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 the **last 3 months** for all individuals 18 years old and up

___ 18 years of age? If in school, just provide the current school schedule. Others not in school, if you have any month without income **complete and sign** the **Zero Income Affidavit** and tell us how you pay your monthly expenses.

___ Proof of homeownership **OR** a completed Landlord Affidavit with all landlord detail filled in by the landlord for those **with utilities included in rent.**

___ **Current** Gas/Fuel and Electric bills – furnace not working? Please let us know.

___ Remember to **continue paying on gas and electric bills** regularly.

___ Energy Survey/Community Resource Verfication – **access the education online** at www.areafive.com, click on Financial & Housing, then Energy Assistance and look for Energy Education Presentation. View the education online OR at your local office. **Please return form with application packet.**

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

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

Area Five Agency on Aging &
Community Services, Inc.
(574)722-4451, 1-800-654-9421, or
EAP@AREAFIVE.COM

ASSISTANCE APPLICATION PACKET FOR 2019-2020

Enclosed is the mail-in application - please **COMPLETE** and **SIGN** the application. Provide **ALL** required documents and return this application to your local Area Five Agency by mail, email, or dropping it off at your local Area Five Agency office. Please note that **INCOMPLETE** applications will delay **YOUR** 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** after approval to show on your utility bill. 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 APPOINTMENT
***
CRISIS ASSISTANCE is by appointment, starting November 1, 2019
***
FOR AFTER HOURS ENERGY EMERGENCIES, PLEASE DIAL 211.

REMINDERS:

- **Please continue to pay on your bills.** It is your responsibility to inform us of your utility situation. Please make an appointment, if needed. **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 or payment has not been received as needed.**
- Applications are processed on a *FIRST COME, FIRST SERVE BASIS*.
- **Remember** to **SEND ONLY COPIES** of requested information and **KEEP YOUR ORIGINALS** for social security cards, bills, and driver's license.
- **Check** that **all of the required documents** are included **BEFORE** returning, as incomplete applications create delays in processing benefits.

For energy saving tips and ideas, go to **www.areafive.com**, click on **Financial & Housing,** then click on **Energy Assistance**, then click **play** on **"Energy Education Presentation"**.
Let us help you learn how to start saving money now!

Privacy Notice: 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.
- Lifeline/Telephone Assistance Plan for verifying program eligibility.
- 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 is voluntary information. It is compiled and recorded for statistical purposes only. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

Do You Qualify for Recertification?

Households with fixed income may recertify for EAP without providing documentation that is usually necessary for the application. To qualify for recertification, you must be able to answer *yes* to all three of these questions:

- **Did you send in a full EAP application (all documents) and receive an EAP benefit within the past two years?**
  For example, you would be eligible for recertification for the 2019-2020 program year if you sent in a full application and received a benefit for the 2017-2018 program year or 2018-2019 program year.

- **Are the members in your household the same?**
  You would be eligible for recertification if the members of your household are the same as the last time you sent in an application and were approved for EAP.

- **Is your <u>only</u> source of income Social Security, Veteran's Benefits, Supplemental Security Income (SSI) or Retirement Pension/Annuity?**
  If you are on a fixed income and have only Social Security, Veterans Benefits, SSI or retirement income, and you have had only small or cost-of-living changes in your income since the last time you sent in an application and were approved for EAP, then you will qualify for recertification. No one in your household may be working. If there is a household member who has income from a job, self-employment, some other income source, or zero income, you will need to send in a complete application with all supporting documents.

If you can answer yes to all three (3) questions, you qualify for recertification for up to two (2) years. You must resubmit all your documents every third year. To recertify:

- Complete the EAP application, sign the application and return it to us. Be sure the application is signed and dated.
- Include current utility bills. This is to ensure that your benefit will be applied to the correct account.

As usual, you will receive confirmation of your approval or denial through the mail for this process.

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.**

Social Security Cards/ Applicants Driver's License

_____*Copy* of Social Security Card 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 over age 18, using other **prior approved** documents to verify the **FULL** 9 digit social security number. REAL ID is acceptable.
_____*Copy* of driver's license 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.

