



ENERGY ASSISTANCE PROGRAM (EAP)

2025-2026

Complete applications with required documentation can be returned **ONE** of the following ways:

ONLINE



Scan the QR
or visit:

www.hsi-indiana.com

* Opens October 1, 2025*

EMAIL

eap@hsi-indiana.com

MAIL

Human Services, Inc.
Attn: EAP
P.O. Box 119
Clifford, IN 47226

DROP OFF

Main Office: 4355 E CR 600 N Columbus, IN 47203
Decatur: 433 E Central Ave Greensburg, IN 47240
Jackson: 1058 A Ave Seymour, IN 47274
Johnson: 486 N Morton St Franklin, IN 46131
Shelby: 1609 S Miller St Shelbyville, IN 46176

*Drop boxes are available 24/7
for pick up/drop off only.*

PROGRAM REMINDERS

- Applications are processed on a **FIRST COME, FIRST SERVE BASIS**. Human Services, Inc. (HSI) has **55 days** to process your application starting November 1, 2025. After 55 days, if you have not heard from HSI regarding your status, contact us.
- No payments and/or status notification letters will be made and/or sent before November 1, 2025. Once the application has been fully processed, you will receive a letter notifying you of your status along with payment information. **To avoid a delay in processing, make sure you are reviewing the enclosed checklist to ensure you are submitting all required documents.**
- **THE BENEFIT PAYMENT IS A ONE-TIME PAYMENT (NOT MONTHLY). CONTINUE TO PAY YOUR BILLS.**
- Households that have a credit balance of \$250 or more on one of the regulated utilities (electric and/or natural gas) at the time of application will be programmatically eligible but will NOT receive a benefit until the credit falls below \$250.
- Households that have a credit balance of \$500 or more on the unregulated utility (propane or oil) at the time of application will be programmatically eligible but will NOT receive a benefit until the credit falls below \$500.
- If you move and/or change utility vendors at any time during the application process, you must notify your office.
- The last day for the 2025-2026 Energy Assistance Program is April 20, 2026.

CRISIS

If you have a **DISCONNECT** or are **DISCONNECTED**, contact the office for information on Crisis Assistance.

Crisis Assistance starts November 1, 2025.

For energy emergencies before November 1, 2025, please refer to the External Referral Form in this packet.

- Crisis will be applied based on the utility bills at time of application **ONLY**. If payment is not made while an application is in process and a disconnect bill is received, additional Crisis benefits will NOT be given. The application will be processed immediately, however, only the crisis benefits needed at time of application will be applied.
- If your utility bill(s) goes into a Crisis status after submitting an EAP application, notify the office immediately. The definition of Crisis is a disconnect notice, disconnected, low or out of fuel, and/or low pre-paid balance.

APPLICATION ASSISTANCE

- If you have any questions after reviewing the application, please reach out **ONE** of the following ways:
 - Email: eap@hsi-indiana.com
 - Call: (812)372-8407 or (800)296-8026
 - Calls are returned within 48 business hours Monday-Friday 8:00AM-4:30PM if a voicemail is left.
- Walk-In Hours:
 - Main Office: 4355 E CR 600 N
Columbus, IN 47203
 - Date: 1st Wednesday of the month
 - Hours: 8:30am-11:00am & 1:00pm-3:30pm



ENERGY ASSISTANCE PROGRAM

CHECKLIST

2025-2026

The following items must be submitted for your application to be considered complete. Each application is a case-by-case basis. Additional documentation may be requested once your application has been reviewed. Provide copies of documentation, originals will not be returned.

FAILURE TO SUBMIT REQUIRED DOCUMENTS WILL RESULT IN A DELAY IN PROCESSING AND/OR DENIAL OF YOUR APPLICATION.

PLEASE NOTE THE FOLLOWING REGARDING DOCUMENTS:

