

## INSTRUCTIONS FOR COMPLETING 2017-2018 INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY ENERGY PROGRAMS APPLICATION

These instructions help you complete your **2017-2018 Indiana Energy Programs Application**. The application is used to apply for the Energy Assistance Program (EAP) and Weatherization Assistance Program (WAP). The Indiana Energy Programs Application is available online at [eap.IHCDA.in.gov](http://eap.IHCDA.in.gov). ANY missing information may delay decisions regarding your eligibility and benefit amount. Your application will be processed as quickly as possible, however, in the beginning of the season this could take several weeks. You will receive a letter when your application is completed. **Failure to provide required documents may result in delay or denial of your application.**

### To apply for the Energy Programs, you must send to your local EAP Service Provider:

- The State-issued photo ID for the applicant. Photo IDs are not required for other household members.
- The completed application with all questions answered and the last page signed and dated.
- Copies of Social security cards for all members one year or older.
- A copy of proof of income received in the last 3 full calendar months for each household member.
- If you paid child support, please send proof of child support payments.
- A copy of your last heating bill and your last electric bill.
- If you are a homeowner, a copy of your property taxes, mortgage statement, homeowner insurance or deed.
- If you rent, a copy of your lease or Landlord Affidavit.

**PART 1. Personal Information:** Fill in your name, Social Security Number (SSN), date of birth, current home address, phone number, and contact information. At least one household member age 18 or older must provide a verifiable SSN to process the application. Contact your local EAP Service Provider if no one in your household is able to provide an SSN. You may be able to provide an alternative legal documentation. Having persons in your household without SSNs will not disqualify you from receiving an EAP benefit.

**PART 2. Energy Emergency:** If you are having an energy emergency such as your energy services are or will be shut-off or you are out of fuel, or almost out of fuel, fill in the energy emergency information and send a copy of the disconnect notice from your energy company showing the amount owed. If you use bulk or biofuel, please fill in the Self-Declaration of Primary Fuel Source Level which you will find at the end of the application. ***For faster help with an emergency, or if you feel you are in a life-threatening situation, please call 211 or your local service provider***, who may be able to assist you more quickly or from being disconnected. If you are not in an energy emergency, you can skip this section.

**PART 3. Household Information:** Fill in all the information for everyone living in your home. ALL people living in the home are household members if they share the kitchen or other living areas in the home. Non-custodial parents may include their children under age 18 as household members. Household information will ask for social security numbers and date of birth. This information is mandatory. Other questions about race, years of school and health insurance are optional. Questions about disabilities and veteran status may help you get a higher benefit. Disconnected youth: Please let us know if anyone age 14 to 24 living in your household is not working or going to school. Employees: Please let us know if you or anyone in your household works for the local service agency listed on the top of the application.

### PART 4. Income, Benefits and other assistance:

#### Sources of Income:

- List all sources of income for all members of your household, 18 and older.
- Do not count income for Full time students under age 23.
- Report all income and all money received by each household member in the last **3 full calendar months**.
- Send proof of all income received by all people in your household in the **last 3 full calendar months** before the month you sign your application. Send copies, originals will not be returned.

#### Proof of Income by type may include, but are not limited to:

- **Wages:** Check stubs or a written statement signed by your employer stating gross wages, or bank statements.
- **Spousal Support or Alimony:** Checks, bank deposits, or a note signed by the payer stating the amount and dates of received payments or other proof of amount received.
- **Disability Payments, Veteran's Benefits, Workers' Compensation, Social Security, SSDI and SSI:** Award letters, bank statements showing direct deposits or a copy of the check(s).

- **Unemployment Compensation:** Unemployment weekly benefit printout.
- **Self Employed, Farm, and Rental Income:** The first 2 pages of your most recent IRS-1040 tax return and relevant schedules (C, E, F, SE), or you may submit a Tax Transcript which you can download from the IRS website at <https://www.irs.gov/individuals/get-transcript>. If you did not file taxes or you have been self-employed less than 2 years, call your local EAP Service Provider and ask for a *Self-Employment Form* or download the form from [eap.IHCDA.in.gov](http://eap.IHCDA.in.gov). Enter the date your business started in the space provided on page two of the application.
- **Interest, Dividend:** Bank statements or your IRS-1099 or IRS-1040.
- **Retirement Income:** Benefit checks/stubs, bank statements or award letter.
- **Pensions and Annuities:** Benefit checks/stubs, bank statements or award letter.
- **No Income:** If your household has no income and no one is self-employed, call your local EAP Service Provider for a *Verification of Zero Income Affidavit* and an *Indiana Workforce Development Release of Information*. You will also find these form on [eap.IHCDA.in.gov](http://eap.IHCDA.in.gov). BOTH forms must be filled out for EACH person claiming zero income.
- **Deductions:** You may deduct any child support payments you made to someone else to support your child. Please provide proof of payment.
- **Other Income:** Please let us know if you receive any other the other benefits listed in this section. These benefits will **NOT** count as income for EAP eligibility. You do not have to send in proof that you receive these benefits.
- **Weatherization Assistance Program (WAP) Income Eligibility Guidelines**  
You may be eligible for the Weatherization Assistance Program (WAP) even if your household's income is higher than the EAP limits. WAP provides free home energy upgrades to income-eligible homeowners and renters to help save energy and make your home a healthy and safe place to live. Please indicate if you are interested in being referred to the weatherization program. For income eligibility please refer the Indiana Weatherization Assistance Program at [eap.IHCDA.in.gov](http://eap.IHCDA.in.gov) or (800) 872-0371

**\*\*Please send a copy of your proof of income. Originals will not be returned\*\***

You will be eligible for EAP if you are under 150% of the Federal Poverty Level.

**PART 5. Housing Information: Homeowners:** Check the type of housing you live in. You are a homeowner if you own, are buying your home, have a home mortgage or contract for deed, or have a Life-Estate. You may qualify for additional benefits if you own your home. If you are a **renter** please provide a lease or Landlord Affidavit. If you don't have a landlord affidavit, you can download one at [eap.IHCDA.in.gov](http://eap.IHCDA.in.gov). If your utilities are included in your rent, you can still qualify for an EAP benefit and we may pay you directly. You must provide proof that the utilities are in the Landlord's name by providing the lease or Landlord Affidavit.

**PART 6. What is your primary heat source?** Enter the name of the heating and electric company providing energy to your home. 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.

**PART 7. Consent and Signature:** Read the permissions carefully. An adult household member, 18 years of age and older or emancipated minor, must sign the application. Any other person signing the application must have be an Authorized Representative or have a Power of Attorney (POA) to actions behalf of the household and must submit a copy along with the application. Return the application to your local EAP Service Provider.

**Self-Declaration of Primary Fuel Source Level:** This section is only for clients who use bio-fuel or a pre-paid utility service who will have an energy crisis within ten days. By filling out this section you are certifying that you are within 10 days of having no heat due to low fuel source or prepaid utility. All other applicants can skip this section.

## **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 IHEDA.
- 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.