INCOME: Provide ALL INCOME from the LAST 3 COMPLETE months prior to the submission of your application for members 18 years and older and not in school. 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. You may also use our "Request for Earnings Information" form available at your local Area Five Agency office.
_____ Students **18 -23 years of age WITH or WITHOUT income MUST** provide their school schedule to confirm fulltime status. Once verified, their income will not counted. All other individuals, with even one month of zero income, must **SIGN** a **Zero Income Affidavit** explaining how they pay daily living expense. Additional forms can be requested or copied. Please contact your local Area Five Agency for help.

If Self-Employed, with Rental, Lease, or Land Contract INCOME, etc., we will need:
_____Most currently **signed** 1040 Federal Tax Return and **all** accompanying schedules. (ex. 1, C, E, F, and SE.

FOR RENTERS WITH UTILITIES INCLUDED IN THEIR RENT:
_____Landlord/Housing Affidavit- completed by landlord with all their contact information. **(SIGNED)**
____ If you have utilities included in rent and want funds paid by direct deposit, please request an ACH Authorization Form. **(SIGNED)**

FOR HOMEOWNERS: Please provide a copy of one of the following to prove your homeowner status.
_____County Assessors statement, Title, Deed, Bill of Sale, or printout of online property tax (must show homeowner name and address). **There is no additional benefit to homeowners this year.**

CURRENT UTILITY BILLS: If your utility bill is not in a household member's name that is 18 years or older, POA (include POA paperwork), or landlord. Please contact us for additional information. **Continue to pay on your bills, so you do not get disconnected.** _____Gas _____Electric

ENERGY EDUCATION and COMMUNITY RESOURCE LIST
_____ **Sign the enclosed Energy Education Survey/Community Resource Verification.** Review resources within your community and complete the Energy Education Presentation online at **www.areafive.com**, Click on Financial & Housing, then click on Energy Assistance, click on the presentation to view or contact us for one on one assistance.

MORATORIUM PROTECTION is only possible **AFTER DECEMBER 1st**, 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!

Energy Assistance Program Application - Program Year 2020

AREA FIVE AGENCY ON AGING & COMMUNITY SERVICES
1801 Smith Street
Logansport, IN 46947
574-722-4451 or Toll Free 1-800-654-9421
EAP@AREAFIVE.COM

For Office Use Only
Date Received:
Application Number:
□ Mail-in □ Appointment □ Outreach/ Home Visit/Other
Household is disconnected or out of fuel: Y / N
Household has disconnect notice or less than 25% fuel left: Y / N
Household heat source is inoperable: Y / N

If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider to check the availability of crisis appointments.
If you are unsure of your local agency or need other emergency options, please call 211.

Is your electric utility disconnected, or have you received a disconnect notice? □ Yes □ No
Vendor name: _____ Disconnect date: _____ Amount owed: $_____

Is your heating utility disconnected, out of fuel, due for disconnection, or below 25% of a tank? □ Yes □ No
Vendor name: _____ Disconnect date: _____ Amount owed: $_____

Physical Address with Apartment Number	City	State	Zip Code	County
		IN		

Alternate Mailing Address, if different from physical

Phone number		May we text you?	E-Mail Address	May we e-mail you?
	□ home □ cell	□ Yes □ No		□ Yes □ No

Please list **all** people residing at this address. Attach a separate sheet if necessary for additional household members.

Name (Last, First, Middle)	SSN (Last four digits)	Date of birth (MM/DD/YYYY)	Gender	Race	Military Status	Health Insurance	Hispanic?	Disabled?	School Years Completed
				see codes below					
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	

Race Codes:
A - Asian; **B** - Black or African American; **I** - American Indian or Alaska Native; **P** - Native Hawaiian or other Pacific Islander; **W** - White or Caucasian; **M** - Multiracial; **O** - Other

Military Status Codes:
A - Active; **V** - Veteran; **N** - No Affiliation

Health Insurance Codes:
A - Medicaid; **B** - Medicare; **D** - Direct Purchase; **E** - Employer Based; **M** - Military; **S** - State; **O** - Other; **N** - None

Home Type (please check one)
□ Multi-unit (apartment, condo, duplex, etc.)
□ Site-built single house
□ Mobile Home

Ownership (please check one)
□ Own
□ Rent
□ Other: _____

Utility Payment
Heat included in rent? □ Yes □ No □ N/A
Electricity included in rent? □ Yes □ No □ N/A
Electric vendor: _____

