



# AREA IV AGENCY

ON AGING & COMMUNITY ACTION

## ENERGY ASSISTANCE PROGRAM

**2025-2026**

**NOVEMBER 1, 2025 THROUGH APR 20, 2026**

### **PLEASE READ INSTRUCTIONS BELOW!**

- **If you have already submitted your application once this season , please do not then send in US mail, email, or fax it to us again. Also, faxed documents are typically too dark/ blurred to read.**
- **If you heat with gas, both your gas bill and electric bill are required to accompany your application when it is submitted.**
- **You DO NOT have to be in a disconnect status to apply.**
- **Applications cannot be processed until all necessary documentation is provided to us.**
- **SEE THE ATTACHED CHECKLIST OF ITEMS TO RETURN WITH THE APPLICATION.**
- **DISCONNECTS— If you have a disconnect notice, or if your utility is already off, or you are nearly out of fuel, please write this on the application.**
- **SUBMITTING APPLICATIONS- Applications may be dropped off (all offices have an outside, locked drop box), mailed in, or emailed to [eap@areaivagency.org](mailto:eap@areaivagency.org) See the list of our office locations, in each county, included in this packet. Applications for households not in disconnect will be processed on a first received basis. Please allow 55 days for processing.**

# APPLICATION PACKET CHECKLIST

Use this checklist to make sure your application is ready for processing so you don't experience any delays.

1. ☐ Complete the application pages (ALL SECTIONS/QUESTIONS). The applicant (age 18 or older) must sign the application. If a Power of Attorney signs the application, this paperwork is needed.

## SUBMIT IT WITH THE FOLLOWING:

2. ☐ Income documentation for ALL household members who are age 18 and older for the three previous months.  
(Examples: last check stub received, Social Security benefit letter, Pension statement)  
Income documentation provided may not be altered in any way.
3. ☐ If renting, and one or both utilities are included in the monthly rent, the Tenant Verification Statement must be completed by the Landlord. This form is available for download at <https://www.areaivagency.org/eap/> or at any of our offices.
4. ☐ Copies of CURRENT utility bills. If heating with gas, BOTH your gas and electric bills are required. Must include all pages! If your utility bill is in the name of someone not living in the household, you must complete a Non Household Member Declaration Form. This form is available for download at <https://www.areaivagency.org/eap/> or at any of our offices.

☐ Gas

☐ Electric

☐ Bulk fuel statement

## **PY 2026 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.
- If anybody in your household has a life-threatening medical condition that require home utility service for treatment, check the box to inform the agency.
- 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 denial of your application.
- 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.

### **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 IHcDA.
- 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 Undocumented Income Verification – 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 Tenant Verification Statement.
    - 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 IHCDA.
- 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, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

## Appeal Rights

You have the right to appeal the determination of your eligibility if you do not agree with any aspect of it. All appeals of eligibility determination must be submitted in writing or through the online portal at <http://eap.ihcda.in.gov>. All eligibility determination letters include appeal instructions on them. Appeals must be submitted within thirty (30) days of eligibility determination.

You also have the right to appeal an agency not taking timely action on your application. Please be advised of the current guidelines set for determination of your application:

- Most applications should be processed and have eligibility determined within **fifty-five (55) days of receipt of your application**.
- Crisis applications (applications for which a metered utility has been issued a disconnection notice or already disconnected, or a bulk deliverable fuel is within ten (10) days of being depleted or already depleted, or in which biofuel is within 21 days of funds being depleted or already depleted or prepaid metered energy is within 10 days of being depleted) should be addressed in a way that offers mitigation of the crisis within **forty-eight (48) hours of the LSP being made aware of the crisis**.
- Life-threatening crisis applications (applications for which metered utility service is shut off and/or the deliverable bulk fuel is completely out **and** the household either: (1) qualifies as a vulnerable population household, (2) has a documented medical need with an extreme safety concern, or (3) requires a deliverable fuel tank safety inspection) should be addressed in a way that offers mitigation of the crisis within **eighteen (18) hours of the LSP being made aware of the crisis**.

