South Central Community Action Program
SCCAP
Empowering people to reach their potential

ihcda
Indiana Housing & Community Development Authority

2017-2018 Indiana Energy Assistance Program Application

FOR AGENCY USE ONLY:
☐Date Received: _____
☐ App Number: _____
☐ Mail-in ☐ Appointment ☐ Other/Home visit

1. Personal Information

Your Name (First, MI, Last)	**Social Security Number**	**Date of Birth (Month, Day, Year)**
Current Home Address:		
Street, Apt # or PO	**City, State, Zip**	
County:	**Best Contact Phone Number:**	**Can we send you text notifications to this number?** ☐ Yes ☐ No
Primary Language spoken at home:	**Email address:**	**Can we send you email notification?** ☐ Yes ☐ No

Part 2. Energy Emergency (Skip this section if you do not have an energy emergency.)

If your utility has been disconnected, is about to be disconnected, or you are out of fuel, you may send us your disconnect information below. *Calling your local service provider will resolve the energy emergency faster than mailing in this application.* Call your energy provider for faster service or if you are experiencing a life-threatening situation. If you don't know who your local service provider is, please call 211.

If you mail this application with an energy emergency, please include disconnect notice(s).

☐ Already disconnected. Company: _____ Disconnect Date: _____ Amount Owed: _____
☐ Received disconnect notice. Company: _____ Date Scheduled: _____ Amount Owed: _____
☐ In crisis Bulk/Biofuel/ pre-paid utility: You are in crisis if you have less than 25% of your fuel left in your tank or biofuels (wood, pellets etc.); or if you are within ten (10) days of running out of your primary heating source.
% of fuel do in your tank today _____Amount Owed:_____

You must self-declare that you are in crisis for bulk, biofuel or a pre-paid utility. Please fill out the Self-Declaration of Primary Fuel Source Level at the end of this application.

Part 3. Household Information

List **ALL** household members, starting with you. Attach a separate sheet for any additional household members.

First Name, MI, Last Name	Social Security Number	Date of Birth MM-DD-YYYY	Race	His-panic Y/N	Sex M/F	Dis-ability Y/N	Years of school / level of education attained (over 14 years only)	**Military Status*** : Active, Veteran, none	Health Insurance: Medicaid, Medicare, State Health Insurance, Military Insurance, Direct Pay, Employment based, none

*If anyone is a **Veteran,** please provide proof (DD-214, military ID card, military separation papers, etc.).

Race: **B** = Black or African American **W** = White **A** = Asian **I** = American Indian or Alaska Native
P = Native Hawaiian or Other Pacific Islander **O= Other** **M = Multi Race**

How many individuals in your household aged 14-24 who are neither working or in school? _____

Are you or is anyone in your household currently an employee *or* board member of this local service agency?
☐ No ☐ Yes If yes, please check one: ☐ Self ☐Household Member ☐Board Member

Part 4: Income, Benefits, and other Assistance:

Please list all income from all members of your household aged 18 and up. Income includes but is not limited to wages, supplemental social security (SSI), Social Security Disability Income (SSDI), retirement from Social Security, pension, veteran's benefits, private disability insurance, alimony, unemployment Insurance, self-employment, workers comp etc. For a complete list of income see instructions at eap.ihcda.IN.gov. **You must send proof of income. Please send copies. Do not send originals. Originals will not be returned.**

How many people age 18 or up did not have any income the past 3 months? ___
(Each person with Zero Income must fill out a Zero Income Affidavit and an Indiana Workforce Development Release of Information. Please include a Photo ID for each person with Zero Income).

Other Income: Check any income from any of these sources. Proof of income from these sources is NOT necessary:

TANF	Y/N	SNAP (Food Stamps)	Y/N
Child Care Voucher	Y/N	Permanent Supportive Housing	Y/N
Child Support	Y/N	HUD VASH Voucher	Y/N
Earned Income (EITC)	Y/N	Section 8 (HCV)	Y/N
Tax Credit	Y/N	Public Housing	Y/N
Other _____		Affordable Care Act Subsidy	Y/N

Do you pay Child Support? Monthly amount Paid: _____ (**include proof of payments**)

Part 5. Housing Information

Please check the type of housing you live in:

☐ Single Family House ☐ Multi-Unit (Apartment/ Condo) ☐ Mobile Home ☐ Other: _____

Are you a:

☐ **Homeowner:** If you own your home, buying your home or have a Life Estate you area home owner. Please provide proof of ownership.

☐ **Renter: Please provide lease, or Landlord Affidavit**

Is heat included in your rent? ☐Yes ☐No

Is electricity included in your rent? ☐Yes ☐No

If heat or electricity is included in the rent, we may pay you directly. You will have to provide a lease or Landlord affidavit showing that utilities are in the Landlord's name. Please provide your Direct Deposit information on the ACH/Direct Deposit form which is included or can be found at eap.IHCDA.in.gov

Part 6. What is your Primary Heat?

☐ Bulk Fuels (Kerosene, LP Gas, Oil, Wood, Coal, Pellets) ☐ Electric Furnace ☐Natural Gas

What energy company-(s) supply heat and electricity to your home?

	Primary Heating Source Vendor	**Electric Vendor**
Company Name		
Name on Account		
Account Number		

Send a copy of your last heat and electric bill. For bulk fuel, send a fuel receipt. If the name or one of your household members name is not the name on the account, call your local service provider. If your bills are in your landlord's name, include a lease or a Landlord Affidavit.

If eligible, would you like to be referred to the Weatherization Program? ☐ **Yes** ☐ **No**

Part 7. Consent and Signature

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. However, 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.

Print Name: _____

Signature _____ **Today's Date:** _____

This section is only for clients who use bio-fuel or pre-paid utility service who will have an energy crisis within ten days.

Self-Declaration of Primary Fuel Source Level

I, _____ *(print 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. *(Check the appropriate box)*

☐ I am a person who is within 10 days of having no heat due to low fuel source or a prepaid utility.

NOTE: Benefits will not be provided to individuals who move out of the State of Indiana or on behalf of individuals who are deceased.

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 the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this fraud or omission.**

Signature: _____ Date: ____/____/_____