

Indiana Energy Assistance Program Application - Large Print

Program Year 2026

[Insert agency logo here]	[Agency Name] [Mailing Address] [City, State, Zip] [Telephone Number] [URL] [E-mail Address] [OPTIONAL: Fax Number]	For Provider/Agency Use Only			
		Date received:			
		Application number:			
		<input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other			
		Household is disconnected or out of fuel: <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			
		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"/> 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.					
<input type="checkbox"/> Check here if any household member has a life-threatening medical condition that requires home utility service for treatment.					
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.					
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.					
<input type="checkbox"/> No <input type="checkbox"/> Yes (please identify member and relationship): _____					
Part I: Contact Information					
Applicant Name		Last four digits of SSN		County	
		XXX-XX-			
Physical Address <i>(Including Apartment/Lot/Trailer Number)</i>			City		State
					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.					
Telephone number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile		Mobile phone carrier <input type="checkbox"/> Check box if you would not like text		E-mail Address - <input type="checkbox"/> check box if you would not like e-mail notifications.	

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) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Heating Vendor: _____ <input type="checkbox"/> Included in rent
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: _____ Is it working? <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 <input type="checkbox"/> Other: _____
Do you have a secondary heating source installed?	
<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 low-income Hoosiers across the state.
Would your household be interested in a referral to the Weatherization program? ☐ Yes ☐ No

Part III: Income and Benefits

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

<input type="checkbox"/> Employment/wages (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? Please check all that apply.	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			
Race Codes:					Ethnicity Codes			Military Status Codes			
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			A - Active-duty military V - Veteran N - No military affiliation			

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)