Considering these timelines, if you feel your application is not being addressed in a timely manner, you may appeal by sending a written communication to the Local Service Provider. You may obtain the Local Service Provider's information by going to <http://eap.ihcda.in.gov>. You may also reach out to IHCD, who will forward your appeal to the Local Service Provider to address. IHCD may be reached at:

Indiana Housing and Community Development Authority

30 S Meridian Street

Suite 900

Indianapolis, IN 46204



Attn: Energy Assistance Program

e-mail: [eap@ihcda.in.gov](mailto:eap@ihcda.in.gov)

Someone from the Local Service Provider will respond to your appeal.

# Indiana Energy Assistance Program Application - Large Print

## Program Year 2026

 <b>AREA IV AGENCY</b> <small>ON AGING &amp; COMMUNITY ACTION</small>	<b>Area IV Agency on Aging and Community Action Programs, Inc.</b> <b>660 N 36th Street, P.O. Box 4727</b> <b>Lafayette, IN 47905</b> <b>765-447-7683</b> <b>www.areaivagency.org</b> <b>eap@areaivagency.org</b>	<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 <input style="border: 1px solid red;" type="checkbox"/> Drop off			
		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				
	<input type="checkbox"/> <b>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.</b>				
<input type="checkbox"/> <b>Check here if any household member has a life-threatening medical condition that requires home utility service for treatment.</b>					
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.					
<b>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, 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.</b>					
<input type="checkbox"/> No <input type="checkbox"/> Yes (please identify member and relationship): _____					
<b>Part I: Contact Information</b>					
<b>Applicant Name</b>			<b>Last four digits of SSN</b>		<b>County</b>
			XXX-XX-		
<b>Physical Address <i>(Including Apartment/Lot/Trailer Number)</i></b>			<b>City</b>	<b>State</b>	<b>Zip</b>
				IN	
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"/> Check box if you would not like text notifications	<b>E-mail Address -</b> <input type="checkbox"/> <b>check box if you would not like e-mail notifications.</b>	

**SEE REVERSE SIDE**



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"/> Multi-unit 2-4 units (duplex, triplex, quadplex, townhouse, condo) <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-unit 5 or more units (apartment, condo) <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)
<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"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets    Do you chop your own wood? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Other: _____
Do you have a secondary heating source installed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Part III: Income and Benefits

Please indicate <u>all</u> types of income received by any member of the household in the past three months. <b>Check all that apply.</b>	
<input type="checkbox"/> Employment/wages (include current paystub with YTD gross) <input type="checkbox"/> Social Security Retirement/Disability/SSI (include current award letter or bank statement) <input type="checkbox"/> VA Disability/Pension (include current award letter or bank statement) <input type="checkbox"/> Self Employment (Include most recent full 1040 tax return) <input type="checkbox"/> Unemployment benefits (include current Uplink statement or completed DWD release authorization)	<input type="checkbox"/> Pension/Retirement (include award letter, check stub, or bank statement) <input type="checkbox"/> Odd jobs/irregular income (include completes Income Verification Affidavit) <input type="checkbox"/> No Income for one or more months (include completes Income Verification Affidavit) <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>Please check all that apply.</b>	Has anybody in the household <u>paid</u> 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)



## Part IV: Household Members and Demographics

List all people residing in household, including yourself.

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

☐ More than eight people in household

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled ?	Race	Ethnicity	Military Status
Please use codes below											
Applicant					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> Yes <input type="checkbox"/> No			
<b>Race Codes:</b>					<b>Ethnicity Codes</b>			<b>Military Status Codes</b>			
<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> - Multi-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 military affiliation			

SEE REVERSE SIDE



### Part V: Certification

**Disclaimer:** 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 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 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.**