Any form that says, "Page 1 of ___", we must have all pages. This includes but is not limited to utility bills, bank statements, check stubs, Pension/Social Security award letters.	If a power of attorney is signing any documents on behalf of a household member, documentation of this authorization must be submitted as part of the application.	Documents cannot be altered in any way. This includes redacting and/or marking anything out.	Documentation must be clear and legible.	Bank statements must: be on bank letterhead or stamped by the bank, show the SS/SSI/SSDI/SSA deposit, and show your name. If other deposits are listed, a note must be made as to what the deposits are. All pages must be submitted.
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- ___ **APPLICATION (REQUIRED):** Complete the entire application (front and back). Must be signed by someone 18 and/or older in the household. All household members must be listed. Social security numbers must be clear and legible.
- ___ **INTERNAL REFERRAL FORM (REQUIRED):** Sign and return.
- ___ **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, or Real ID w/Veteran Identification (located on back side).
- ___ **TENANT VERIFICATION STATEMENT (IF APPLICABLE):** If you are renting and your electric and/or gas utility are included in the rent, the Tenant Verification Statement MUST be filled out by your landlord and submitted.
- ___ **DIRECT BENEFIT PAYMENT ELECTION FORM (IF APPLICABLE):** If one or both utilities are included in your rent OR your primary heat source is wood, you have options on how the funds will be distributed. This form should be completed to let the agency know how to distribute funds.
- ___ **UTILITY BILLS:** Most recent billing statement(s) from your utility vendors: electric, gas, LP gas, oil, etc. For LP gas or oil, provide a statement dated within the last 30 days. No delivery receipts.
- ___ **NON-HOUSEHOLD MEMBER DECLARATION FORM (IF APPLICABLE):** If your utility bill is not in a household member's name and/or someone not in the household is listed on other submitted documentation, the Non-Household Member Declaration Form MUST be filled out.

INCOME

ALL ADULTS 18 YEARS AND/OR OLDER ARE REQUIRED TO PROVIDE PROOF OF INCOME.
ANY/ALL INCOME RECEIVED IN THE MOST RECENT 13 WEEKS MUST BE PROVIDED.

- ___ **EMPLOYMENT:** Most recent paystub. Must show company name, name of employee, pay date, and YTD gross. If YTD gross is not on the paystub, all paystubs from the most recent 13 weeks of income must be submitted. Final paystub(s) must be presented if a job was left in the last 13 weeks. **Write the approximate start and end dates of employment on the paystub(s) for all jobs and pay frequency (weekly, every 2 weeks, etc.).**
- ___ **NON-EMPLOYEE COMPENSATION/ MISC INCOME (DOOR DASH, GRUBHUB, UBER, ETC):** Must provide monthly statement for each month from the previous three complete months.
- ___ **SOCIAL SECURITY BENEFITS (SSI/SSDI/SS/SSA):** Current award letter with all pages OR current bank statement with all pages. You must provide documentation for Social Security and/or disability payments received for a child in the household.
- ___ **RETIREMENT OR PENSION:** Most recent check stub or current award letter showing gross. If the check stub does not show year-to-date (YTD) gross, must provide one for each of the previous three complete months. **No bank statements.**
- ___ **VA PENSION/VETERAN'S BENEFIT:** Current award letter, benefit statement, or current bank statement with all pages.
- ___ **SELF EMPLOYMENT:** Complete 1040 and Schedule C, SE, E, or F from the most recent tax year. Must be signed.
- ___ **UNEMPLOYMENT BENEFITS:** Complete "Indiana Workforce Development Release of Information" for each adult in the household receiving unemployment benefits anytime in the previous three complete months. If not legible, form will be Denied by DWD. Signature cannot be typed.
- ___ **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. Documentation must clearly show that the payment is for child support.
- ___ **UNDOCUMENTED INCOME VERIFICATION:** 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 that is not documented. One per household member.



Indiana Housing & Community Development Authority

PY 2026 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.
- If anybody in your household has a life-threatening medical condition that require home utility service for treatment, check the box to inform the agency.
- 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 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 or denial of your application.
- If you do not have an alternate mailing address from your home address, please leave that field blank.

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 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.

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. We require full Social Security Numbers for all members of the household.
- **If there are more than eight 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, and Military status for each household member.

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 IHGDA.**
- 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. 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 Undocumented Income Verification – contact Local Service Provider
 2. 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 Tenant Verification Statement.
 - 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.



RESOURCES BY COUNTY

Please call 2-1-1 or a resource listed below for assistance.

BARTHOLOMEW COUNTY

TRUSTEES:

Clay Township: (812)378-4834	Haw Creek Township: (812)546-5947
Clifty Township: (812)546-5587	Jackson Township: (812)390-5980
Columbus Township: (812)372-8249	Ohio Township: (812)342-0313
Flat Rock Township: (812)344-8896	Rock Creek 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

ADDITIONAL RESOURCES:

Love Chapel: (812)372-9421
Food Pantry, Hot Meal Site, Supportive Living, Homeless Shelter, Financial Assistance
Salvation Army: (812)372-7118
Food pantry, clothing/furniture referral, some financial assistance
WIC: (812)379-1557
A supplemental food and nutrition program that serves pregnant, postpartum women, infants and children up to age 5.

