

PY2024 Energy Assistance Program Checklist

Ways to Apply:

Online:	http://eap.ihcda.in.gov/
Mail:	INDYEAP P.O. Box 11469 Indianapolis, IN 46201
Drop off:	John Boner Neighborhood Center 2236 E. 10 th St. Indianapolis, In 46201
Appointment:	www.indyeap.org
Email:	eapdocumentreturn@jbncenters.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 an appointment has been scheduled, please contact your utility provider, and inquire about payment arrangement options.

Failure to provide all required documents could delay application processing

- ☐ Complete, Signed and Dated PY2024 Energy Assistance Application
- ☐ State or federally issued photo ID for head of household.
- ☐ Verification of social security numbers for all household members
- ☐ Proof of Income for Each Household Member 18 and Older
 - Employment: copy of most recent paystub including YTD gross, pay date, and employee name.
 - Social Security Benefits: copy of current year entire social security award letter.
 - Pension, Retirement, VA Benefit: copy of complete current award letter or current check stub.
 - Unemployment: signed Indiana Department of Workforce Development Form.
 - Self Employed: copy of previous years 1040 and Schedule C. All pages.
 - Gig Work: copy of complete current documentation, including your name.
 - No Income or Cash Income: completed and signed Income Verification Affidavit
- ☐ Most recent utility bills
 - Must be in adult household members name, if not a completed Utility Affidavit is needed.
- ☐ Utility Affidavit for utility bills that are not in a household member's name.
- ☐ Landlord Affidavit (if utilities are included in rent only)
- ☐ Direct Benefit Payment Election Forms (utilities included in rent or food): only needed if direct deposit is preferred over paper check.
- ☐ Current School schedule/Report Card For high school students/college 18-23; Must be enrolled 12 credit hours or more
- ☐ Declaration of Absent Household Members Form for anyone listed on any documents but do not reside in the home.

Visit indyeap.org to learn more.





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

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: _____

Indiana Energy Assistance Program Application

Program Year 2024

 <p>Indy EAP Energy Assistance Program <i>GET CONNECTED</i></p> <p>ihcda Indiana Housing & Community Development Authority</p>	<p>IndyEAP P.O. Box 11469 Indianapolis, IN 46201 317-808-2378 https://indyep.org/ indyep@jbncenters.org</p>	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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Household has d/c notice or less than 25% fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Household heat source is inoperable: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Check here if your electric or heating utility is disconnected or scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity. If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of a prepaid, bulk deliverable fuel, contact your local service provider listed above to request a crisis appointment. If you need other emergency options, please call 2-1-1.					
Part I: Contact Information					
Applicant Name			Last four digits of SSN		County
			xxx-xx-		
Physical Address (Including Apartment/Lot/Trailer Number)			City	State	Zip
				IN	
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.					
Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.					
Telephone number		Mobile phone carrier		E-mail Address - check box to give consent for us to e-mail you.	
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile		<input type="checkbox"/> Consent to receive texts		<input type="checkbox"/>	
Part II: Home and Utility Information					
Home Type (Please check one)			Utilities and Payment		
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____			Electricity Vendor: _____ <input type="checkbox"/> Included in rent		
Home Ownership (Please check one)			Heating Vendor: _____ <input type="checkbox"/> Included in rent		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____					
Primary Heating Source (please check one)		Primary Heating Fuel (please check one)		Do you have a secondary heating source installed?	
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____		<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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					
Part III: Income and Benefits					
Please indicate all types of income received by any member of the household in the past three months. Check all that apply.					
<input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____					
Please indicate all sources of assistance received by any member of the household. Check all that apply.					
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____					
Has anybody in the household <u>paid</u> child support in the past three months?			Is anybody in the household <u>between the ages of 14-24</u> and <u>neither working nor attending school</u> ?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)			<input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____		

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

Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.

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: ☐

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
Applicant					<input type="checkbox"/> Male	<input type="checkbox"/> Yes						
					<input type="checkbox"/> Female	<input type="checkbox"/> No						
					<input type="checkbox"/> Other/enby							
2					<input type="checkbox"/> Male	<input type="checkbox"/> Yes						
					<input type="checkbox"/> Female	<input type="checkbox"/> No						
					<input type="checkbox"/> Other/enby							
3					<input type="checkbox"/> Male	<input type="checkbox"/> Yes						
					<input type="checkbox"/> Female	<input type="checkbox"/> No						
					<input type="checkbox"/> Other/enby							
4					<input type="checkbox"/> Male	<input type="checkbox"/> Yes						
					<input type="checkbox"/> Female	<input type="checkbox"/> No						
					<input type="checkbox"/> Other/enby							

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?

