Indiana Energy Assistance Program Application

Program Year 2027

[Insert logo here]	[Agency Name] [Mailing Address] [City, State, Zip] [Telephone Number] [URL] [E-mail Address] [OPTIONAL: Fax Number]	For Provider/Agency Use Only
		Date received:
		Application number:
		☐ Mail in ☐ Telephone ☐ In-Person ☐ Outreach/Home Visit/Other
		Is Household disconnected or out of fuel? ☐ Yes ☐ No
		Household has D/C notice or less than 25% fuel? ☐ Yes ☐ No
		Household heat source is inoperable? ☐ Yes ☐ No

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.

☐ **Check here if your electric or heating utility is disconnected, scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity.**

☐ **Check here if any household member has a life-threatening medical condition that requires home utility service for treatment.**

Is <u>any person</u> in this houshehold affiliated with this 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, granchild, sibling, spouse, aunt, uncle, niece, nephew, parent-in-law, child-in-law, sibling-in-law, grandparent-in-law, or grandchild-in-law.**

☐ No ☐ Yes (list name and relation):_____

Part I: Contact Information

Applicant Name	Last four digits of SSN	County
	xxx-xx-	

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

If you have a P.O. box or an alternate mailing address, please list it below. Otherwise, please leave blank.

Telephone number	E-Mail Address

☐ Check here if you would like to OPT OUT of e-mail notifications

Please complete and sign page 4 - Application is <u>not valid</u> without signature and date.

Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application will lead to denial.

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Part II: Home and Utility Information

Home Type

☐ Site-Built single family house ☐ Mobile Home
☐ Multi-unit, 2-4 units (duplex/triplex/quadplex/townhouse/condo)
☐ Multi-unit, 5+ units (apartment, condo) ☐ Other:_____

Home Ownership

☐ Own ☐ Rent
☐ Other: _____

Utilities and Payment

Electricity Vendor: _____
Account Number: _____
☐ Check here if electricity is included in your rent

Heating Vendor: _____
Account Number: _____
☐ Check here if heating is included in your rent

Primary Installed Heating Equipment (choose one):

☐ Furnace/Heat Pump ☐ Baseboard/Wall Unit
☐ Fireplace/Wood Stove
☐ Other: _____
Is it working? ☐ Yes ☐ No

Primary Heating Fuel (choose one):

☐ Electric ☐ Natural Gas
☐ Propane ☐ Fuel Oil
☐ Firewood/Corn/Pellets

The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligible Hoosiers. Are you interested in a referral to the Weatherization program? ☐ Yes ☐ No

Part III: Income

Indicate all types of income received by any household member in the past three months. Check all that apply.

☐ Employment/wages (include most recent paystub, or work statement for previous 13 weeks for gig work)
☐ Social Security/SSDI/SSI (include current award letter)
☐ VA Disability/Pension (include current award letter)
☐ Self-Employment (include most recent full 1040 tax return)
☐ Unemployment (include current Uplink statement or DWD release form)

☐ Pension/retirement (include award letter or unredacted bank statement)
☐ Odd Jobs/Irregular Income (include completed ☐ Undocumented Income Verification form)
☐ No Income (include completed Undocumented Income Verification form)
☐ Other: _____ (contact agency for guidance)

If Employment/Wages selected, please complete for each job during past 3 months:

Wage Earner: _____
Employer: _____
First Pay Date: _____
Still Working? ☐ Yes ☐ No

Wage Earner: _____
Employer: _____
First Pay Date: _____
Still Working? ☐ Yes ☐ No

Wage Earner: _____
Employer: _____
First Pay Date: _____
Still Working? ☐ Yes ☐ No

Wage Earner: _____
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Part IV: Household Members

List all people residing in household, including yourself as the first member.
Check here and attach additional sheet if more than nine people are in household: ☐

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen/ Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
Applicant					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ No			
2					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ No			
3					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ No			
4					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ No			
5					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ No			
6					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ No			
7					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ No			
8					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ No			
9					☐ Yes ☐ No		☐ M ☐ F	☐ Yes ☐ 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

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Part V: Certification

Disclaimer: By typing my name, I intend to sign this statement and understand that signing and submitting this statement through electronic signature is the legal equivalent as my handwritten signature. 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 also understand that the State of 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 Indiana may use information provided on this form to see if I qualify for any other assistance programs.

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.

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.

Signature of applicant (required)	Date (required)

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