DECATUR COUNTY

TRUSTEES:

Adams Township: (765)570-3329	Marion Township: (812)805-0556
Clay Township: (812)663-8952	Salt Creek Township: (812)212-1961
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	

ADDITIONAL RESOURCES:

Agape Center: (812)222-4273
Financial assistance, Transitional Living assistance
Bread of Life: (812)663-1055
Food assistance
WIC: (812)663-7041
A supplemental food and nutrition program that serves pregnant, postpartum women, infants and children up to age 5.

JACKSON COUNTY

TRUSTEES:

Brownstown Township: (812)358-4451	Owen Township: (812)521-0848
Carr Township: (812)569-2165	Pershing Township: (812)528-1507
Driftwood Township: (812)216-4872	Redding Township: (812)528-1926
Grassy Fork Township: (812)530-6147	Salt Creek Township: (812)498-4880
Hamilton Township: (812)371-9709	Vernon Township: (812)793-3352
Jackson Township: (812)271-1196	Washington Township: (812)528-1627

ADDITIONAL RESOURCES:

Anchor House: (812)522-9308
Food assistance; Emergency Shelter
St. Vincent DePaul: (812)524-8566
Utility assistance
Salvation Army: Crothersville Residence 812-793-2512; Other Jackson County Residence (812)523-3072 or (812)522-5909
WIC: (812)523-1248
A supplemental food and nutrition program that serves pregnant, postpartum women, infants and children up to age 5.

JOHNSON COUNTY

TRUSTEES:

Blue River Township: (812)371-6981	Nineveh Township: (765)516-1598
Clark Township: (812)862-2550	Pleasant Township: (317)535-7571
Franklin Township: (317)736-7511	Union Township: (317)736-7511
Hensley Township: (317)710-5880	White River Township: (317)422-1143
Needham Township: (317)736-7511	

ADDITIONAL RESOURCES:

Impact Center: (317)881-6727 Ext. 242
Food, clothing, household good assistance
Lords Locker: (317)878-7708
Food, clothing, household good assistance
Salvation Army: (317)881-2505
Rent, utility, food assistance
WIC: (317)736-6628
A supplemental food and nutrition program that serves pregnant, postpartum women, infants and children up to age 5.

SHELBY COUNTY

TRUSTEES:

Addison Township: (317)398-6896	Moral Township: (317)835-7572
Brandywine Township: (317)835-8304	Noble Township: (765)561-1303
Hanover Township: (317)498-0362	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

ADDITIONAL RESOURCES:

Salvation Army: (317)398-7421
Food assistance, utility assistance (When Avail.)
Shelby Senior Services: (317)398-0127
Food assistance, insurance assistance, advocacy
WIC: (317)398-3002
A supplemental food and nutrition program that serves pregnant, postpartum women, infants and children up to age 5.

To apply for SNAP (Food Assistance) benefits, please call: 800-403-0864 or visit: <https://fssabenefits.in.gov/bp/#>.

Privacy Notice and Your Rights and Responsibilities

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

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

Why do we collect the information on the application?

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

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

Do you have to give us the information?

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

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

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

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

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

Who may see this information?

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

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

Why do we collect Social Security Numbers?

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

Why do we ask for information about your race?

This information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting. The program does not discriminate for reasons of race or ethnic background, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

Appeal Rights

You have the right to appeal the determination of your eligibility if you do not agree with any aspect of it. All appeals of eligibility determination must be submitted in writing or through the online portal at <http://eap.ihcda.in.gov>. All eligibility determination letters include appeal instructions on them. Appeals must be submitted within thirty (30) days of eligibility determination.

You also have the right to appeal an agency not taking timely action on your application. Please be advised of the current guidelines set for determination of your application:

- Most applications should be processed and have eligibility determined within **fifty-five (55) days of receipt of your application**.
- Crisis applications (applications for which a metered utility has been issued a disconnection notice or already disconnected, or a bulk deliverable fuel is within ten (10) days of being depleted or already depleted, or in which biofuel is within 21 days of funds being depleted or already depleted or prepaid metered energy is within 10 days of being depleted) should be addressed in a way that offers mitigation of the crisis within **forty-eight (48) hours of the LSP being made aware of the crisis**.
- Life-threatening crisis applications (applications for which metered utility service is shut off and/or the deliverable bulk fuel is completely out **and** the household either: (1) qualifies as a vulnerable population household, (2) has a documented medical need with an extreme safety concern, or (3) requires a deliverable fuel tank safety inspection) should be addressed in a way that offers mitigation of the crisis within **eighteen (18) hours of the LSP being made aware of the crisis**.