☐ No
☐ Yes (please list): _____

Household Type (please check one)

☐ Single Person ☐ Two Adults, No Children ☐ Single Female Parent ☐ Single Male Parent
☐ Two-Parent Household ☐ Non-related adults with children
☐ Multi-Generational Household (three or more generations) ☐ 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 certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. 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, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, misrepresentation, or omission.

Energy Assistance Program and Low Income Home Water Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability,

Signature of applicant (required)

Date (required)

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any of the three months preceding application. This form must be completed in its entirety.

Household Member: _____ Application Key: _____ Application Date: _____

Section 1: Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the **gross** income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. **If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

The source of the above income is: _____

(Income includes but is not limited to: wages, self-employment, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, and royalties.)

Section 2: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses
<input type="checkbox"/> Housing Support/voucher	<input type="checkbox"/> Included in rent	<input type="checkbox"/> SNAP/WIC benefits	<input type="checkbox"/> Assistance program:
<input type="checkbox"/> Assistance program:	<input type="checkbox"/> Assistance program:	<input type="checkbox"/> Food bank/food pantry	_____
_____	_____	<input type="checkbox"/> Assistance program:	<input type="checkbox"/> Family/friend paid for me
<input type="checkbox"/> Have not paid/am behind	<input type="checkbox"/> Have not paid/am behind	_____	<input type="checkbox"/> Family/friend gave
<input type="checkbox"/> Family/friend paid for me	<input type="checkbox"/> Family/friend paid for me	<input type="checkbox"/> Family/friend paid for me	me money:
<input type="checkbox"/> Family/friend gave	<input type="checkbox"/> Family/friend gave	<input type="checkbox"/> Family/friend gave	*Amount: \$ _____
me money:	me money:	me money:	
*Amount: \$ _____	*Amount: \$ _____	*Amount: \$ _____	

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 Household Member

____/____/____
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 UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone who does not reside in the household

Head of Household's Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Utility in non-household member's name (Check all that apply):

☐

Electric

☐

Heating

Name and current address of person listed on utility bill(s):

Name: _____

Address: _____

City/State/Zip: _____

Relationship of the individual on the above-indicated utility bill(s) to the household member (check one):

☐

Spouse or significant other

☐

Parent

☐

Child

☐

Landlord

☐

Deceased family member

☐

Other: _____

Please explain barriers to placing the above utility/utilities in the name of a current household member:

Certification Statement

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 overall household income. I also certify that I have received consent from the above-named account holder to release or allow to be released utility data and information for the purposes of eligibility determination and reporting.

I understand that falsifying this information may result in disqualifying my household for IHCD-administered 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: _____

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 their 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.**

SECTION I: APPLICANT INFORMATION (may be completed by applicant, intake, or landlord)

Applicant Name:	Date:
Address (including apartment/lot number):	Phone:
City:	State: IN Zip Code:

SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating source (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment.	<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment.	<input type="checkbox"/> Electric furnace
<input type="checkbox"/> Responsibility of the tenant, but in the landlord's name	<input type="checkbox"/> Responsibility of the tenant, but in the landlord's name	<input type="checkbox"/> Electric baseboard
<input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Electric wall unit
		<input type="checkbox"/> Natural gas furnace
		<input type="checkbox"/> Liquid propane furnace
		<input type="checkbox"/> Fuel oil furnace
		<input type="checkbox"/> Wood-burning stove
		<input type="checkbox"/> Pellet Stove
		<input type="checkbox"/> Other: _____

Is the primary heating source operable?
☐ Yes ☐ No

How much is the tenant responsible to pay out of pocket monthly in rent **after subsidies**? \$ _____

All contact information is required.

<i>I grant IHDA 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: Zip Code:	Email:

Application Key: _____

Declaration of Absent Household Members

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 _____ State IN Zip Code _____

Total Number of People living in Household: _____

The below individuals no longer reside in the household:

Name	When did they move out of the household?	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 IHCD-administered assistance programs and may be grounds for termination of my assistance and/or repayment of the assistance that I receive based on this misrepresentation or omission.**

Signature: _____ Date: ____/____/____

Telephone Number: (____) _____ - _____

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

Energy Assistance Program Direct Benefit Payment Election Form

Head of Household _____

Please choose a fulfillment option below for your direct Energy Assistance Program (EAP) benefit payment. **Please check one.**

☐ I would like to waive my direct EAP benefit payment to be applied directly to my electricity/heating (**circle one**) utility, which I pay separately. I understand that the full benefit will be paid to my vendor within sixty (60) days and **I will not receive a direct payment.**

☐ I would like to receive my direct EAP benefit payment as an Electronic Funds Transfer (direct deposit). **I understand that this may take up to 120 days to receive**, and is subject to further delays if I have provided inaccurate banking information. I have provided my banking information below.

