

**Did you include the following?**

- \_\_\_ State issued Indiana Driver's License for Applicant signing the application
- \_\_\_ Copies of Social Security Cards for **all** household members
- \_\_\_ Income for all household members covering the **last 3 complete months**
- \_\_\_ 18 years of age and still in school? Provide the current school schedule.  
Others NOT in school with even one month with NO income **complete and sign the Zero Income Affidavit.**
- \_\_\_ **IF utilities are included in rent,** completed the Applicant Section of the Landlord Affidavit, then give to the landlord for completion of Landlord Section.
- \_\_\_ **Current** Gas/Fuel and Electric bills – furnace not working, tell us.  
Remember to **continue paying on gas and electric bills.** Payment delayed again and you cannot make a payment? Establish a payment arrangement to keep the utilities on, until benefits can be determined and applied, if approved.
- \_\_\_ Community Resource List provides **other available services** at Area Five.
- \_\_\_ Energy Education Survey– **access our education online** at [www.areafive.com](http://www.areafive.com), click on Energy Assistance and look for Energy Education Presentation. View the education online OR at your local office. **Return completed signed form with your application packet to be eligible for Energy Saving items after approval.**

**If you need crisis help, please DO NOT mail your application. Call us!**

**Contact (800) 654-9421, your local Area Five Agency office.**



Area Five Agency on Aging &  
Community Services, Inc.

1-800-654-9421

[EAP@AREAFIVE.COM](mailto:EAP@AREAFIVE.COM)

## ASSISTANCE APPLICATION PACKET FOR 2023-2024

Enclosed is the mail-in application - please **COMPLETE** and **SIGN** the application. Provide **ALL** required documents and return with your signed application to the local Area Five Agency by mail, email, or dropping it off. Please note that **INCOMPLETE** applications will delay **YOUR** potential assistance. A checklist is enclosed to help you submit a complete application to avoid delays.

**CONTINUE TO PAY ON YOUR BILLS TO AVOID DISCONNECTION.  
REPORT CHANGES IN YOUR CONTACT INFORMATION IMMEDIATELY.**

Once your application is submitted **and processed**, the utility payments may take up to **60 days** to show on your bill. **Your application during this time is subject to a quality assurance review that could change the benefits received on or after the November program start date.**

Please remember that you **CAN BE** disconnected if you stop paying your bills.

**Moratorium protection can ONLY cover eligible households in good standing with a regulated utility vendor – December 1 through March 15.**

**IF you have a **DISCONNECTION NOTICE** or are **DISCONNECTED**,  
**DO NOT MAIL YOUR APPLICATION, CALL FOR AN APPOINTMENT****

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**CRISIS ASSISTANCE is by appointment, starting November 1, 2023**

\*\*\*(Pending Pandemic RESTRICTIONS within the agency)\*\*\*

**FOR AFTER HOURS ENERGY EMERGENCIES, PLEASE DIAL 211.**

### **REMINDERS:**

- **Please continue to pay your bills.** It is your responsibility to inform us of your utility situation. **If you get disconnected, you are responsible for all fees required to restore services.** We can help request a temporary extension during application processing; however, **vendor may deny the request, if extensions have been used, previous arrangements have been made and not kept, or payment has not been received as agreed.**
- Applications are processed on a *FIRST COME, FIRST SERVE BASIS*.
- Remember to **SEND COPIES ONLY** of **ORIGINALS ONLY** for social security cards, bills, and driver's license.
- Check that **all the required documents** are included **BEFORE** returning, as incomplete applications create delays in processing.

For energy saving tips and ideas, go to [www.areafive.com](http://www.areafive.com), click on **Energy Assistance**, then click **play** on "Energy Education Presentation."

Let us help you learn how to start saving money now!



**Area Five Agency on Aging & Community Service  
Energy Assistance Program  
IS YOUR APPLICATION COMPLETE???**



***Your application cannot be processed without being complete. Please provide all required documents.***

Use this checklist to make sure your application is complete to avoid processing delays.

We reserve the right to request additional information, as needed, to properly assess household eligibility.

           **COMPLETE APPLICATION** has all members listed and application is SIGNED. Failure to include all members in the household intentionally is fraud. **Fraud may result in a denial and other potential legal actions.**

           **Copy of Social Security Card(s) for all eligible members over 12 months old.** Birth certificate for those under 12 months is required, if card is not available. A photo ID must be provided for anyone using another **prior approved** document to verify the **FULL** 9 digit social security number. REAL ID is acceptable.

