



2020-2021 Energy Assistance Program Checklist

Ways to Apply:

Online:	<a href="http://www.indyeap.org">www.indyeap.org</a>
Mail:	INDYEAP P.O. Box 88429 Indianapolis, IN 46208
Drop off:	<u>Monday-Friday 9am-4pm</u> John Boner Neighborhood Center 2236 E. 10 <sup>th</sup> St. Indianapolis, In 46201  <b>DOOR #2 GRAY SECURE DROP BOX</b>
Appointment:	<a href="http://www.indyeap.org">www.indyeap.org</a>

Important: **CONTINUE TO PAY YOUR UTILITY BILLS.** Applications may take up to 55 days to process and approval is not guaranteed. Please **DO NOT** mail disconnect or pending disconnects, visit [www.indyeap.org](http://www.indyeap.org) to schedule an appointment. Once appointment has been scheduled, please contact your utility provider and inquire about payment arrangement options.

Carefully read the certification requirements to understand if you qualify.

\*Failure to provide all required documents could delay application processing.

- Completed and signed 2020 - 2021 Energy Assistance Application
- Signed Referral Form
- State or federally-issued photo ID for individual signing the application
- Social Security cards for all household members
  - o Children under 1: Birth Certificate or Birth Confirmation on hospital letterhead
- 90 days of current income for every household member 18 and older
  - o Employment/Wages
  - o Social Security Benefits/Railroad Benefits
  - o Disability Benefits
  - o VA Benefits/Military allotment
  - o Pension
  - o Self-employment
  - o Odd Jobs or irregular income
  - o Unemployment
- Income Verification Affidavit
  - o For household member with less than 90 days of income or undocumented income
- Most recent utility bills (IPL and Citizens)
  - o **Must** be in adult household members name, if not a completed Utility Affidavit is needed
- Landlord Affidavit/Lease
  - o Only if utilities are included in rent; Must be signed and completed by landlord or current lease with signatures
- Current School schedule/Report Card For high school students/college 18-23; **Must** be enrolled 12 credit hours or more

Visit [indyeap.org](http://indyeap.org) to learn more.



## **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 IHCD.
- 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.



## Get Connected with Community Services

Marion County Energy Assistance Program wants to connect you to community services that will improve your quality of life.


Please check the service areas below that you would like to get connected with and return this form with your EAP application.

- |  |  |
|--|--|
| <input type="checkbox"/> Section 8 Housing/Public Housing/Subsidized Housing | <input type="checkbox"/> Family Development Services |
| <input type="checkbox"/> Employment Services                                 | <input type="checkbox"/> Headstart                   |
| <input type="checkbox"/> Transportation Services                             | <input type="checkbox"/> Food Pantries               |
| <input type="checkbox"/> Township Trustee Assistance                         | <input type="checkbox"/> Shelters                    |
| <input type="checkbox"/> CCDF  | <input type="checkbox"/> Clothing Assistance         |
| <input type="checkbox"/> SNAP  | <input type="checkbox"/> Rental/Utility Assistance   |
| <input type="checkbox"/> Medicaid/HIP  | <input type="checkbox"/> Legal Aid                   |

I \_\_\_\_\_ hereby authorize Marion County Energy Assistance Program to release my contact information to the community based organizations offering the services that I have identified by checking the boxes above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Energy Assistance Program Application - Program Year 2021

	<h2 style="margin: 0;">indyeap.org</h2>	<b>For Provider/Agency Use Only</b>		
		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: Y / N		
Household has disconnect notice or less than 25% fuel left: Y / N				
Household heat source is inoperable: Y / N				

**Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric?**    Yes    No

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/community action agency listed above to check the availability of crisis appointments.

**If you need other emergency options, please call 211.**

Physical Address with Apartment Number	City	State	Zip Code	County
		IN		

Alternate Mailing Address (only complete if different from physical address above)	Last four digits of SSN
	xxx-xx-

Phone number	May we text you?	E-Mail Address	May we e-mail you?
<input type="checkbox"/> home <input type="checkbox"/> cell	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list **all** people residing at this address, including yourself. Attach a separate sheet if necessary.

