



# Energy Assistance Program Application (EAP)

LAKE COUNTY COMMUNITY SERVICES office is closed to the public, all EAP applications will be sent via mail. Applications will be processed on a FIRST COME FIRST SERVE BASIS. Please note that since all cases are different additional documentation may be required.

YOUR EAP BENEFIT WILL TAKE UP TO 120 DAYS FOR PAYMENT TO SHOW ON YOUR UTILITY BILL AFTER YOUR APPLICATION IS PROCESSED, YOU MUST CONTINUE TO MAKE PAYMENTS TO AVOID DISCONNECTION!

IF YOU RECEIVE A DISCONNECT NOTICE PLEASE CONTACT YOUR UTILITY PROVIDER TO MAKE PAYMENT ARRANGEMENTS TO AVOID ANY INTERRUPTION OF SERVICES.

## TO AVOID GETTING DISCONNECTED, CONTINUE MAKING PAYMENTS TO YOUR SERVICE PROVIDER

Please review and follow the attached instructions. Return your completed application BY MAIL with ALL required documentation to:

LAKE COUNTY COMMUNITY SERVICES  
1450 E. JOLIET ST., SUITE 202  
CROWN POINT, IN 46307

PHONE: (219) 663-0627

**\*\*Although LAKE COUNTY COMMUNITY SERVICES is closed to the public, a DROP BOX will be located outside of our office suite for clients to drop off EAP applications during our business hours (8:30AM to 4:30PM)\*\***

Should you have any questions regarding EAP Application or required documents please contact our office at (219) 663-0627.

## INCOME GUIDELINES

Household size	One Month	Three Months
1	\$2,163	\$6,489
2	\$2,829	\$8,487
3	\$3,494	\$10,482
4	\$4,160	\$12,480

Household size	One Month	Three Months
5	\$4,826	\$14,478
6	\$5,491	\$16,473
7	\$5,616	\$16,848
8	\$5,741	\$17,223

1450 E JOLIET ST., SUITE 202, CROWN POINT, IN 46307

**2020-21 ENERGY ASSISTANCE PROGRAM**

**CALL 219-663-0627 WITH ANY QUESTIONS BEFORE MAILING BACK YOUR APPLICATION!!!**



1450 E JOLIET ST., SUITE 202, CROWN POINT, IN 46307  
**2020-21 ENERGY ASSISTANCE PROGRAM (EAP)**

\*\*\*PLEASE NOTE THAT SINCE ALL CASES ARE DIFFERENT – ADDITIONAL DOCUMENTATION MAY BE REQUIRED\*\*\*

**COMPLETE THE ENCLOSED EAP APPLICATION – MAKE SURE YOU SIGN AT THE BOTTOM  
IF YOU HAVE ANY QUESTIONS CALL 219-663-0627 BEFORE MAILING BACK  
WE WILL NOT START ANY APPLICATIONS THAT ARE MISSING THE FOLLOWING DOCUMENTATION:**

- **MUST** have social security cards for ALL members of the household. If you **DO NOT** have an original social security card for everyone in your household, you **MUST** go to the Social Security Office and apply for a new card which takes 2 weeks to receive a replacement card.
- **MUST** have a valid State Driver's License for applicant.
- **Veteran and Military Status Verification Acceptable Documentation:** DD214 form, VA benefit documentation, Military identification.
- **MUST** have **CURRENT PROOF OF INCOME** received in the last 3 full calendar months for ALL members of the household 18 years and older (for all that apply):
  - **WAGES (If Employed): The most recent check stubs with gross year to date total for each job for the last 3 months**
  - **If you were laid off with pay due to COVID-19 have your employer complete the enclosed document**
  - **if you were laid off without pay and applied for unemployment send a printout to show benefits from beginning to end. You can obtain a copy of your benefits from Uplink: Unemployment Payment Summary, Department of Workforce Development (DWD) Last Know Employer (LKE).**
  - **if NO income fill out the enclosed Income Verification Affidavit explaining how your meet your needs with NO income AND also complete the enclosed WORKFORCE DEVELOPMENT release of information form**
  - **SOCIAL SECURITY, SOCIAL SECURITY DISABILITY, SUPPLEMENTAL SECURITY, PENSION, VA BENEFITS, acceptable documentation includes:**
    - Award letter you received for current year 2020.
    - Most recent Bank Statement (must be current) for any Direct Deposits as proof of current year. Statement must show the name of the recipient, name of the depositor and name of bank.
  - **Self-Employment:** You must provide your full tax return **INCLUDING ALL** self-employment schedules. If you apply in November or December 2020 you **MUST** provide your 2019 tax return, if you apply in 2021 you **MUST** provide your 2020 tax return. If any other income is shown on the tax return you will need to also provide proof of that, such as W2's, 1099, etc.
  - Individuals 18 years or older attending high school **MUST** provide proof of enrollment (school schedule or report card).
  - Full-time college student up to age 23 who is a dependent member if the household **MUST** provide a course schedule or letter he/she is enrolled for 12 credit hours or more per semester.



