

Indiana Energy Assistance Program Application Large Household Attachment

Program Year 2024

Application key number: _____

Please complete and return with your application if household is larger than five members.

This form is not necessary if household is five 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

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	Dis-abled?	Race	Ethnic-ity	Employ-ment	Edu-cation	Health Insurance	Mili-tary Status
6					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
8					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Race Codes:			Ethnicity Codes:			Employment 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			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:						Health Insurance Codes:				Military 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						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				A - Active-duty military V - Veteran N - No affiliation	