**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)

**The application is not valid without a signature and the date.  
Use blue or black ink only.**

# **AREA IV AGENCY COUNTY OFFICES (FOR LOCATIONS OF LOCKED DROP BOXES)**

## **Boone County**

1600 W Main St (Located in the Aspire building)  
Lebanon IN 46052  
Drop box located in lobby

## **Carroll County**

901 Prince William Rd (located in the Brooks Center)  
Delphi IN 46923  
Drop box located outside Area IV Agency office door

## **Clinton County**

351 N Columbia St  
Frankfort IN 46041  
Drop box located to the right of office door

## **Hendricks County EAP**

7230 Arbuckle Commons: Suite 102 (located in the Elevate Building )  
Brownsburg IN 46112  
Drop box located in mail room at very end of left side

## **Tippecanoe County**

660 N 36<sup>th</sup> St  
Lafayette IN 47905  
Hours: Monday through Friday – 8:00 AM – 4:30 PM  
Drop box located to the right of the front door

## **White County**

402 Tioga Rd  
Monticello IN 47960  
Drop box located outside the front of building

Contact information for all of the above is the same as the main office.

\*\*\* THIS FORM TO BE COMPLETED  
ONLY IF ONE OR BOTH UTILITIES ARE  
INCLUDED IN YOUR RENT\*\*\*



Application Key: \_\_\_\_\_

### 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**)

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

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

Routing Number                      Account Number

- ☐ 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**



## Area IV Agency Program Referral Form

*I would like to be referred to the following Area IV Programs:*

\_\_\_\_\_ **Weatherization**

- *Provides energy audits of owner-occupied homes in order to help the occupant conserve energy and save money. Energy audits are performed to determine needs and include health and safety measures, general heat waste reduction activities, client education, evaluation, repair and possible replacement of furnace, water heaters and cook stoves, sealing air leaks, and insulating. Eligible participants must be at or below 200% of the federal poverty level (FPL) and must reside in the counties of Carroll, Clinton, Tippecanoe, and White.*

\_\_\_\_\_ **Other Program**

- *Description of need:*

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SEE REVERSE SIDE



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

# Does Your Home Need to be Weatherized?

***If you are looking for a long-term solution to high energy bills and a way to make your home more energy efficient, we have the program for YOU!!***

The Indiana Weatherization Assistance Program provides energy conservation measures and education to low-income Hoosiers every day.

## Getting Started

If you are interested in having your home weatherized, you must first apply and be approved for the Energy Assistance Program at Area IV Agency. Eligibility for the program is based on household income and the condition of your home.

## Weatherization Process

Because the demand for these services may exceed the available funds, you may be placed on a waiting list.

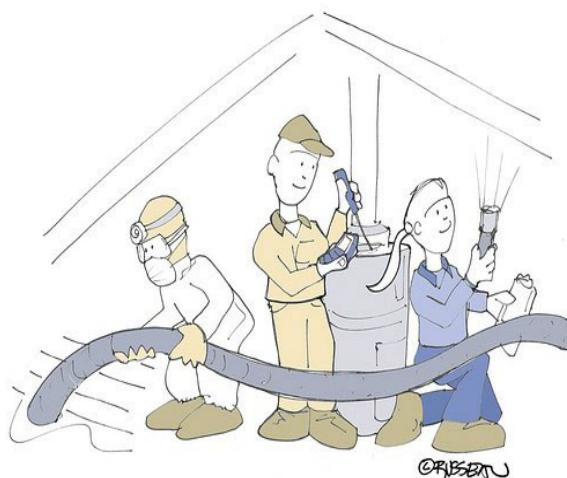
Once your home comes up on the wait list, you will be contacted, and a state-trained energy auditor will be sent to your home to perform a comprehensive energy audit.

The audit may consist of:

- ◆ Lead base paint test (if the home was built prior to 1978)
- ◆ Assessment of heating and cooling systems
- ◆ Assessment of air exchange systems
- ◆ Determination of proper insulation in attics and walls

Because the Health & Safety of all who enter your home is a priority, there are some things you should do to prepare.

- ◆ First take care of any water leaks or mold issues.
- ◆ Make sure your home is free of pest and bug infestation.
- ◆ Clear areas around heating and cooling systems and hot water heater to ensure they are accessible.



