



**Indiana Energy Assistance and Water Assistance Program Application - Large Print**  
**Program Year 2023**

 	<b>AREA IV AGENCY</b> <b>660 N 36TH ST</b> <b>PO BOX 4727</b> <b>LAFAYETTE IN 47905</b> <b>PH: 765-447-7683 ext 300</b> <b>eap@areaivagency.org</b>	<b>For Provider/Agency Use Only</b>	
		<b>Date received:</b> <b>Application number:</b> <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	

**What kind of assistance are you applying for?**

Utility Assistance (heating and electricity)     Water Assistance     Both

**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.**

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.

**Part I: Contact Information**

<b>Applicant Name</b>		<b>Last four digits of SSN</b>		<b>County</b>	
		XXX-XX-			
<b>Physical Address (Including Apartment/Lot/Trailer Number)</b>			<b>City</b>		<b>State</b>
					IN
<b>Zip</b>					

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

Please provide at least one form of contact information below. Failure to provide accurate contact information may delay application processing.

<b>Telephone number</b> <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<b>Mobile phone carrier</b> <input type="checkbox"/> Consent to receive texts	<b>E-mail Address -</b> <input type="checkbox"/> <b>check box to give consent for us to e-mail you.</b>

Please complete and sign all pages - **Application is not valid without signature and date.**  
Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.

## Part II: Home and Utility Information

Home Type (Please check one)	Utilities and Payment
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Apartment/condo/duplex/etc. <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Included in rent Electricity Vendor: _____
Home Ownership (please check one)	<input type="checkbox"/> Included in rent Heating Vendor: _____
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Included in rent Water Vendor: _____
Primary Heating Source (please check one)	<input type="checkbox"/> Included in rent Wastewater Vendor: _____
<input type="checkbox"/> Furnace / Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<b>Do you have a secondary heating source installed in your home?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe: _____
<b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Heating Fuel (please check one)	
<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	

**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

## Part III: Income and Benefits

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

<input type="checkbox"/> Employment wages	<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> SSI
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> VA Disability	<input type="checkbox"/> VA Pension
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Private Disability	<input type="checkbox"/> Alimony/Spousal Support
<input type="checkbox"/> Odd jobs/irregular income	<input type="checkbox"/> No income	<input type="checkbox"/> Other: _____	

**Please indicate all sources of assistance received by any member of the household. Check all that apply.**

<input type="checkbox"/> Housing Choice Voucher (Section 8)	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> VASH
<input type="checkbox"/> SNAP (Food Stamps)		<input type="checkbox"/> TANF	<input type="checkbox"/> WIC
<input type="checkbox"/> Earned Income Tax Credit (EITC)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Child Care Voucher
<input type="checkbox"/> Other: _____		<input type="checkbox"/> None	

**Has anybody in the household paid child support in the past three months?**

No  
 Yes (please submit proof of payments)

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

No  
 Yes (please list): \_\_\_\_\_

## Part IV: Household Members and Demographics

**List all people residing in household, including yourself.**

**Check here and attach additional sheet if more than five people are in household:**

More than five people in household

Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Dis-abled?	Race	Ethnic-ity	Employ-ment	Edu-cation	Health Insurance	Mili-tary Status
<b>Applicant</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/ Enby	<input type="checkbox"/> Yes  <input type="checkbox"/> No						
<b>2</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/ Enby	<input type="checkbox"/> Yes  <input type="checkbox"/> No						
<b>3</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/ Enby	<input type="checkbox"/> Yes  <input type="checkbox"/> No						
<b>4</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/ Enby	<input type="checkbox"/> Yes  <input type="checkbox"/> No						
<b>5</b>				<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>Employment 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			FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker					
<b>Education codes:</b>						<b>Health Insurance Codes:</b>				<b>Military Codes:</b>	
A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate						A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None				A - Active-duty military V - Veteran N - No affiliation	
<b>Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes (Please list): _____						<b>Household Type (please check one)</b>					
						<input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single-Parent Household <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations)  <input type="checkbox"/> Other: _____					

## Part V: Certification

**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, Water 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, Water 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 and Low Income Home Water 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)