Name (Last, First, Middle Initial)	Date of birth (MM/DD/YYYY)	Gen-der	Race	Military Status	Health Insurance	Employment Status	His-panic?	Disa-bled?	School Years Completed
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	

<b>Race Codes:</b> <b>A</b> - Asian; <b>B</b> - Black or African American; <b>I</b> - American Indian or Alaska Native; <b>P</b> - Native Hawaiian or other Pacific Islander; <b>W</b> - White or Caucasian; <b>M</b> - Multiracial; <b>O</b> -	<b>Military Codes:</b> <b>A</b> - Active; <b>V</b> - Veteran; <b>N</b> - No Affiliation	<b>Health Insurance Codes:</b> <b>A</b> - Medicaid; <b>B</b> - Medicare; <b>D</b> - Direct Purchase; <b>E</b> - Employer Based; <b>M</b> - Military; <b>S</b> - State; <b>O</b> - Other; <b>N</b> - None	<b>Employment Status Codes:</b> <b>A</b> - Employed Full Time; <b>B</b> - Employed Part Time; <b>C</b> - Migrant Seasonal Farm Worker; <b>D</b> - Unemployed (less than six months); <b>E</b> - Unemployed (longer than 6 months); <b>F</b> - Not in labor force; <b>G</b> - Retired
---	--	--	--

<b>Home Type (please check one)</b> <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home	<b>Ownership (please check one)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	<b>Utility Payment</b> Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____
---	---	---

<b>Heating Source (please check one)</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____	<b>Primary Heating Fuel (please check one)</b> <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____ Heat vendor: _____	<b>Cooling Source (please check one)</b> <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

**Please complete and sign page 2 - Application is not valid without signature and date.**

<p><b>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</b></p> <p> <input type="checkbox"/> Employment/wages    <input type="checkbox"/> Social Security/SSDI    <input type="checkbox"/> SSI    <input type="checkbox"/> VA Benefits  <input type="checkbox"/> Pension/Retirement    <input type="checkbox"/> Self-Employment    <input type="checkbox"/> Interest    <input type="checkbox"/> Odd jobs/irregular income  <input type="checkbox"/> Unemployment benefits    <input type="checkbox"/> No income    <input type="checkbox"/> Other: _____         </p>	<p><b>Has anybody in the household <u>paid</u> child support in the past three months?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>Monthly amount paid: \$ _____</i>  <i>(please include proof of payments)</i> </p>
---	--

**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 Supportive 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?**

No  
 Yes    *please list:* \_\_\_\_\_

**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:* \_\_\_\_\_

**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 each page of this application in its entirety.**

**Please be sure you attach and include all required supporting documents. These include, but are not limited to:**

- Copy of Social Security card for **each** household member. REAL ID or US Passport may be used in lieu of Social Security card.
- 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 **full** gas or bulk fuel bill or 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 provider listed on the front of this application.**

**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.**

<b>Signature of person completing this form (required)</b>	<b>Date (required)</b>



## ENERGY CONSERVATION SURVEY

Return this completed survey along with your Energy Assistance Application

**Name:** \_\_\_\_\_ **Last 4 of SSN:** \_\_\_\_\_

The Energy Assistance Program is committed to helping you find ways to conserve energy and reduce your utility bills. Please answer the following questions before proceeding to read the enclosed Energy pamphlet.

1. At what degrees do you set your thermostat at night or when leaving the house for several hours?  
\_\_\_\_\_
2. How often do you change your furnace filter? \_\_\_\_\_
3. What energy savings tips do you employ in your kitchen? \_\_\_\_\_
4. What do you currently do to save energy costs? \_\_\_\_\_
5. Where do you currently spend the most in home energy costs? \_\_\_\_\_

Please read the enclosed Home Energy Savings Guide brochure, produced by Illinois Department of Commerce and Economic Opportunity.

Write out a complete answer for each one of the conservation tips to Be Winter Wise.

1. Where is there the greatest opportunity to save on energy costs? \_\_\_\_\_
2. What degree range should you set your thermostat when you leave home or at night while you are sleeping? \_\_\_\_\_
3. How often should you clean your furnace filters for the greatest impact? \_\_\_\_\_
4. What type of light bulbs should you use to save up to \$75 per year in energy costs? \_\_\_\_\_
5. What can you do to increase savings in your kitchen? \_\_\_\_\_
6. What can you do to save energy in your living room? \_\_\_\_\_

# APPLIANCES

The average home uses \$2,200 worth of energy every year—and more than 20% of that goes right into your appliances



To learn more about saving energy in your home, visit these sites:

The American Council for an Energy-Efficient Economy

[www.aceee.org](http://www.aceee.org)

U.S. Department of Energy

[www.energy.gov](http://www.energy.gov)

Energy Star

[www.energystar.gov](http://www.energystar.gov)

## APPLIANCE 101

- **Thermostats** should be set between 36°F and 38°F for the refrigerator, and freezers should be kept at 0°F.
- **Use microwaves or toaster ovens** when you can. They use less energy than ovens.
- **Make sure** to keep refrigerator coils dust free and leave plenty of room behind the appliance so air can circulate!
- **Door seals and gaskets** need to be airtight. To test seals, close door on a piece of paper to see if it stays in place.