Primary Heating Fuel (please check one)
□ Electric □ Natural Gas □ Propane
□ Wood □ Fuel Oil □ Kerosene
□ Other: _____
Heat vendor: _____

Heating Source (please check one)
□ Furnace □ Wood Stove
□ Baseboard Heater □ Space Heater
□ Other: _____
Is it working? □ Yes □ No

Cooling Source (please check one)
□ Central Air □ Window Unit □ Fans
□ None □ Other: _____
Is it working? □ Yes □ No

Please complete and sign page 2
Please complete in blue or black ink only

Application number: _____

Please indicate all types of income received by the household in the past three months (please check all that apply):	**Does anybody in the household pay child support?**
□ Employment/wages □ Social Security/SSDI □ SSI □ VA Benefits □ Pension/Retirement □ Self-Employment □ Interest □ Odd jobs/irregular income □ Unemployment □ Other: _____ □ Zero Income	□ Yes *Monthly amount paid: $_____ (please include proof of payments)* □ No

Please indicate all sources of assistance receive by the household (please check all that apply):

□ Housing Choice Voucher (Section 8) □ Public Housing □ HUD VASH Voucher □ Permanent Suportive Housing
□ SNAP (Food Stamps) □ Healthcare Subsidy □ Child Care Voucher □ Child Support □ TANF
□ Earned Income Tax Credit (EITC) □ Other: _____ □ None

Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?	**Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?**
□ No □ Yes *please list:* _____	□ No □ Yes *please list:* _____

Is anybody in the household a seasonal migrant farmer?
□ No □ Yes *please list:* _____

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

Please be sure to complete both sides of this application in its entirety.
Please be sure you attach and include all required supporting documents. These include, but are not linited to:

□ Copies of Social Security cards for all household members, or other official document with Social Security number. REAL IDs or US Passports may be usind in place of Social Security Cards.
□ State or federally-issued photo ID for the individual signing this application.
□ Proof of income for the past three (3) months for each household member age 18 or over.
□ Most recent full electric bill, including name, service address, and account number.
□ Most recent gas or bulk fuel bill or delivery/account statement, including name, service or delivery address, and account number.
□ If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. **If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.**
□ Your local service provider's referral form.

If you have any questions regarding acceptable documentation, please contact your local service agency.

Disclaimer: I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I am a resident of Indiana and an applicant for the Energy Assistance and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that I have received based on any such misrepresentation or omission.

Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

Signature of person completing this form (required)	**Date (required)**

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income

Household Member: _____ **Application Key:** _____

Section 1: I verify that I have received income as defined below, by the month but I have **NO** documentation for this income. Please write the year below the month. **Source of my income is:** _____

$	$	$	$	$	$	$	$	$	$	$	$
Jan 20____	Feb 20____	Mar 20____	Apr 20____	May 20____	June 20____	July 20____	Aug 20____	Sept 20____	Oct 20____	Nov 20____	Dec 20____

(Income sources may include but are not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, cashed vacation or sick pay, tips, pensions, disability payments from any source, dividends, interest, gambling winnings, railroad retirement benefits, military allotments, life insurance payments, workers compensation, unemployment or strike benefits, social security benefits for any age, and royalties.)

Section 2: I received **NO** income during the following months. *Check all that apply and write the year below the month.*

Jan 20____	Feb 20____	Mar 20____	Apr 20____	May 20____	June 20____	July 20____	Aug 20____	Sept 20____	Oct 20____	Nov 20____	Dec 20____

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months. (For example: Section 8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)

Rent/Mortgage:	Help Received:$_____ From Whom: _____	Paid to me ❑ Paid directly to landlord or mortgage company ❑
Utilities:	Help Received:$_____ From Whom: _____	Paid to me ❑ Paid directly to utility ❑
Food:	Help Received:$_____ From Whom: _____	Paid to me ❑ Paid directly to grocery store/retailer ❑
Other Household Expenses:	Help Received:$_____ From Whom: _____	Paid to me ❑ Paid directly to store/retailer ❑

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 Zero Income Applicant ***Date***

NOTARY ACKNOWLEDGEMENT **(Use for Weatherization Assistance Program Referral ONLY)**

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 his/her 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.**

APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City: State: **IN** Zip Code:	

UTILITY INFORMATION (to be completed by the landlord, property owner, leasing agent, or authorized designee **only**. Please complete entirely.)

