




# ENERGY ASSISTANCE PROGRAM

## 2024-2025

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

ONLINE	EMAIL	MAIL	DROP OFF
 Scan the QR or go to <a href="http://www.hsi-indiana.com">www.hsi-indiana.com</a> . Opens October 1, 2024.	<a href="mailto:eap@hsi-indiana.com">eap@hsi-indiana.com</a>	Human Services, Inc. Energy Assistance Program P.O. Box 119 Clifford, IN 47226	Drop off at your local office in the drop box.

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

**CRISIS ASSISTANCE STARTS NOVEMBER 1, 2024.**

For energy emergencies before November 1, 2024, please refer to the External Referral Form in this packet.

### REMINDERS

- Applications are processed on a **FIRST COME, FIRST SERVE BASIS**. Human Services, Inc. has **55 days** to process your application starting November 1, 2024. Please refrain from contacting the office regarding your status until the end of the 55 days unless your utility bill(s) goes into a Crisis status. Crisis status would be: receive a disconnect notice, disconnected, low or out of fuel, and/or low pre-paid balance. If this occurs, contact your local office immediately.
- No payments and/or status notification letters will be made or sent prior to November 1, 2024. **THE BENEFIT PAYMENT IS A ONE-TIME PAYMENT ONLY (NOT MONTHLY). CONTINUE TO PAY YOUR BILLS.**
- Once application has been fully processed, you will receive a letter in the mail notifying you of your status along with payment information. Moratorium protection can **ONLY** cover eligible households in good standing with a regulated utility vendor from December 1 thru March 15.
- If you move and/or change utility vendors at any time during the application process, you must notify your local office.

### PROGRAM CHANGES

- Social Security Cards and Photo IDs are not required for any applicant.
- The last day for the 2024-2025 Energy Assistance Program is April 14, 2025. Note, this is a month sooner than in past program seasons.
- Benefit levels have **DECREASED**. This impacts both Regular and Crisis benefits. Benefit levels are determined on a case-by-case basis.
- Crisis will be applied based on the utility bills at time of application **ONLY**. If payment is not made while an application is in queue to be processed and a disconnect bill is received, additional Crisis benefits will **NOT** be received. The application will be processed immediately, however, only the crisis benefits needed at time of application will be applied.
- If additional Crisis is needed after an application is approved and not entirely utilized at time of application, they will only be available from March 1-April 14, 2025, if funds are available.
- Households that have a credit balance of \$250 or more on one of the regulated utilities (electric or natural gas) at the time of application will be programmatically eligible but will **NOT** receive a benefit even if the credit falls below \$250 at any time during the season.
- Households that have a credit balance of \$500 or more on the unregulated utility (propane or oil) at the time of application will not be eligible for assistance until the balance is under \$500.



# ENERGY ASSISTANCE PROGRAM CHECKLIST 2024-2025

The following items must be submitted for your application to be considered complete. Every application is on a case-by-case basis. Additional documentation may be requested once your application has been received. **Failure to provide required and/or requested documents may result in a delay in processing and/or denial of your application.** Provide copies of documentation, originals will not be returned.

- \_\_\_\_\_ **APPLICATION:** Fill out the entire application (front and back). Must be signed by someone 18 and/or older in the household. Make sure all household members are listed. Failure to provide information on the full household is considered fraud. Fraud may result in a denial of assistance or repayment of benefits.
- \_\_\_\_\_ **PROOF OF VETERAN STATUS (IF APPLICABLE):** Proof can be one of the following: DD214, Veteran's Administration identification card, Active-Duty Common Access ID, Retired Military Uniformed Services ID, Military Separation/Retirement Orders, VFW card, American Legion Membership Card, Homeowner with VA loan, Real ID w/Veteran Identification (located on back side).
- \_\_\_\_\_ **LANDLORD AFFIDAVIT (IF APPLICABLE):** If you are renting **and** your electric and/or gas utility are included in the rent, the Landlord Affidavit **MUST** be filled out by your landlord and turned into agency.
- \_\_\_\_\_ **DIRECT BENEFIT PAYMENT ELECTION FORM (IF APPLICABLE):** If one and/or both utilities are included in your rent, you have options on how the funds will be distributed. This form should be completed to let the agency know how to distribute the fund(s).
- \_\_\_\_\_ **UTILITY BILLS (ALL PAGES):** Most recent billing statement(s) from your utility vendors: electric, gas, LP gas/oil, etc.
- \_\_\_\_\_ **INTERNAL REFERRAL FORM:** Must be signed and returned.

## INCOME INFORMATION

**ALL ADULTS 18 YEARS AND/OR OLDER MUST PROVIDE PROOF OF ALL INCOME RECEIVED IN THE MOST RECENT 13 WEEKS.**

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

## PY 2025 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.
- 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 lead to a denial.
- 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 to have child support deducted from household income.