➤ **HEATING AND ELECTRIC BILLS (what you will need):**

- **CURRENT NIPSCO BILL** (if new service, bill must show at least 28 billing days, you cannot use a letter stating you had NIPSCO service turned on in your name).
- **BULK FUELS** (Propane, LP Gas, Fuel Oil) you **MUST** send a copy of your current invoice/or statement
- **RENTERS: ONLY** THOSE RENTERS WHOSE UTILITIES ARE INCLUDED IN THE RENT OR WHOSE SERVICES ARE IN THE LANDLORD'S NAME NEED TO HAVE THE LANDLORD COMPLETE THE ENCLOSED LANDLORD AFFIDAVIT!! IF APPLICANT WANTS FUNDS PAID BY DIRECT DEPOSIT COMPLETE THE ACH AUTHORIZATION FORM ENCLOSED. PAPER CHECKS WILL BE MAILED TO APPLICANTS NOT CHOOSING ACH DEPOSIT.
  - **\*\*PLEASE MAKE SURE THE AFFIDAVIT IS COMPLETED CORRECTLY\*\***
  - **NO WHITEOUT OR SCRATCHING OUT IS ALLOWED BY THE STATE, IF IT IS COMPLETED INCORRECTLY A NEW AFFIDAVIT WILL BE REQUIRED!!!**

**IF YOU HAVE ANY QUESTIONS TO AVOID DELAYS IN PROCESSING YOUR APPLICATION, PLEASE CALL (219) 663-0627.**



**NORTHWEST INDIANA  
COMMUNITY ACTION**

5240 Fountian Drive  
Crown Point, In 46307  
1-800-826-7871 option # 1  
www.nwi-ca.com

**For Provider/Agency Use Only**

Date Received: \_\_\_\_\_  
 Application Number: \_\_\_\_\_  
 Mail-in  Appointment  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)	Gender	Race	Military Status	Health Insurance	Employment Status	Hispanic?	Disabled?	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	

<b>Race Codes:</b> 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 -	<b>Military Codes:</b> A - Active; V - Veteran; N - No Affiliation	<b>Health Insurance Codes:</b> A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None	<b>Employment Status Codes:</b> 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
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<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: _____
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<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: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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
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<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>
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**Please indicate all sources of assistance receive by the household (please check all that apply):**

<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><b>Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>please list: _____</i> </p>	<p><b>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?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>please list: _____</i> </p>
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**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>



Need Assistance? Call 1-800-826-7871 Option # 1

Northwest Indiana Community Action's Information & Assistance Call Center can help you find:

- Utility Assistance
- Rent Assistance
- Emergency Food
- Health Care
- Extra Help & Medicare Saving Program
- Shelter
- Low Cost Housing
- Foreclosure Assistance
- Legal Service
- In-Home Care
- Nutrition

Call Northwest Indiana Community Action, Information & Assistance Call Center at 1-800-826-7871 Option # 1.

¿Necesita ayuda? Llame al 1-800-826-7871 Opción # 1

El Centro de Llamadas de Información y Asistencia de Acción Comunitaria del Noroeste de Indiana puede ayudarlo a encontrar:

- Asistencia de servicios públicos
- Asistencia de alquiler
- Alimentos de emergencia
- Atención médica
- Programa de Ahorro de Ayuda Extra y Medicare
- Refugio
- Vivienda de bajo costo
- Asistencia de Ejecución Hipotecaria
- Servicio Legal
- Atención en el hogar
- Nutrición

Llame al Centro de Llamadas de Acción, Información y Asistencia de la Comunidad del Noroeste de Indiana al 1-800-826-7871 Opción # 1.

<b>Applicant Signature:</b>	
<b>Date:</b>	

## 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**

<b>NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)</b>	
WITNESS my hand and seal this _____ day of _____ 20__.	
County of Residence: _____	Notary Public – Signature _____
Commission Expires: _____	Notary Public -Printed Name _____



## RELEASE OF INFORMATION

\*APPLICANT'S NAME (print): \_\_\_\_\_

Additional names used during employment (print): \_\_\_\_\_

\*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*Applicant contact information

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
\*TODAY'S DATE:

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

Check this box if a Power of Attorney is attached.

*This section to be completed by the organization requesting employment history.*

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.

\*SIGNATURE OF REQUESTOR: \_\_\_\_\_

\*Printed Name of the Requestor: \_\_\_\_\_

\*Requesting Organization: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*REQUIRED FIELDS**

**\*\*Applicant's phone number, email address, or mailing address is required.**

Email [employverification@dwd.in.gov](mailto:employverification@dwd.in.gov) to reach a DWD employment history or LKE website specialist.



## 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:	State: IN Zip Code:

**UTILITY INFORMATION** (to be completed by the landlord, property owner, leasing agent, or authorized designee **only**. Please complete entirely.)

<b>Heating costs are (check one):</b>	<b>Electric costs are (check one):</b>
<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: Zip Code:	Email (optional):



Indiana Housing & Community Development Authority

# 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)



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: \_\_\_\_\_



## 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.