

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? 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, Electric, and Water bills – furnace not working, tell us. Remember to **continue paying on gas, electric, and water/sewer bills**.
- ___ Community Resource List provides **other available services** at Area Five.
- ___ Energy Education Survey– **access our education online** at www.areafive.com, click on Energy Assistance and look for Energy Education Presentation. View the education online OR at your local office. **Return signed form with your 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 2021-2022

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 (following program start date)** 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 AN APPOINTMENT**

CRISIS ASSISTANCE is by appointment, starting November 1, 2021

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

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. **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 **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 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.

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 may not count. 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.

LANDLORD/HOUSING AFFIDAVIT- for utilities included in your rent. This 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.

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 ask us for a Utility Affidavit or Landlord Affidavit. Contact us with any additional questions. **Continue to pay on your bills, so you do not get disconnected.**

 Gas Electric Water/Waste Water/Sewer (For this year only)

COMMUNITY RESOURCE LIST - please review services, check if any are needed, sign & return. **(SIGNED)**

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

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!

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.

Indiana Energy Assistance and Water Assistance Program Application INSTRUCTIONS

- Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.
- 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, heating, and/or water/wastewater bills 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, 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
 - **Last paystub from the most recent complete month.** (i.e., if you apply in November 2021, please submit last paystub from October).
 - Request for Earnings information form – contact Local Service Provider
 - Social Security/SSI/VA benefits
 - Most recent award letter (may be downloaded from online)
 - 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.
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.

Indiana Energy Assistance and Water Assistance Program Application

Program Year 2022

 ihcda  <small>Indiana Housing & Community Development Authority</small>	Area Five Agency on Aging & Community Services 1801 Smith Street - Logansport, IN 46947 574-722-4451 or Toll Free 1-800-654-9421 Website: www.areafive.com Email When Completed EAP@AREAFIVE.COM	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				
What kind of assistance are you applying for? <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both <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. 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.				
Part I: Contact Information				
Applicant Name _____		Last four digits of SSN _____ xxx-xx-	County _____	
Physical Address (Including Apartment 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 _____ <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	Mobile phone carrier _____ <input type="checkbox"/> Consent to receive texts	E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>		
Part II: Home and Utility Information				
Home Type (Please check one) <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: _____	Home Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Utilities and Payment Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent Water/Wastewater Vendor(s): _____		
Primary Heating Source (please check one) <input type="checkbox"/> Furnace <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	Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	Secondary Heating Fuel <input type="checkbox"/> Electric furnace/baseboard <input type="checkbox"/> Wood Stove <input type="checkbox"/> None <input type="checkbox"/> Other: _____ EAP cannot pay benefits to fund the use of space heaters.		
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? <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. Check all that apply.				
<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. Check all that apply.				
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Child support <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None				
Has anybody in the household <u>paid</u> child support in the past three months? <input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)		Is anybody in the household between the ages of 14-24 <u>and</u> neither working nor attending school? <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 DemographicsList 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.	D.O.B.	Gender	Disability	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
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						

Race 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

Ethnicity Codes:

H - Hispanic, Latino, or Spanish origins
 N - Not Hispanic, Latino, or Spanish origins

Employment Codes:

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

Education codes:

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

Health Insurance Codes:

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

Military Codes:

A - Active-duty military
 V - Veteran
 N - No affiliation

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 Parent, Female ☐ Single Parent, Male
☐ 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 am a resident of Indiana and an applicant for the Energy Assistance, Water 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, Water 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)

Indiana Energy Assistance and Water Assistance Program Application Large Household Attachment

Program Year 2022

Application key number: _____

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 Number)	City	State Zip
		IN

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.	D.O.B.	Gender	Disability	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						

Race 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

Ethnicity Codes:

H - Hispanic, Latino, or Spanish Origins
 N - Not Hispanic, Latino, or Spanish Origins

Employment Codes:

FT - Employed full-time; PT - Employed part time;
 R - Retired; US - Unemployed six months or less;
 UL - Unemployed longer than six month; NL - Not in labor force;
 M - Migrant Seasonal farm worker

Education codes:

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

Health Insurance Codes:

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

Military Codes:

A - Active-duty military
 V - Veteran
 N - No affiliation

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. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

Rent/Mortgage:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to store/retailer <input type="checkbox"/>

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 (may be completed by applicant, intake, or landlord)

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

DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

Heating costs are (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	Electric costs are (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
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Primary heating source (check one):

- ☐ Electric (furnace, baseboard, or wall unit)
☐ Natural gas
☐ LP gas, fuel oil, wood, coal, pellets, kerosene

How much is the tenant responsible to pay out of pocket each month in rent? \$_____

Is the primary heating source operable?

☐ Yes ☐ No

All contact information is required unless otherwise noted.

<i>I grant IHCD 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: Zip Code:	Email (optional):

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 3rd 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:

1-C, 2-True, 3-D, 4-D, 5-False, 6-True, 7-True
Excellent (Got all 7 right) 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
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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 inconnect@areafive.com or online at www.areafive.com for information on available community resources.

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.

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.

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.

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!

Client Signature: _____ Date: _____
Printed Name: _____ Telephone: _____
Address: _____ City: _____