## The Results

The results of the audit are unique to your home and determine which energy efficiency upgrades will maximize energy savings for you.

Upon completion of the audit, state-trained contractors will install the energy efficiency upgrades prescribed by the auditor. A final audit will be conducted at the completion of the installation work to ensure the energy efficiency measures installed are operating in such a way to maximize energy savings.

Because the work completed on your home is funded through the federal government, all audits and energy efficiency upgrades are installed at no cost to you. After the final audit has been completed and approved by you, then you will be responsible for maintenance of the home and all measures installed.

- ◆ You can expect to be treated in a courteous manner as the workers enter your home.
- ◆ You can expect the workers to clean up their workspace at the end of each day

***ABOVE ALL, YOU CAN EXPECT LOWER UTILITY BILLS!***

**Contact: Area IV Agency WX Program @ (765) 447-7683 Ext. 235**

**All Area IV Agency services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.**

## Questions you might have???

Do I qualify if I rent?

YES! Rental units qualify.  
(landlord consent is required)

Will this cost me any money?

NO! All energy efficiency upgrades are installed at no cost to you.

Do you do windows?

NO! We will not replace windows.

If I qualify based on my income, does my home automatically qualify?

NO! Some Health and Safety issues could cause you to be deferred until corrected.

Do my utility services have to be on at the time?

YES! Utility service must be on during the initial audit, during the work process and the final inspection.



## Program Participant Satisfaction Survey

*Please help us continually improve our services by letting us know what you think. At Area IV Agency we are constantly striving to provide excellent services and to contribute to our mission to “inspire hope and spark positive change in the lives of those we serve and the communities where we live.”*

### 1. What services have you used from our agency? (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Aging Services               | <input type="checkbox"/> Caregiver Support             |
| <input type="checkbox"/> Childcare/Pre-School         | <input type="checkbox"/> Dementia Care Support         |
| <input type="checkbox"/> Energy Assistance Program    | <input type="checkbox"/> Health and Wellness           |
| <input type="checkbox"/> Life Skills Coaching         | <input type="checkbox"/> Mental Health Care Management |
| <input type="checkbox"/> Money Management             | <input type="checkbox"/> Ramp-Up Indiana               |
| <input type="checkbox"/> Rental Assistance Counseling | <input type="checkbox"/> Section 8 Housing             |
| <input type="checkbox"/> Transportation               | <input type="checkbox"/> Weatherization                |

### 2. How did you hear about our services?

- |   |  |
|---|--|
| <input type="checkbox"/> Referral from another agency | <input type="checkbox"/> Friend or family member |
| <input type="checkbox"/> Online search                | <input type="checkbox"/> Social media            |
| <input type="checkbox"/> Flyer or brochure            | <input type="checkbox"/> Other _____             |

### 3. How would you rate the overall quality of the services you received?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

### 4. Please indicate how much you agree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am satisfied with the ease of accessing services.					
Information about services was clear and understandable.					
Area IV staff are responsive to my questions or concerns.					
Area IV services improved my quality of life.					
Area IV services I received met my needs.					

SEE REVERSE SIDE



**5. What do you think we could do to improve our services?**

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**6. Do you have any additional comments or suggestions?**

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**7. What is your age?**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 25 – 44 |
| <input type="checkbox"/> 45 – 54 | <input type="checkbox"/> 55 – 59 |
| <input type="checkbox"/> 60 – 64 | <input type="checkbox"/> 65 – 74 |
| <input type="checkbox"/> 75+     |                                  |

**8. What is your gender?**

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say

**9. What is your race/ethnicity?**

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native           | <input type="checkbox"/> Asian              |
| <input type="checkbox"/> Black or African American                  | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | <input type="checkbox"/> White              |
| <input type="checkbox"/> Multi-Race                                 | <input type="checkbox"/> Other _____        |

*Thank you for your time and input.  
Your feedback helps with our programs and our growth!*