



**INDIANA ENERGY ASSISTANCE
&
WATER ASSISTANCE PROGRAM
PY2022**

Enclosed is the mail-in application. Please **COMPLETE** and **SIGN** the application. Provide **ALL** required documents and return this application by either dropping off at your local office or mailing to:

HUMAN SERVICES, INC.
ENERGY ASSISTANCE PROGRAM
P.O. BOX 119
CLIFFORD, IN 47226

If you have a **DISCONNECT NOTICE** or are **DISCONNECTED**, **DO NOT MAIL YOUR APPLICATION.**

CONTACT YOUR LOCAL OFFICE AT THE NUMBER BELOW FOR INFORMATION ON CRISIS ASSISTANCE.

CRISIS ASSISTANCE starts November 1, 2021.

For energy emergencies prior to November 1, 2021, please contact 211 for further assistance.

****CONTINUE TO PAY ON YOUR BILLS****

Once your application is processed and **APPROVED**, the benefit payment may take up to **120 days** to show on your utility bill. You **CAN** be disconnected if you stop paying your utility bills after submitting an assistance application. Moratorium protection can **ONLY** cover eligible households in good standing with a regulated utility vendor from December 1 thru March 15.

REMINDERS:

- All mail-in applications are processed on a **FIRST COME, FIRST SERVE BASIS**. HSI has 55 days to process your application from the date the application is received in the office. Processing time begins November 1, 2021.
- **THE PROGRAM BEGINS NOVEMBER 1, 2021. NO PAYMENTS WILL BE MADE PRIOR TO THIS DATE. NOTIFICATION LETTERS WILL ALSO BE SENT OUT BEGINNING THIS DAY.**
- Check that all the required documents are included before returning, as incomplete applications will create a delay in processing.
- Remember to **SEND ONLY COPIES OF REQUESTED INFORMATION** and **KEEP YOUR ORIGINAL DOCUMENTS.**

Bartholomew County
(812)372-8407
P.O. Box 119
Clifford, IN 47226

Decatur County
(812)663-8830
1939 C.N. Carver St.
Greensburg, IN 47240

Jackson County
(812)522-8718
1115 E Oak St.
Seymour, IN 47274

Johnson County
(317)736-0755
600 Ironwood Dr Suite N
Franklin, IN 46131

Shelby County
(317)398-3153
825 Elm St.
Shelbyville, IN 46176

Submitting your application

- Please submit your application to the local service provider administering EAP for your county, not to IHCDA.
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
 1. 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.
 - Allimony/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.

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.

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:

Applicant	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					
1					<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? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	Household Type (please check one) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> 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)

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	Feb.	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	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	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	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: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____	From Whom: _____
	Paid to me <input type="checkbox"/>	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
--	---

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 grant IHCD permission to obtain utility information on account status, energy cost and consumption data on this property for the purpose of data consumption tracking.

Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):



HUMAN SERVICES, INC REFERRAL FORM

Print Applicant Name: _____

Human Services, Inc. offers a variety of income-based programs.

Please mark the program(s) below offered by Human Services, Inc. that you would like to receive more information about:

Coaching for Success – Bartholomew & Jackson Counties only

Rapid Re-Housing

Head Start

Early Head Start

Housing Choice Voucher (HCV) – Section 8

Women, Infants & Children (WIC) – Decatur & Shelby Counties only

Infant Care Pantry - Johnson & Shelby Counties only

Food Pantry - Decatur & Shelby Counties only

I am not interested in any of the programs listed above.

I understand that all information gathered in regard to the Energy Assistance Program (EAP). Application is personal and private. I give my permission to the staff of Human Services, Inc. to release my information to the program(s) that I have identified above.

SIGNATURE

____/____/____
DATE

FORM MUST BE SIGNED AND RETURNED WITH PACKET.