



2020-2021 Energy Assistance Program Checklist

Ways to Apply:

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

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 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
 - Children under 1: Birth Certificate or Birth Confirmation on hospital letterhead
- ☐ 90 days of current income for every household member 18 and older
 - Employment/Wages
 - Social Security Benefits/Railroad Benefits
 - Disability Benefits
 - VA Benefits/Military allotment
 - Pension
 - Self-employment
 - Odd Jobs or irregular income
 - Unemployment
- ☐ Income Verification Affidavit
 - For household member with less than 90 days of income or undocumented income
- ☐ Most recent utility bills (IPL and Citizens)
 - Must be in adult household members name, if not a completed Utility Affidavit is needed
- ☐ Landlord Affidavit/Lease
 - 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 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

	<i>indyep.org</i>		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: 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	Gender	Race	Military Status	Health Insurance	Employment Status	Hispanic?	Disabled?	School Years Completed
				see codes below						
			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	
Race Codes: A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O -			Military Codes: A - Active; V - Veteran; N - No Affiliation		Health Insurance Codes: A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None			Employment Status Codes: A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired		
Home Type (please check one) <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home			Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____			Utility Payment 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: _____				
Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____			Primary Heating Fuel (please check one) <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: _____			Cooling Source (please check one) <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>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</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>Has anybody in the household <u>paid</u> child support in the past three months?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes Monthly amount paid: \$ _____ (please include proof of payments) </p>
<p>Please indicate <u>all</u> sources of assistance receive by the household (please check all that apply):</p> <p> <input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD VASH Voucher <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Healthcare Subsidy <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None </p>	
<p>Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes please list: _____ </p>	<p>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?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes please list: _____ </p>
<p>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</p>	
<p>Please be sure to complete <u>each page</u> of this application in its entirety.</p> <p>Please be sure you attach and include <u>all</u> required supporting documents. These include, but are not limited to:</p> <p> <input type="checkbox"/> Copy of Social Security card for each household member. REAL ID or US Passport may be used in lieu of Social Security card. <input type="checkbox"/> State or federally-issued photo ID for the individual signing this application. <input type="checkbox"/> Proof of income for the past three (3) months for each household member age 18 or over. <input type="checkbox"/> Most recent full electric bill, including name, service address, and account number. <input type="checkbox"/> Most recent full gas or bulk fuel bill or account statement, including name, service or delivery address, and account number. <input type="checkbox"/> 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. <input type="checkbox"/> Your local service provider's referral form. </p> <p>If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.</p>	
<p>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.</p> <p>Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.</p>	
<p>Signature of person completing this form (required)</p>	<p>Date (required)</p>