



**Indiana Energy Assistance Program Application**  
Program Year 2025

 <b>AREA IV AGENCY</b> <small>ON AGING &amp; COMMUNITY ACTION</small>   <small>Indiana Housing &amp; Community Development Authority</small>	<b>Area IV Agency on Aging and Community Action Programs, Inc.</b> <b>660 N 36<sup>th</sup> Street, P.O. Box 4727</b> <b>Lafayette, IN 47905</b> <b>(765) 447-7683</b> <a href="http://www.areaivagency.org">www.areaivagency.org</a> <a href="mailto:eap@areaivagency.org">eap@areaivagency.org</a>	<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 d/c 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		

**If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of 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 or scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity.**

**Is any person in this household affiliated with the above-named agency as: an employee or staff member, volunteer, board member, or subcontractor, or 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.**

No                       Yes (Please identify member and relationship): \_\_\_\_\_

**Part I: Contact Information**

<b>Applicant Name</b>	<b>Last 4 Digits of SSN</b>	<b>County</b>		
	xxx-xx-			
<b>Physical Address (Include Apartment/Lot/Trailer Number, if applicable)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
		IN		

**If you have a PO Box or an alternative mailing address, please list below. Otherwise, please leave blank.**

**Please provide at least one 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.**

<b>Telephone Number</b>	<b>Mobile Phone Carrier</b>	<b>E-mail Address</b>
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> I do not wish to receive text notifications	<input type="checkbox"/> I do not wish to receive e-mail notifications

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Application Number: \_\_\_\_\_

**Part II: Home and Utility Information**

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  Heating Vendor: _____ <input type="checkbox"/> Included in rent
Home Ownership (Please check one)	
<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: _____ <b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<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: _____ _____

**The Weatherization program provides energy conservation measures to reduce the utility bills of eligible Hoosiers across the state.**     Yes     No

**Would your Household be interested in a referral to the Weatherization program?**

**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.**

Employment/wages (include current paystub with YTD gross)  
 Pension/Retirement (include award letter, bank statement or pay stub)  
 Social Security Retirement/ Disability/SSI (include current award letter or bank statement)  
 Odd jobs/irregular income (include completed Income Verification Affidavit)  
 VA Disability/Pension (Include current award letter or bank statement)  
 No income (include completed Income Verification Affidavit)  
 Self-Employment (include most recent full 1040 tax return)  
 Unemployment Benefits (include current Uplink statement or complete DWD release)  
 Other: \_\_\_\_\_ (contact agency for guidance on documentation)

Does any member of the household receive any of the assistance types listed below? Check all that apply.	Has anyone in the household paid child support in the past three months?
<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)

**Please complete and sign page 4 – 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 the application may delay processing.**

**Part IV: Household Members**

List all people residing in the 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 SSN	Citizen or Qualified Alien?	Date of Birth	Gender	Disabled?	Race	Ethnicity	Military Status
								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			

Race Codes	Ethnicity Codes	Military Status Codes
<b>A</b> – Asian; <b>B</b> – Black or African American; <b>I</b> – American Indian or Alaska Native; <b>P</b> – Native Hawaiian or other Pacific Islander; <b>W</b> – White; <b>M</b> – Mult-Race; <b>O</b> - Other	<b>H</b> – Hispanic, Latino, or Spanish Origins <b>N</b> – Not Hispanic, Latino, or Spanish Origins	<b>A</b> – Active-duty Military <b>V</b> - Veteran <b>N</b> – No Affiliation

SEE REVERSE SIDE



Application Number: \_\_\_\_\_

**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 the 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.

**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.**

<b>Signature of Applicant (required)</b>	<b>Date (required)</b>
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**Application is not valid without signature and date.**

**Use blue or black ink only.**