

# Indiana Energy Assistance Program Application

## Program Year 2026

 <b>HSI</b> HUMAN SERVICES INC.  <small>Indiana Housing &amp; Community Development Authority</small>	<b>Human Services, Inc.</b> P.O. Box 119 Clifford, IN 47226 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
<p><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></p> <p><input type="checkbox"/> <b>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></p> <p><input type="checkbox"/> <b>Check here if any household member has a life-threatening medical condition that requires home utility service for treatment.</b></p>		
<p><b>Is any person in this household affiliated with the above-named agency as: an employee or staff member, volunteer, board member, or subcontractor, <u>or</u> related to any employee, staff member, volunteer, board member, or subcontractor? Relatives include parent, child, grandparent, grandchild, sibling, spouse, aunt, uncle, niece, nephew, parent-in-law, child-in-law, sibling-in-law, grandparent-in-law, or grandchild-in-law.</b></p> <p><input type="checkbox"/> No                    <input type="checkbox"/> Yes (please identify member and relationship): _____</p>		
<b>Part I: Contact Information</b>		
Applicant Name	Last four digits of SSN	County
	XXX-XX-	
Physical Address <i>(Including Apartment/Lot/Trailer Number, if applicable)</i>	City	State    Zip
		IN    _____
<p>If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.</p> <p>_____</p>		
<p>Please provide <u>at least one</u> form of contact information. Failure to provide accurate contact information may delay application processing. It is your responsibility to monitor your e-mail, postal mail, voicemail, and SMS/MMS for messages concerning your application and to reply in a timely manner. Failure to respond in a timely manner to requests for additional information or documentation will result in the denial of your application.</p>		
Telephone number	Mobile phone carrier - <input type="checkbox"/> check box to opt of text notification	E-mail Address - <input type="checkbox"/> check box if you would not like to receive e-mail notification
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile		
<b>Part II: Home and Utility Information</b>		
Home Type <i>(Please check one)</i>	Utilities and Payment	
<input type="checkbox"/> Site-built single family house <input type="checkbox"/> Multi-unit 2-4 units (duplex, triplex, quadplex, townhouse, condo) <input type="checkbox"/> Mobile home <input type="checkbox"/> Multi-unit 5 or more units (apartment, condo) <input type="checkbox"/> Other: _____	Electricity Vendor: _____ <input type="checkbox"/> Included in rent  Heating Vendor: _____ <input type="checkbox"/> Included in rent	
Home Ownership <i>(Please check one)</i>		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		
Primary Heating Source <i>(please check one)</i>	Primary Heating Fuel <i>(please check one)</i>	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: _____ <b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe: _____
<p>The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligible Hoosiers.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Would your Household be interested in a referral to the Weatherization program?</b></p>		
<b>Part III: Income and Benefits</b>		
<p>Please indicate <b>all</b> types of income received by any member of the household in the <b>past three months</b>. <b>Check all that apply.</b></p>		
<input type="checkbox"/> Employment/wages (include current paystub with YTD gross) <input type="checkbox"/> Pension/Retirement (include award letter, bank statement or pay stub) <input type="checkbox"/> Social Security Retirement/ Disability/SSI (include current award letter or bank statement) <input type="checkbox"/> Odd jobs/irregular income (include completed Income Verification Affidavit) <input type="checkbox"/> VA Disability/Pension (Include current award letter or bank statement) <input type="checkbox"/> No income (include completed Income Verification Affidavit) <input type="checkbox"/> Self-Employment (include most recent full 1040 tax return) <input type="checkbox"/> Unemployment Benefits (include current Uplink statement or complete DWD release) <input type="checkbox"/> Other: _____ (contact agency for guidance on		
Does any member of the household receive any of the assistance types listed below? <b>Check all that apply.</b> <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<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)	

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											
List all people residing in household, including yourself. Check here and attach additional sheet if more than eight people are in household: <input type="checkbox"/>											
	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
Applicant					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Race Codes</b>					<b>Ethnicity Codes</b>			<b>Military Status 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					H - Hispanic, Latino, or Spanish origins; N - Not Hispanic, Latino, or Spanish origins			A - Active-duty military V - Veteran N - No affiliation			
Part V: Certification											
<p><b>Disclaimer:</b> I certify under the penalties for perjury and fraud that the information, upon reasonable investigation, provided in this application is correct and true to the best of my knowledge and belief. I understand that I may be required to verify these statements and hereby give my consent to the State of Indiana, including the Indiana Housing and Community Development Authority (the "State of Indiana"), and the agency from which I am requesting assistance to contact 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 certify that I am currently a resident of Indiana, I have been a resident of Indiana for at least thirty (30) days, and I am an applicant for the Energy Assistance and/or Weatherization Assistance Program(s) (the "Program"). I certify that all members of my household are United States citizens, United States nationals, or qualified non-citizens under 8 U.S.C §1641(b) and are eligible to receive federal taxpayer-funded benefits except as identified in this application. 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 fail to comply with the Program, 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. I understand that I am solely responsible for providing my correct contact information to the State of Indiana or the agency from which I am requesting assistance and for checking my voicemail, e-mail, SMS/MMS messages, or physical mailbox for communication and notifications regarding the Program.</p> <p><b>Energy Assistance Program benefits are provided without regard to race, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.</b></p> <p><b>Fraud Warning:</b> 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.</p>											
Signature of applicant (required)								Date (required)			

# Indiana Energy Assistance Program Application

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

## Program Year 2026

Please complete and return with your application if household is larger than eight members.  
 This form is not necessary if household is eight people or smaller.  
 Please provide address and applicant information so that we may match this attachment to the main application.

<b>Applicant Name</b>			<b>County</b>		
<b>Physical Address (Including Apartment/Lot/Trailer Number)</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
				IN	

**Part IV: Household Members (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.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
9					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
11					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
14					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
15					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Race Codes**

**Ethnicity Codes**

**Military Status Codes**

<b>A</b> - Asian; <b>B</b> - Black or African American; <b>I</b> - American Indian or Alaska Native; <b>P</b> - Native Hawaiian or other Pacific Islander; <b>W</b> - White; <b>M</b> - Multi-race; <b>O</b> - Other	<b>H</b> - Hispanic, Latino, or Spanish origins; <b>N</b> - Not Hispanic, Latino, or Spanish origins	<b>A</b> - Active-duty military <b>V</b> - Veteran <b>N</b> - No affiliation
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