



**2016/2017 Energy Assistance Application (Marion County Only)**

\*\*\* Please provide the following information for **EVERYONE** living in your household \*\*\*

| For Office Use Only |  |
|---------------------|--|
| Y or N:             | Household does not have service because they are disconnected          |
| Y or N:             | Household does not have service because they are out of fuel           |
| Y or N:             | Household does not have service because they have inoperable equipment |
| Mail-in             | <input checked="" type="checkbox"/>                                    |
| Appointment         | <input type="checkbox"/>   |

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#/Type: \_\_\_\_\_

| Last Name | First Name | Mid Init | Age | Social Security Number | Date of Birth MM/DD/YYYY | Sex | Race | Hispanic Y / N | Veteran Y / N | Disabled Y / N | Type of Health Insurance | Highest Grade Level |
|-----------|------------|----------|-----|------------------------|--------------------------|-----|------|----------------|---------------|----------------|--------------------------|---------------------|
|           |            |          |     | - -                    | / /                      |     |      |                |               |                |                          |                     |
|           |            |          |     | - -                    | / /                      |     |      |                |               |                |                          |                     |
|           |            |          |     | - -                    | / /                      |     |      |                |               |                |                          |                     |
|           |            |          |     | - -                    | / /                      |     |      |                |               |                |                          |                     |
|           |            |          |     | - -                    | / /                      |     |      |                |               |                |                          |                     |
|           |            |          |     | - -                    | / /                      |     |      |                |               |                |                          |                     |
|           |            |          |     | - -                    | / /                      |     |      |                |               |                |                          |                     |
|           |            |          |     | - -                    | / /                      |     |      |                |               |                |                          |                     |

|   |  |   |  |  |
|---|--|---|--|--|
| <b>Home Type</b><br><input type="checkbox"/> Apartment/<br><input type="checkbox"/> Townhouse/<br><input type="checkbox"/> Double/Condo<br><br><input type="checkbox"/> House/Single Dwelling<br><input type="checkbox"/> Mobile Home | <b>Ownership of Home</b><br><input type="checkbox"/> Rent<br><input type="checkbox"/> Own<br><input type="checkbox"/> Other<br>_____ | <b>Housing Assistance For Renters Only</b><br><input type="checkbox"/> Yes – Subsidized housing<br><input type="checkbox"/> No – Non-subsidized housing<br><br>Amount of Rent <b>YOU</b> pay Monthly \$ _____ | <b>Utility Payments</b><br><input type="checkbox"/> Heat included in rent<br><input type="checkbox"/> Electric included in rent<br><b>Whose Name is the Gas Bill In?</b><br>_____<br><br><b>Whose Name is the Electric Bill In?</b><br>_____ | <b>Homeowners Only</b><br>If eligible, do you want to be referred to a weatherization program? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Do any household members or relatives work at Connect2Help 211, John H. Boner Community Center, or United Way of Central Indiana or serve on the Board of Directors for either of these agencies?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|---|--|--|

|   |  |   |                                |
|---|--|---|--------------------------------|
| <b>How do you heat your home</b><br><input type="checkbox"/> Furnace<br><input type="checkbox"/> Furnace – does not work<br><input type="checkbox"/> Space heaters<br><input type="checkbox"/> Wood Stove<br><input type="checkbox"/> Baseboard heaters<br><br><b>How do you cool your home</b><br><input type="checkbox"/> Central Air<br><input type="checkbox"/> Central Air - does not work<br><input type="checkbox"/> Window Air Conditioners<br><input type="checkbox"/> No Air Conditioning | <b>Primary Heat Source</b><br><input type="checkbox"/> Gas<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Other<br>_____ | <b>Please check all types of income received in your household for the past 12 months</b><br><input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Food Stamps (*) <input type="checkbox"/> TANF<br><input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Veteran's Benefit <input type="checkbox"/> Child Support (*)<br><input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Foster Child Stipend <input type="checkbox"/> No Income<br><input type="checkbox"/> Other: _____ | <b>Email Address:</b><br>_____ |
| By signing below, I certify that all information provided is correct and true. My signature also certifies that I have read and agree to the Privacy Notice Statement, Social Security Number Disclosure Statement, Client Release of Information Statement and Certification of Information Statement on the reverse side of the application.  |  |   |                                |
| _____<br><b>Signature</b>   |  | _____<br><b>Date</b>  |                                |

## **APPLICATION SIGNATURE**

**Privacy Notice Statement:** This agency is requesting disclosure of personal information that is necessary to accomplish its statutory purpose. IC 4-1-6-2(a).

**Social Security Number Disclosure Statement:** This agency is requesting disclosure of your Social Security Number in order to expedite processing of your application. Disclosure is mandatory. IC 4-1-8-1(a)(3).

**Client Release of Information Statement:** In order to obtain assistance for my household, by signing below, I hereby authorize United Way of Central Indiana to release or obtain information about my income and/or services provided for members of my household.

**Certification of Information Statement:** I certify under penalties of 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 give my consent to the agency from which I am requesting assistance to make any necessary contacts to verify these statements. I am a resident of Indiana and an applicant for 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 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 hereby release the State of Indiana, United Way of Central Indiana 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. However, I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible for 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. My signature also gives my consent for an agency representative to sign my name and the completed application.