

Energy Assistance Program Application - Program Year 2021

AREA IV AGENCY <small>ON AGING & COMMUNITY ACTION</small> 660 N 36th St PO Box 4727 Lafayette IN 47905 EAP@areaivagency.org	SERVING: BOONE, CARROLL, CLINTON, HENDRICKS, TIPPECANOE & WHITE COUNTIES PH: 765-447-7683 EXT 400	For Provider/Agency Use Only		
		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: Y / N		
Household has disconnect notice or less than 25% fuel left: Y / N				
Household heat source is inoperable: Y / N				

Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric? Yes No

If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider/community action agency listed above to check the availability of crisis appointments.

If you need other emergency options, please call 211.

Physical Address with Apartment Number	City	State	Zip Code	County
		IN		

Alternate Mailing Address (only complete if different from physical address above)	Last four digits of SSN
	xxx-xx-

Phone number	May we text you?	E-Mail Address	May we e-mail you?
<input type="checkbox"/> home <input type="checkbox"/> cell	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list **all** people residing at this address, including yourself. Attach a separate sheet if necessary.

Name (Last, First, Middle Initial)	Date of birth (MM/DD/YYYY)	Gen-der	Race	Military Status	Health Insurance	Employment Status	His-panic?	Disa-bled?	School Years Completed
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	

Race Codes: A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O -	Military Codes: A - Active; V - Veteran; N - No Affiliation	Health Insurance Codes: A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None	Employment Status Codes: A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired
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Home Type (please check one) <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home	Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Utility Payment Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____
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Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____	Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____ Heat vendor: _____	Cooling Source (please check one) <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please complete and sign page 2 - Application is not valid without signature and date.

<p>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</p> <p> <input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security/SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Self-Employment <input type="checkbox"/> Interest <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> No income <input type="checkbox"/> Other: _____ </p>	<p>Has anybody in the household <u>paid</u> child support in the past three months?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Monthly amount paid: \$ _____</i> <i>(please include proof of payments)</i> </p>
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Please indicate all sources of assistance received by the household (please check all that apply):

Housing Choice Voucher (Section 8) Public Housing HUD VASH Voucher Permanent Supportive Housing
 SNAP (Food Stamps) Healthcare Subsidy Child Care Voucher Child Support TANF
 Earned Income Tax Credit (EITC) Other: _____ None

Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?

No
 Yes *please list:* _____

Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?

No
 Yes *please list:* _____

The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your household be interested in a referral to the Weatherization program? Yes No

Please be sure to complete each page of this application in its entirety.

Please be sure you attach and include all required supporting documents. These include, but are not limited to:

- Copy of Social Security card for **each** household member. REAL ID or US Passport may be used in lieu of Social Security card.
- State or federally-issued photo ID for the individual signing this application.
- Proof of income for the past three (3) months for each household member age 18 or over.
- Most recent **full** electric bill, including name, service address, and account number.
- Most recent **full** gas or bulk fuel bill or account statement, including name, service or delivery address, and account number.
- If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. **If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.**
- Your local service provider's referral form.

If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.

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

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

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