525-6771	Van Buren Township	765-763-6015
		Marion Township	317-398-2025	Washington Township	812-587-5607
		<b>ADDITIONAL RESOURCES:</b>			
		THE SALVATION ARMY: Food Assistance, Utility Assistance			317-398-7421
	SHELBY SENIOR SERVICES: Food Assistance, Insurance Assistance, Advocacy			317-398-0127	

**PLEASE CONTACT 211 OR A RESOURCE LISTED ABOVE FOR ANY ADDITIONAL SERVICES THAT MAY BE NEEDED.**