

Indiana Energy Assistance Program Application Program Year 2025

Please complete and return with your application if household is larger than eight members.
This form is not necessary if household is eight people or smaller.
Please provide address and applicant information so that we may match this attachment to the main application.

Applicant Name		County	
Physical Address (Including Apartment/Lot/Trailer Number)		City	State
			IN
Zip			

Part IV: Household Members (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.	Full Social Security Number	Citizen or Qualified Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Ethnicity	Military Status
									Please use codes listed below		
9											
10											
11											
12											
13											
14											
15											
16											

Race Codes	Ethnicity Codes	Military Status 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	H - Hispanic, Latino, or Spanish origins; N - Not Hispanic, Latino, or Spanish origins	A - Active-duty military V - Veteran N - No affiliation

Application number: _____