Heating costs are (check one):	**Electric costs are (check one):**
❑ Responsibility of the landlord, included in the tenant's monthly rent payment. ❑ Responsibility of the tenant, but in the landlord's name ❑ Responsibility of the tenant	❑ Responsibility of the landlord, included in the tenant's monthly rent payment. ❑ Responsibility of the tenant, but in the landlord's name ❑ Responsibility of the tenant

Primary heating source (check one):
- ❑ Electric (furnace, baseboard, or wall unit)
- ❑ Natural gas
- ❑ LP gas, fuel oil, wood, coal, pellets, kerosene

How much does the tenant pay each month in rent? $_____

Is the primary heating source operable?
❑ Yes ❑ No

I grant IHCDA permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City: State: Zip Code:	Phone: Email (optional):

Area Five Agency on Aging and Community Services

We have knowledgeable, caring staff available to assist you Monday through Friday from 8:00 am to 4:30 pm. Eligibility questions should be directed to the appropriate program staff.

Energy Assistance Program: Provides eligible families with a one-time benefit aimed to keep households warm during the coldest winter months. Apply today! **Call 211 for an after-hours energy emergency.**

Information and Assistance: 574-737-2100 or *(800) 654-9421 ext. 520, via email at* inconnect@areafive.com or online at www.areafive.com. For information on any available information including: Trustee assistance, Salvation Army locations, St. Vincent De Paul in any of our service locations.

Aging and Disability Resource Center and Options Counseling: ADRC is a single coordinated system of information and access for individuals seeking long-term services and supports. Options Counseling helps families plan for long-term care needs by assessing strengths, values and needs.

Hablamos Español?

La Agencia de Área Cinco De Servicios Comunitarios Con El Centro de Recursos para Discapacidades y Ancianos at 574-737-2100, 1-800-654-9421 ext 520. Tiene preguntas y no sabes dónde vas a empezar? Llama nuestro centro de recursos 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 those eligible, in affordable health insurance.

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

Nutrition and Health Promotion Programs: Senior Nutrition Programs provide those 60 years and older with access to a 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 Games encourage those 60 years and over to maintain an active, engaged lifestyle.

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

Women, Infants, and Children: WIC provides nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services.

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.

Other asset development tools we have available include, but are not limited to: Individual Development Accounts Program, Small Business Development, Tax Assistance Program and Housing & Development opportunities. Ask us about these programs and more!

ENERGY EDUCATION SURVEY / COMMUNITY RESOURCES VERIFICATION

APPLICATION KEY:_____ Kit Received? Y N _____ Staff Initials ____/____/____Dat
Approved? Y or N Additional Resources Issued as requested? Y or N (to be completed by agency)

APPLICANT:_____

Pre-Test: Overall Energy Use – Review and Answer questions BEFORE viewing Energy Education detail:

1. 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 the thermostat and the temperature in your home, you may need to:
   a. Have a furnace tune-up
   b. Change your furnace filter
   c. Have your thermostat checked
   d. All the above

Water Heating – (Ideal water heating temperature is 120 °F. **140°F water can create a 3rd degree burn in seconds.**)

4. What is the ideal/optimal temperature of a water heater?
   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 and the old incandescent 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. How helpful was this information: 1 2 3 4 5 6 7 8 9 10
   (Circle a number) Not helpful Helpful Very Helpful

Post-Test – answers to the above questions: 1-C , 2-True, 3-D, 4-D, 5-False, and 6-True

1. **How did you do? Excellent (Got all 6 right) Good (4-5 right) I could use help (1-3 right)**
2. **Is there additional information you would like?** _____

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

I have received COMMUNITY RESOURCES for my area, along with 211 detail to meet crisis needs, if one should arise before, during, or after completion of my Energy Assistance Program Packet.

X:_____ _____
Applicants Signature Date

RETURN TO: AREA FIVE AGENCY ON AGING & COMMUNITY SERVICES
1801 SMITH STREET
LOGANSPORT, IN 46947