☐ Checking Account ☐ Savings Account Account holder name: _____


Financial Institution: _____

Financial Institution Routing Number:
(must be nine digits)

--	--	--	--	--	--	--	--	--

Checking/Savings Account Number: _____

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


 Routing Number Account Number

☐ I would like to receive my direct EAP benefit payment as a check mailed to my primary residence or mailing address. **I understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations. **If you do not return this form with your application, your benefit will be issued as a check.**

I hereby certify that the information provided above 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 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 based on any misrepresentation or omission.

If I have elected to receive benefit payment by electronic funds transfer, I hereby authorize the Indiana Housing and Community Development Authority ("IHCD") to initiate entries to the above identified 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 IHCD is notified by an authorized individual in writing to cancel it in such time as to afford IHCD 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 IHCD contained herein.

Applicant Signature

Date

ENERGY SAVING TIPS

HOME HEATING

There are a variety of ways to reduce energy usage to help save on home heating costs. The methods used to save money on home heating costs will vary for each homeowner depending on age and size of home, number of occupants, schedules and habits.

- **Keep shades and curtains open during the day.** Especially on the south side of your home you can naturally heat your home by keeping shades open during the day and close them at night to retain the heat.
- **Close the fireplace damper.** Stop cold air from entering the house through the chimney when not in use.
- **Replace screens with storm windows.** For an extra barrier to the cold outside air make sure to close storm windows tightly so no air leaks in or out.
- **Set back your thermostat.** In heating mode, lower your thermostat by 1 degree for 8 hours (while asleep or away from home) to save about 1% on our heating bill. For convenience, install a programmable thermostat to automatically adjust the temperature depending on the time of day and day of week.
- **Set your furnace fan to “auto”.** Setting the fan switch on your thermostat to “on” will cause it to run all the time, whether or not your home needs heating or cooling.
- **Use your ceiling fan clockwise.** In the winter months, your fan should run in reverse (clockwise) at a low speed. This will gently draw the room air up towards the ceiling and force the warm air down and out towards the walls, avoiding giving you the wind chill effect.
- **Insulating and air sealing.** These two cost effective ways to improve energy efficiency will lower your utility bill and help you stay warm and comfortable. Reducing air leaks alone could cut 10 percent from the average household's energy bill.



When correctly installed in a home that has been air sealed, insulation can help you achieve both comfort and energy savings during the hottest and coldest times of the year.

- **Keep radiators or heating vents clear from furniture or draperies.** Keep your radiators, registers and baseboard heaters dirt and dust free.
- **Maintain your heating system.** Schedule yearly maintenance with a qualified contractor and replace furnace filters monthly or according to the manufacturer's instructions.
- **Use kitchen and bath ventilating fans wisely.** Turn these fans off as soon as they are no longer needed. In about one hour, these fans can pull out a houseful of warmed air.
- **Caulk and weather strip around windows and doors** to keep the warm air from escaping.

*****IMPORTANT TO COMPLETE AND RETURN THIS FORM*****
Confirmation of Energy Education Training

By changing the energy habits of my entire household and following simple energy saving practices, I understand I will be able to save money on my energy bill.

The answers to following questions can be found on the attached Energy Saving Tips.

1) To retain inside heat, keep shades and curtains:

☐ Open all night

☐ Open all day

2) To save on heating costs while asleep or away from home:

☐ Lower thermostat setting

☐ Increase thermostat setting

3) To help them do the job intended, keep radiators or heating vents:

☐ Free of dust and dirt

☐ Clear from furniture or draperies

☐ Both of the above

4) Kitchen and bath ventilating fans should:

☐ Always be off

☐ Off when no longer needed

☐ Always be on

5) Furnace filters should be replaced

☐ Every year

☐ Twice per year

☐ Never

☐ Every month

6) For an extra barrier to cold replace screens with

☐ Trash bags

☐ Storm windows

I have learned new ways to save money on my utility bills and will do my best to conserve energy.

Signature of Head of Household

Date

Print Name

Address

Signature of EAP Intake Worker

Date