           **Copy of driver's license or state issued ID for individual signing the application** for assistance.

Although social security cards cannot be provided by **undocumented citizens**, their **income is required** for the household. They are not deemed eligible members, but the citizens in the household may still qualify.

Provide **ALL INCOME** from the **LAST 3 COMPLETE** months, **PRIOR** to the submission of your application, for **ALL** members. Provide proof of unemployment, if received.

           Earned income for the past 3 months **for all job(s)**. If not available, one of the following:

           A letter from your employer (on **Business Letterhead**) stating time period of employment and gross wages earned. Letter must be **signed** by the employer and contain their contact information.

           Request for Earnings Information Form – available online or at your local Area Five Agency office.

           Students **18 -23 years of age WITH or WITHOUT income MUST** provide their school schedule to confirm full-time status. Once verified, income may not count.

           **Social Security (SSA) or Supplemental Security Income (SSI) is counted regardless of recipient age – all pages of the award notice are required.**

           Any member, 18 years or older, with even one month of zero income, must complete and **SIGN** an **Income Verification Affidavit**, explaining how needs listed in Section 3 are met. Make copies as needed for additional members, download copies at [www.areafive.com](http://www.areafive.com) online or contact your local Area Five Agency.

**If Self-Employed, we will need** a current tax transcript from the IRS or recently **submitted/signed** 1040 Federal Tax Return with **all** supporting schedules. (Ex. Schedule 1, C, E, F, and SE)

**Landlord/Housing Affidavit-** for utilities included in your rent. Affidavits must be completed by the landlord with all their contact information. **(SIGNED)** If you have **utilities included in rent and want paid by direct deposit, request an ACH Authorization Form from us. Form is also available at [www.areafive.com](http://www.areafive.com).**

If your **UTILITY BILL** is not in a household member's name that is 18 years or older, please request a Utility Affidavit, complete and submit this with your application. Power of Attorney (POA) on utility account, requires submission of POA paperwork. **Continue to pay your bills, so you do not get disconnected.**

           Gas                                 Electric

**COMMUNITY RESOURCE LIST** - please review services, check those needed, **SIGN &** return.

**ENERGY EDUCATION** – Please review, complete, and **SIGN** the enclosed **Energy Education Survey**. Review our Energy Education Presentation online at [www.areafive.com](http://www.areafive.com), **Click** on Energy Assistance, then **Click** on the presentation to view our video. You may contact us for one-on-one assistance with this information.

**MORATORIUM PROTECTION** is only possible **AFTER DECEMBER 1<sup>st</sup>**, if you are in good standing with your utility vendors **AND APPROVED** for the Energy Assistance Program.

**PLEASE CONTINUE TO PAY ON YOUR BILLS. PLEASE DON'T RISK IT!**

**All applications are subject to a quality assurance review that could change the benefits within 60 days of the claim date.**

## **PY 2024 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.
- 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.

### **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 or non-cash benefit assistance 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.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

### **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.
- **If there are more than four persons in your household (five on the large print form), 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, employment status, education level, Health Insurance, and Military status for each household member.
- 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 define your household type according to the options provided.

### **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. Photo ID for the person completing and signing the application.
  2. Proof of SSN for each member of the household. This may be:
    - Copy of Social Security card.
    - Copy of a valid U.S. passport.
    - Copy of a valid state-issued REAL ID.
    - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person's name and full, unredacted SSN.
  3. 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.
  4. 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 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, religion, gender, sexual orientation or political affiliation.

## Indiana Energy Assistance Program Application

### Program Year 2024

 <small>Indiana Housing &amp; Community Development Authority</small>	<b>AREA FIVE AGENCY ON AGING &amp; COMMUNITY SERVICES</b> 1801 Smith Street Logansport, IN 46947 800-654-9421 www.areafive.com Email when complete to: EAP@AREAFIVE.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			
<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> 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>Part I: Contact Information</b>			
Applicant Name		Last four digits of SSN	County
		xxx-xx-	
Physical Address (Including Apartment/Lot/Trailer Number)		City	State    Zip
			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. Failure to provide accurate contact information may delay application processing.			
Telephone number	Mobile phone carrier	E-mail Address - <b>check box to give consent for us to e-mail you.</b> <input type="checkbox"/>	
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> Consent to receive texts		
<b>Part II: Home and Utility Information</b>			
Home Type (Please check one)		Utilities and Payment	
<input type="checkbox"/> Site-built single 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"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <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			
The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. <b>Would your Household be interested in a referral to the Weatherization program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Part III: Income and Benefits</b>			
Please indicate all 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 <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"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____			
Please indicate <u>all</u> sources of assistance received by any member of the household. <b>Check all that apply.</b>			
<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"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
Has anybody in the household <b>paid</b> child support in the past three months?		Is anybody in the household <b>between the ages of 14-24 and neither working nor attending school?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)		<input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	