## AVOID ENERGY VAMPIRES

- **Plug electronics into a power strip.** Then turn the strip off when not in use.
- **Pull the plug on that old fridge** located in the HOT garage or utility room. Some utility companies have appliance recycling programs and will pick it up for free. Check with your local electric company.
- **Look for ENERGY STAR qualified electronics.** These products are up to 30% more efficient than non-certified models.

*This project was developed with funds provided under the Low Income Home Energy Assistance Program administered by the Illinois Department of Commerce and Economic Opportunity.*

For more information you may contact:

## OFFICE OF COMMUNITY ASSISTANCE

Illinois Department of Commerce and Economic Opportunity

217.785.2533

[communityassist@illinois.gov](mailto:communityassist@illinois.gov)

[liheapillinois.com](http://liheapillinois.com)



Illinois Department of Commerce & Economic Opportunity

OFFICE OF COMMUNITY ASSISTANCE

JB Pritzker, Governor

Printed by the Authority of the State of Illinois, January 2018, 50,000, WO#18-022E

# HOME ENERGY SAVINGS GUIDE

Save money on utilities by making your home more energy efficient



Illinois Department of Commerce & Economic Opportunity

OFFICE OF COMMUNITY ASSISTANCE

JB Pritzker, Governor

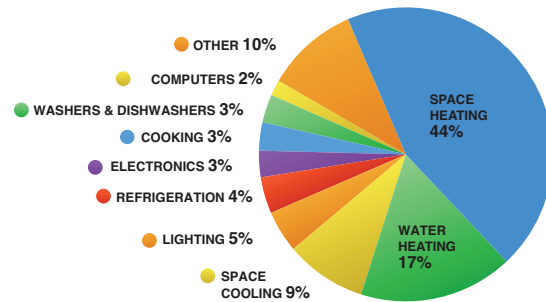
# WHERE DOES THE MONEY GO?

**LIGHTING** 6%, on average, of your energy bill is spent lighting your home

**COOLING** 9% of your energy bill is spent cooling your home

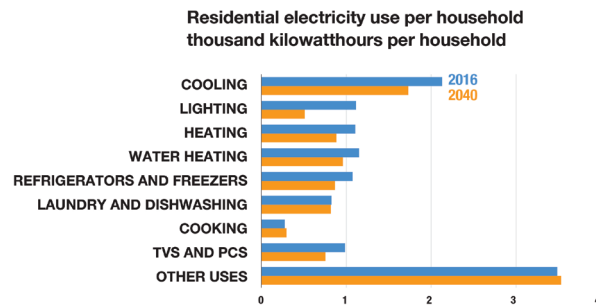
**HEATING** 45% of your energy bill is spent heating your home

## RESIDENTIAL SITE ENERGY CONSUMPTION BY END USE



Source: Building Energy Data Book, 2015, U.S. Department of Energy; Madison County Community Development.

## PROJECTED SAVINGS OF ENERGY EFFICIENCY



Source: U.S. Energy Information Administration

### LIGHTS OFF

One 100-watt bulb left on overnight costs \$25 per year.

### SWITCH IT UP

By switching to **Light-Emitting Diode (LED)** light bulbs the average home can save \$75 per year, according to the U.S. Department of Energy (DOE).

### KEEP IT LIGHT AND CLEAN

Light-colored or opaque lampshades work best. Keep them clean and **dust FREE** for up to 25% better output.

### BE A STAR



Buy ENERGY STAR® light fixtures when they are available. **ENERGY STAR® products use 75% less energy** than traditional fixtures.

### REMEMBER

**October is National Energy Awareness Month!**



### HEATING & COOLING CHALLENGE!

As much as half of the energy used in your home goes to **heating and cooling**. Making smart decisions about your home's heating, ventilating, and air conditioning (HVAC) system can have a big effect on your utility bills - and your comfort.

### KEEP IT CLOSED

Make sure doors and windows are tightly closed when the AC is on and remember to close unused air vents. Also use shades, blinds and drapes to block the sun from overheating your home!

