



## 2014-2015 Energy Assistance Program Initial Application

For Office Use Only	
<input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> Energy Education	Application Date: _____

Race Codes		Health Insurance Codes		Income Source Codes		
A. African American	D. Multi-Race	A. Medicaid	D. Hoosier Healthwise	A. Employment	E. SSI	I. Interest/Dividends
B. White	E. Native American	B. Medicare	E. None	B. Social Security	F. Veteran's Benefit	J. Self-Employment
C. Other		C. Other	F. Medicare/Medicaid	C. TANF	G. Pension/Retirement	K. Other
				D. Unemployment	H. Child Support	L. No Income

**Please list ALL household members who reside in your home – all questions must be answered for each household member. Use the codes above to answer the indicated boxes. List all income codes received for each adult household member in the past 12 months.**

#	Last Name	First Name and Middle Initial	Date of Birth	Social Security #	Sex M/F	Race Code	Hispanic Y/N	Veteran Y/N	Disabled Y/N	Health Insurance Code	Highest Grade of School Completed	Income Source Code(s)
1.												
2.												
3.												
4.												
5.												
6.												

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

<b>Type of Home</b> <input type="checkbox"/> Apartment/Duplex <input type="checkbox"/> House <input type="checkbox"/> Mobile Home  Year built: _____	<b>Housing Assistance</b> Do you receive a rental or mortgage subsidy through a HUD or Section 8 program? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you receive a utility allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How do you heat your home? (check all that apply)</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Furnace – but does not work <input type="checkbox"/> Wood Stove – primary heat source <input type="checkbox"/> Wood Stove – supplemental source <input type="checkbox"/> Baseboard heaters <input type="checkbox"/> Space heaters – primary heat source <input type="checkbox"/> Space heaters – supplemental source	<b>Heating Fuel/Vendors</b> <input type="checkbox"/> Electricity / _____ <input type="checkbox"/> Natural Gas / _____ <input type="checkbox"/> LP / _____ <input type="checkbox"/> Oil / _____ <input type="checkbox"/> Wood <input type="checkbox"/> Other / _____
<b>Ownership of Home</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Buying on Contract	<b>Utility Payments</b> <input type="checkbox"/> Heat included in rent <input type="checkbox"/> Electric included in rent <input type="checkbox"/> Utilities not included in rent		<b>Do you receive Food Stamps?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Air Conditioning</b> <input type="checkbox"/> Central Air <input type="checkbox"/> Central Air – does not work <input type="checkbox"/> Window Air Conditioners <input type="checkbox"/> None	<b>Would you like information on:</b> <b>Weatherization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Life Line/Link Up?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comcast Internet Essentials?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is anybody in the household related to a SCCAP employee or board member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Please turn over to complete back side of application – signature is required

### Energy Assistance Program Application Checklist

Please use the checkbox below to ensure all required documentation has been submitted. Not submitting all required documentation can result in a delay in processing your application.

- Complete the application listing all household members. **Failure to include people living in your home and their income is considered fraud and can result in a denial of assistance.**
- Social Security Cards are required for each household member.
- Sign the application – applications cannot be processed without your signature!
- Income documentation for the past 12 months prior to the date of application is required for each adult age 18 and over.
- If 18 or older and still in High School, documentation such as class schedule or current report card is required.
- Anyone claiming zero income for the past 12 months must obtain a Wage History from Work One and complete a Zero Income Affidavit.
- Landlord Affidavit or full lease is required for those who rent their home.
- If your utility bills are in the name of your Landlord or a non-household member, a Utility Affidavit is required.
- Copies of your most recent electric utility bill and heating utility bill are required. If you heat with LP, a printout of your account or bill is required.
- Sign and return the Things to Remember form
- Return your application and required documentation to the address of the Client Services office located below based on your county of residence.

### Acknowledgements & Signature

**Privacy Notice Statement:** This agency is requesting disclosure of personal information that is necessary to accomplish its statutory purpose. IC 4-1-6-2(a)

**Social Security Number Disclosure Statement:** This agency is requesting disclosure of your Social Security Number in order to expedite processing of your application. Disclosure is mandatory. IC 4-1-8-1(a)(3)

**Client Release of Information Statement:** In order to obtain assistance for my household, by signing below, I authorize South Central Community Action Program to release or obtain information about my income and/or services provided for members of my household.

**Certification of Information Statement:** I certify under penalties of 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 give my consent to the agency from which I am requesting assistance to make any necessary contacts 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 about my household's 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 hereby release the State of Indiana, South Central Community Action Program, 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. My signature also gives my consent for an agency representative to sign my name to the completed application.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Monroe County	Brown County	Morgan County	Owen County
1500 W 15 <sup>th</sup> Street Bloomington, IN 47401 (812) 339-3447 Fax: 812-334-8366	746 Memorial Drive Nashville, IN 47448 (812) 988-6636	133 W Washington Street Martinsville, IN 46151 (765) 342-1518	145 N Harrison Street Spencer, IN 47460 (812) 829-2279