Indiana Energy Assistance Program Application

Program Year 2026

CoAction

ihcda

Lake County Community Services
1450 E. Joliet St, Suite 202 Crown Point, In. 46307
219-663-0627
www.lccs.care

For Provider/Agency Use Only	
Date received:	
Application number:	
☐ Mail-In ☐ Appointment ☐ Outreach/Home Visit/Other	
Household is disconnected or out of fuel:	☐ Yes ☐ No
Household has d/c notice or less than 25% fuel:	☐ Yes ☐ No
Household heat source is inoperable:	☐ Yes ☐ No

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.

☐ **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.**

☐ **Check here if any household member has a life-threatening medical condition that requires home utility service for treatment.**

Is <u>any person</u> in this household affiliated with the above-named agency as: an employee or staff member, volunteer, board member, or subcontractor, <u>*or*</u> related to any employee, staff member, volunteer, board member, or subcontractor? Relatives include parent, child, grandparent, granchild, sibling, spouse, aunt, uncle, niece, nephew, parent-in-law, child-in-law, sibling-in-law, grandparent-in-law, or grandchild-in-law.

☐ No ☐ Yes (please identify member and relationship): _____

Part I: Contact Information

Applicant Name	Last four digits of SSN	County	
	xxx-xx-		
Physical Address (*Including Apartment/Lot/Trailer Number, if applicable*)	**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 <u>at least one</u> form of contact information. Failure to provide accurate contact information may delay application processing. It is your reponsibility to monitor your e-mail, postal mail, voicemail, and SMS/MMS for messages concerning your application and to reply in a timel manner. Failure to respond in a timely manner to requests for additional information or documentation will result in the denial of your application.

Telphone number	Mobile phone carrier - check box to opt of text notification ☐	E-mail Address - check box if you would not like to receive e-mail notifications ☐
☐ Landline ☐ Mobile		

Part II: Home and Utility Information

Home Type (Please check one)

☐ Site-built single family house ☐ Multi-unit 2-4 units (duplex, triplex, quadplex, townhouse, condo)
☐ Mobile home ☐ Multi-unit 5 or more units (apartment, condo)
☐ Other: _____

Home Ownership (Please check one)

☐ Own ☐ Rent ☐ Other: _____

Utilities and Payment

Electricity Vendor: _____ ☐ Included in rent

Heating Vendor: _____ ☐ Included in rent

Primary Heating Source (please check one)	Primary Heating Fuel (please check one)	Do you have a secondary heating source installed?
☐ Furnace/Heat Pump ☐ Baseboard/Wall Unit ☐ Wood Stove ☐ Other: _____ Is it working? ☐ Yes ☐ No	☐ Electric ☐ Natural Gas ☐ Fuel Oil ☐ Wood/Pellets ☐ Propane ☐ Other: _____	☐ Yes ☐ No If yes, please describe: _____

The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligble Hoosiers. ☐ Yes ☐ No
Would your Household be interested in a referral to the Weatherization program?

Part III: Income and Benefits

Please indicate <u>all</u> types of income received by any member of the household in the <u>past three months</u>. Check all that apply.

☐ Employment/wages (include current paystub with YTD gross)
☐ Social Security Retirement/ Disability/SSI (include current award letter or bank
☐ VA Disability/Pension (Include current award letter or bank statement)
☐ Self-Employment (include most recent full 1040 tax return)
☐ Unemployment Benefits (include current Uplink statement or complete DWD release
☐ Pension/Retirement (include award letter, bank statement or pay stub)
☐ Odd jobs/irregular income (include completed Income Verification Affidavit)
☐ No income (include completed Income Verification Affidavit)
☐ Other: _____ (contact agency for guidance on

Does any member of the household receive any of the assistance types listed below? Check all that apply.	Has anybody in the household <u>paid</u> child support in the past three months?
☐ SNAP (Food Stamps) ☐ SSI (Supplemental Security Income) ☐ TANF (Temporary Assistance for Needy Families)	☐ No ☐ Yes (please submit proof of payments)

Please complete and sign page 2 - <u>Application is not valid without signature and date</u>.
Use blue or black ink <u>only</u> and be sure to fully complete <u>all</u> fields. Failure to fully complete application may delay processing.

Application number: _____

Part IV: Household Members

List all people residing in household, including yourself. Check here and attach additional sheet if more than eight people are in household: ☐

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
Applicant					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
2					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
3					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
4					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
5					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
6					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
7					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
8					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			

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

Part V: Certification

Disclaimer: I certify under the penalties for perjury and fraud that the information, upon reasonable investigation, provided in this application is correct and true to the best of my knowledge and belief. I understand that I may be required to verify these statements and hereby give my consent to the State of Indiana, including the Indiana Housing and Community Development Authority (the "State of Indiana"), and the agency from which I am requesting assistance to contact 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 certify that I am currently a resident of Indiana, I have been a resident of Indiana for at least thirty (30) days, and I am an applicant for the Energy Assistance and/or Weatherization Assistance Program(s) (the "Program"). I certify that all members of my household are United States citizens, United States nationals, or qualified non-citizens under 8 U.S.C §1641(b) and are eligible to receive federal taxpayer-funded benefits except as identified in this application. 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 fail to comply with the Program, 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. I understand that I am solely responsible for providing my correct contact information to the State of Indiana or the agency from which I am requesting assistance and for checking my voicemail, e-mail, SMS/MMS messages, or physical mailbox for communication and notifications regarding the Program.

Energy Assistance Program benefits are provided without regard to race, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

Fraud Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.

Signature of applicant (required)	Date (required)

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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	Zip
		IN	

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?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
9					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
10					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
11					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
12					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
13					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
14					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
15					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
16					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			

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