### 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 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. **Current documentation of income for all household members age 18 or over.** This may include:
    - Employment/wages
      - **Most recent** paystub
      - Request for Earnings information form – contact Local Service Provider
    - Social Security/SSI/VA benefits
      - Most recent **complete** award letter (may be downloaded from online)
      - **Complete** bank statement
    - Pension/retirement
      - Award letter
    - Self-Employment
      - Most recent Form 1040 tax return, with all appropriate self-employment schedules.
    - Unemployment Benefits
      - Completed release of information form for DWD.
      - **Full** print-out of your most current Uplink statement.
    - Alimony/spousal support/Worker’s Compensation/Private disability
      - Any documentation of payments received.
    - Odd Jobs/irregular income/No Income
      - Completed Income Verification form – contact Local Service Provider
    - If you have any questions about acceptable documentation, contact your local service provider.
  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 Landlord Affidavit.
    - Please ensure you are providing the **full and complete** billing statement!
- **Depending on household circumstances, additional documentation may be required.** Please contact your local service provider with any additional questions.

## 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, religion, gender, sexual orientation or political affiliation.



# 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)717-0167
Columbus Township: (812)372-8249	Ohio Township: (812)371-0791
Flat Rock Township: (812)344-8896	Rock Creek Township: (812)343-2593
German Township: (812)526-5505	Sand Creek Township: (812)579-2001
Harrison Township: (812)343-0662	Wayne Township: (812)342-5080

### 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  
Serves pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk

## 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  
Serves pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk

## JACKSON COUNTY

### TRUSTEES:

Brownstown Township: (812)358-4451	Owen Township: (812)521-0848
Carr Township: (812)966-0076	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)521-1441	Vernon Township: (812)793-3352
Jackson Township: (812)528-7879	Washington Township: (812)523-3210

### 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 812-530-6681  
**WIC:** (812)523-1248  
Serves pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk

## JOHNSON COUNTY

### TRUSTEES:

Blue River Township: (812)371-6981	Nineveh Township: (317)516-1598
Clark Township: (317)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  
Serves pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk

## SHELBY COUNTY

### TRUSTEES:

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)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  
Serves pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk

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



# Indiana Energy Assistance Program Application

Program Year 2025

 <b>HSI</b> HUMAN SERVICES INC. 	<b>Human Services, Inc.</b> 4355 E CR 600 N Columbus, IN 47203 Phone: (812) 372-8407 Website: www.hsi-indiana.com Email: eap@hsi-indiana.com	<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>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.</p> <p><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.</p>		
<p>Is <u>any person</u> 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.</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>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	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	<input type="checkbox"/> I do not wish to receive text notifications	
<b>Part II: Home and Utility Information</b>		
Home Type (Please check one)		Utilities and Payment
<input type="checkbox"/> Site-built single family house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____		Electricity Vendor: _____ <input type="checkbox"/> Included in rent
Home Ownership (Please check one)		Heating Vendor: _____ <input type="checkbox"/> Included in rent
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		
Primary Heating Source (please check one)	Primary Heating Fuel (please check one)	Do you have a secondary heating source installed?
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> 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: _____
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>The Weatherization program provides energy conservation measures to reduce the utility bills of eligible Hoosiers across the state.    <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 <u>all</u> types of income received by any member of the household in the <u>past three months</u>. Check all that apply.</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 documentation)		
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.

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

**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:

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Gender	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"/> Other/enby	<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"/> Other/enby	<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"/> Other/enby	<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"/> Other/enby	<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"/> Other/enby	<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"/> Other/enby	<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"/> Other/enby	<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"/> Other/enby	<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**

**Disclaimer:** If electronic signature is used, by typing my name, I intend to sign this statement and understand that signing and submitting this statement 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 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. 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 assistance from the Program 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.

**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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## Energy Assistance Program Income Verification Affidavit

**This form is to be completed by anyone claiming zero income or undocumented income for any of the three months preceding application. This form must be completed in its entirety.**

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

**Section 1:** Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the **gross** income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. **If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025

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	Utilities	Food	Other Household Expenses (hygiene/personal care, medical needs, cleaning, etc.)
<input type="checkbox"/> Housing Support/voucher  <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind  <input type="checkbox"/> Family/friend paid for me  <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Included in rent  <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind  <input type="checkbox"/> Family/friend paid for me  <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> SNAP/WIC benefits  <input type="checkbox"/> Food bank/food pantry  <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me  <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me  <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____

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

\_\_\_\_\_  
Signature of Household Member

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



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

## ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD AFFIDAVIT

**Landlord:** Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with their utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in blue or black ink only.**

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

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

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

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating source (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant <input type="checkbox"/> 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?  
 Yes  No

How much is the tenant responsible to pay out of pocket monthly in rent **after subsidies**? \$ \_\_\_\_\_

**All contact information is required.**

<i>I grant IHCD 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: \_\_\_\_\_

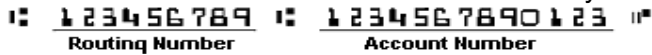
Financial Institution: \_\_\_\_\_

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

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

Checking/Savings Account Number: \_\_\_\_\_

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



- I would like to receive my direct EAP benefit payment as a check mailed to my primary residence or mailing address. **I understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations. **If you do not return this form with your application, your benefit will be issued as a check.**

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

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

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

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



# Referral Form for Services - Internal

2024-2025

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

**Coaching For Success**

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

**Coordinated Entry**

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

**Housing First**

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

**Head Start**

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.

**Housing Choice Voucher (Section 8)**

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

**Rapid Re-Housing**

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

**Indiana Emergency Rental Assistance**

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

**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.

**Food Pantry**

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

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

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

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

**FORM MUST BE SIGNED AND RETURNED.**