Considering these timelines, if you feel your application is not being addressed in a timely manner, you may appeal by sending a written communication to the Local Service Provider. You may obtain the Local Service Provider's information by going to <http://eap.ihcda.in.gov>. You may also reach out to IHCD, who will forward your appeal to the Local Service Provider to address. IHCD may be reached at:

Indiana Housing and Community Development Authority

30 S Meridian Street

Suite 900

Indianapolis, IN 46204

Attn: Energy Assistance Program

e-mail: eap@ihcda.in.gov

Someone from the Local Service Provider will respond to your appeal.

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			
Race Codes					Ethnicity Codes			Military Status Codes			
A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White; M - Multi-race; O - Other					H - Hispanic, Latino, or Spanish origins; N - Not Hispanic, Latino, or Spanish origins			A - Active-duty military V - Veteran N - No affiliation			
Part V: Certification											
<p>Disclaimer: 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>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.</p> <p>Fraud Warning: 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)			

Energy Assistance Program Undocumented Income Verification

This form is to be completed by anyone claiming undocumented income or zero 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 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026

The source of the above income is: _____

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

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

<input type="checkbox"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage <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: \$ _____	Utilities <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: \$ _____	Food <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: \$ _____	Other Household Expenses (hygiene/personal care, medical needs, cleaning, etc.) <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. I also authorize the release of income information by any employer who may have issued me payment for earnings within the 91-day period preceding the date of application listed above.

Signature of Household Member

____/____/____
Date



RELEASE OF INFORMATION Rev. 3/1/24

*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 to reach a DWD employment history or LKE website specialist.

ENERGY ASSISTANCE PROGRAM (EAP) TENANT VERIFICATION STATEMENT

Landlord/property manager/designee: *Please complete this verification on behalf of your tenant, who is applying to receive benefits to assist with their utility costs. The information provided will be kept confidential and will not be used for any other purposes, nor shared with any other government agency.*
Complete in blue or black ink only.

SECTION I: APPLICANT INFORMATION

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

SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. Completion by an unauthorized third party may result in denial of application. All fields are required.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating device and fuel (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"/> Paid to the landlord but not included in rent (Amount: \$ _____)	<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"/> Paid to the landlord but not included in rent (Amount: \$ _____)	<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 ? <input type="checkbox"/> Yes <input type="checkbox"/> No		How much is the <u>tenant</u> responsible to pay out of pocket monthly in rent after subsidies ? \$ _____

All contact information is required.

<i>I grant IHEDA 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: _____

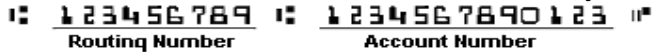
Financial Institution: _____

Financial Institution Routing Number: **(must be nine digits)**

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

Checking/Savings Account Number: _____

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


 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

Non-Household Member Declaration Form

Applicant name: _____

Address: _____

City: _____ **State:** IN **Zip:** _____

The individuals below appear on supporting documentation for my Energy Assistance Program application but do not reside in the household as of the date of application:

Document	Name	Person's current location/contact information
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		

If any **utilities** are in a non-household member's name, please indicate barriers to placing utility in the name of a current household member (check all that apply):

- Utility is listed in landlord, property owner, or third-party billing service name, but is my responsibility
- Utility is listed in the name of legal guardian or power of attorney but is my responsibility.
- Account holder in temporarily in a correctional facility, nursing home, rehabilitation center, etc., but is my responsibility.
- Unable to establish utilities due to credit issues, outstanding unpaid bills, etc., but utility bill is my responsibility.
- Utility is handled by a company or service due to disability but is my responsibility.
- Other: _____

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in IHCD-administered assistance programs and may be grounds for termination of my assistance and/or repayment of the assistance that I receive based on this misrepresentation or omission.**

Signature: _____

Date: _____

Telephone Number: (____) _____

E-mail: _____



Referral Form for Services - Internal

2025-2026

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 Homeless Prevention and Rapid Rehousing Programs.

Head Start

Provides comprehensive services to enrolled children ages 3 to 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.

Early Head Start

Bartholomew, Johnson, Shelby Counties
Provides comprehensive services to pregnant women and enrolled children ages birth to three years old 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.

I do not want to be referred to any programs.

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/Homeless Prevention

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

Jackson County Unsheltered Supportive Housing

Jackson County Only
Provides housing and supportive services for individuals and families who are facing opioid addictions along with chronic homelessness.

Infant Care Pantry

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

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: ____/____/____

FORM MUST BE SIGNED AND RETURNED.