Indiana Energy Assistance and Water Assistance Program Application Large Household Attachment
Program Year 2023

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/Lot/Trailer 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.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employ-ment	Edu-cation	Health Insurance	Military Status
									Please use codes listed below			
5					☐ Male ☐ Female ☐ Other/enby	☐ Yes ☐ No						
6					☐ Male ☐ Female ☐ Other/enby	☐ Yes ☐ No						
7					☐ Male ☐ Female ☐ Other/enby	☐ Yes ☐ No						
8					☐ Male ☐ Female ☐ Other/enby	☐ Yes ☐ No						
9					☐ Male ☐ Female ☐ Other/enby	☐ Yes ☐ No						
10					☐ Male ☐ Female ☐ Other/enby	☐ Yes ☐ No						
11					☐ Male ☐ Female ☐ Other/enby	☐ Yes ☐ No						
12					☐ Male ☐ Female ☐ Other/enby	☐ Yes ☐ No						

Race Codes:

A - Asian; **B** - Black or African American;
I - American Indiana 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

Application number: _____