**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.**

**Part IV: Household Members and Demographics**

List all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household:

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Edu-cation	Health Insurance	Military Status
							Please use codes listed below					
Applicant					<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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3					<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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>Race 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	<b>Ethnicity Codes:</b> H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	<b>Employment Codes:</b> 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
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<b>Education 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	<b>Health Insurance Codes:</b> 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	<b>Military Codes:</b> A - Active-duty military V - Veteran N - No affiliation
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**Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?**

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

**Household Type (please check one)**

Single Person   
  Two Adults, No Children   
  Single Female Parent   
  Single Male Parent  
 Two-Parent Household   
  Non-related adults with children  
 Multi-Generational Household (three or more generations)   
  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 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 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, 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.

**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.**

<b>Signature of applicant (required)</b>	<b>Date (required)</b>



**Indiana Energy Assistance Program Application Large Household Attachment  
Program Year 2024**

Please complete and return with your application if household is larger than four members.  
This form is not necessary if household is four people or smaller.  
Please provide address and applicant information so that we may match this attachment to the main application.

Applicant Name		Last four digits of SSN	County	
		xxx-xx-		
Physical Address (Including Apartment/Lot/Trailer Number)			City	State
				IN
Zip				

**Part IV: Household Members and Demographics (continued)**

Please list all people residing in this household not already listed on the main application form.

Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
						Please use codes listed below					
5				<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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7				<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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12				<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

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

## 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 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

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 all below needs were met by income of a parent/spouse/partner/roommate in the household			
<b>Rent/Mortgage</b>	<b>Utilities</b>	<b>Food</b>	<b>Other Household Expenses</b>
<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**

<b>NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)</b>	
WITNESS my hand and seal this _____ day of _____ 20____.	
County of Residence: _____	Notary Public – Signature _____
Commission Expires: _____	Notary Public – Printed Name _____

## 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: <span style="margin-left: 150px;">State: IN</span> <span style="margin-left: 50px;">Zip Code:</span>	

### 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"/> 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"/> 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 IHEDA 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: <span style="margin-left: 100px;">Zip Code:</span>	Email:

# ENERGY EDUCATION SURVEY

APPLICANT: \_\_\_\_\_

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

**PRE-QUIZ:** How do you use Energy?? – Review and Answer questions **BEFORE** viewing Energy Education detail online at <https://www.areafive.com/financial-and-housing/energy-assistance> :

## Home Space Heating

1) **Thinking about your home: What uses the most energy within a typical home?**

- a. Water Heating                      b. Lighting                      c. Heating Device                      d. Air Conditioning

**Heating your space** (For every ten (10) degrees you turn down the temperature on your furnace, you can save \$20 a year – Ideal Temperatures are 68° in the Winter and 78° in the Summer.)

2) **True or False:** When figuring actual use of energy, you must consider size of the home, temperature settings, age of home, condition of home, and how good is the heat appliance being used to heat the home.

3) **If there's a big difference between a thermostat and the temperature in your home, you may need to:**

- a. Have a furnace tune-up                      c. Have your thermostat checked  
b. Change your furnace filter                      d. All the above

## Water Heating **SAFETY ALERT: Water Heater set at 140°F can create 3<sup>rd</sup> degree burns in seconds.**

4) **What is the ideal/optimal temperature of a water heater for health and safety?**

- a. 160 °                      b. 100 °                      c. 98.6 °                      d. 120 °

5) **True or False:** There is no such thing as an energy efficient shower head or faucet aerator.

## Lighting

6) **True or False:** LED bulbs use less energy than the CFL bulbs or the incandescent light bulb.

**Appliances** – (Remember to look for **ENERGY STAR** items to make the best use of your electricity – Refrigerators should be kept between 36° and 38°. Freezers should be kept between 0° and 5°)

7) **True or False:** You can check the seal on your refrigerator or freezer with a paper towel.