### BE A FAN

Ceiling fans should be switched to turn in a counter-clockwise direction in the summer. You can also use ceiling fans to cool off for less.

**CLEAN IT UP:** Make sure AC air filters are cleaned at least once a month.

**TUNE IT UP:** Tuning up your AC system keeps it running efficiently and helps lower monthly bills.

### COOL TIP

Set your thermostat to "auto" NOT "on" so your fan does not run constantly. Utilize a "set-back" thermostat.

### WATCH YOUR THERMOSTAT

Set your thermostat to 68-70°F during the day in the winter, and 65-68°F at night.

### Raise the temperature slowly

Raising the temperature too quickly activates the heat strip and uses a lot of energy.

### Leave it on!

If you are out of town during the winter months, set your thermostat to 60°F but **don't turn it off!**

### EFFICIENCY COUNTS

**Change the filters** in your heating system every month for optimum efficiency.

**Give your air handler space** to work efficiently. Never stack anything against your HVAC or drape anything over it! Air vents will also be more efficient without curtains or furniture blocking them.

### HEAT UP WITH THESE TIPS!

- **Cover all bare floors.** Carpeting and rugs add heat retention.
- **Close the flue in your fireplace** and install glass doors to keep warm air in.
- **Limit your use of portable heaters.** They're great for "spot" heating, but can be expensive and dangerous.
- **Heat your home with the sun's help.** Leave window shades or blinds open during the daytime, and consider using solar heat!
- **Wall it up:** Insulate walls and attics to save energy by keeping cold outside air from seeping in.



## 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. (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 <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 \_\_\_\_\_



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

**RELEASE OF INFORMATION**

\*NAME OF APPLICANT (PRINT) \_\_\_\_\_

\*SOCIAL SECURITY: \_\_\_\_\_

\*CURRENT DATE: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

\_\_\_\_\_  
**\*SIGNATURE OF APPLICANT**

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

**\*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

\*Signature of Requestor: Dean Johns

Requesting Agency: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**\*REQUIRED FIELDS:** For questions email [EmployVerification@dwd.IN.gov](mailto:EmployVerification@dwd.IN.gov)



## ACH Authorization Form (Direct Deposit)

Application Key: \_\_\_\_\_

Please complete all areas and sign prior to returning. A voided check may be attached to this form.

Head of Household \_\_\_\_\_

Date \_\_\_\_\_

### Banking Information

---

(Name of Financial Institution)

---

(Address of Financial Institution)

Checking Account     Savings Account    Name on account: \_\_\_\_\_

Financial Institution Routing Number: (9 Digits) \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

⋮ 123456789 ⋮ 1234567890123 ⋮  
Routing Number                      Account Number

I hereby authorize the Indiana Housing and Community Development Authority (“IHCDA”) to initiate entries to: \_\_\_\_\_’s checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

---

(Authorized Signature)

(Date)



## 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: <span style="float: right;">State: <b>IN</b> Zip Code:</span>	

**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):
<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	<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 does the tenant pay each month in rent? \$ \_\_\_\_\_

Is the primary heating source operable?  
 Yes  No

<i>I grant IHEDA 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: <span style="float: right;">Zip Code:</span>	Email (optional):



Indiana Housing & Community Development Authority

UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone not listed as a household member

Head of Household's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name of person listed on Heating bill:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name and address of person listed on Electric bill:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship of the household member to the individual listed on the utility bill (check one):

- Spouse or significant other, Landlord, Parent, Child, Deceased family member, Other

Relationship of the household member to the individual listed on the utility bill (check one):

- Spouse or significant other, Landlord, Parent, Child, Deceased family member, Other

In the space provided, please explain why your utility bill(s) is in the name of someone not listed as a household member:

\_\_\_\_\_  
\_\_\_\_\_

Utility Affidavit

I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the monthly heating and electric bills.

I understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_



Indiana Housing & Community Development Authority

### Declaration of Absent Household Members

Application Key: \_\_\_\_\_

I, \_\_\_\_\_ (name),  
being of sound mind and at least 18 years of age, affirm that I have personal knowledge  
of the facts described in this form.

#### APPLICATION ADDRESS:

\_\_\_\_\_ Address

\_\_\_\_\_ City IN State \_\_\_\_\_ Zip Code

Household Size \_\_\_\_\_

The below individuals no longer reside in the household:

Name	Where is the individual?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in the Energy Assistance Program (“EAP”) and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this misrepresentation or omission.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*(IHCDA may follow-up while your request for assistance is being processed or after your application has been processed.)*