## POST-QUIZ REVIEW:

**What will you change at home to conserve energy?** \_\_\_\_\_

**Did you find this information helpful? (Circle a number below)**

- 1      2      3      4      5      6      7      8      9      10  
Not helpful                      Good Reminder                      Helpful                      Very Helpful

**Let's see how you did:**

- Excellent (Got all 7 right)                      1-C, 2-True, 3-D, 4-D, 5-False, 6-True, 7-True  
Good (4-5 right)                      I could use help (1-3 right)

**Is there additional information you would like send to you?** \_\_\_\_\_

I confirm that I have completed an Energy Education opportunity with Area Five Agency. I have been provided an opportunity to receive valuable energy saving kit for use in my home, which also contains additional resources to help me understand more ways to conserve energy. If I am unable to pick up my kit, I authorize the following individual \_\_\_\_\_ to pick it up for me. (I.D. must be provided prior to obtaining any energy saving kit)

X: \_\_\_\_\_  
Applicants Signature                      Telephone Number                      Date

## TO BE COMPLETED BY AGENCY PERSONNEL DURING PROCESSING:

Kit Received?      Y or N                      Staff Initials:                      Date:                      Approved?      Y or N



## Area Five Agency on Aging and Community Services - Community Resource List



We have knowledgeable, caring staff available to assist you. Our main office hours are Monday through Friday from 8:00 am to 4:30 pm. Please check all programs you would like a program specialist to provide more information on. Please include your name, address, and contact number, for our staff to contact you. Thank you!

**Energy Assistance Program:** Provides eligible families with a one-time heating and electric benefit to help reduce winter costs and keep households warm. Approved clients are eligible for moratorium protection between December 1 and March 15. Contact us to find out more or apply today! Call 211 for an after-hours energy emergency or to seek additional community resources outside of office hours.

**Information and Assistance:** (800) 654-9421 ext. 1530, via email at [info@areafive.com](mailto:info@areafive.com) or visit us online for additional program information or resources at [www.areafive.com](http://www.areafive.com).

**Vaccine Equity & Access Program:** Provides individuals and families information/access to vaccines, specifically Influenza and COVID-19.

**¿Hablamos Español?: La Agencia de Área Cinco De Servicios Comunitarios Con El Centro de Recursos para Discapacidades y Ancianos al 1-800-654-9421 ext 1530. ¿Tiene usted preguntas y no sabe dónde empezar? ¡Llame a nuestro centro de recursos para personas mayores y con discapacidades para información y asistencia!**

**Indiana Minority Health Coalition:** Works to eliminate health disparities through research, education, advocacy, and access to health care services for minority populations.

**Covering Kids & Families of Indiana:** Advocates and enrolls eligible participants in low cost health insurance.

**Healthy Families:** Services are available for prenatal and new parents within 90 days of child's birth. The primary focus is on the parent/child interactions and the target child's developmental milestones.

**Head Start:** Family centered child development program for preschool aged children, between 3-5 years of age. Staff work to prepare children with the necessary tools needed in primary education.

**Options Counseling/Aging & Disability Resource Center (ADRC):** Options Counseling is a free service that helps older adults, people with disabilities, and family caregivers think through the options for long-term services and supports. Options Counseling may include a review of long-term services and supports, assessments for home and community based services, or community resource referrals. ADRC is a coordinated system of information. It is the entry access point for individuals seeking long-term services and supports.

**Case Management, Family Caregiver, and In-Home Services:** Services may include respite services, support groups for Moms, Caregivers, and Grandparents, caregiver training, other in-home assistance services. **Case Management** is a primary service focused on those with medical necessity to enable them to remain at home.

**Nutrition and Health Promotion Programs:** Senior Nutrition Programs provide those 60 years and older with access to hot meals regularly. Senior Farmers Market Vouchers provide access to fresh Indiana grown produce. Evidence based health education programs help those with chronic afflictions manage those conditions. Senior Open encourages those 60 years and over to maintain an active, engaged lifestyle.

**Senior Medicare Patrol (SMP):** Works to assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud and abuse through outreach, counseling, and education.

**State Health Insurance Assistance Program (SHIP):** Free and impartial counseling program for people with Medicare.

**Individual Development Accounts (IDA):** Savings and match opportunity for up to \$1500 with a 3 to 1 match rate. Funds can help one go to school, start or expand a business & more. Contact us for more information!

**Other asset development tools we have available include, but are not limited to: Small Business Development, Legal Inquiry, Ombudsman, and Housing & Development opportunities.** Ask us about these programs and more!

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_