



**2016-2017
Energy Assistance Program
Initial Application**

| For Office Use Only | | | |
|---|--|---|------------------|
| <input type="checkbox"/> Mail-In | Household does not have service because they are disconnected | <input type="checkbox"/> Y <input type="checkbox"/> N | Application date |
| <input type="checkbox"/> Appointment | Household does not have service because they are out of fuel | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| <input type="checkbox"/> Energy Education | Household does not have service because they have inoperable equipment | <input type="checkbox"/> Y <input type="checkbox"/> N | |

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

Please list all household members who reside in your home. Every question 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 over the past 12 months.

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

Address: _____ **City:** _____ **State:** IN **Zip:** _____ **County:** _____

Home Phone: _____ **Cell phone:** _____ **E-mail Address:** _____

| | | | |
|---|---|---|---|
| Type of Home <input type="checkbox"/> Apartment/Duplex <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> RV / Camper Year Built: _____ | Other Assistance Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive a rental or mortgage subsidy through a HUD or Section 8 program? <input type="checkbox"/> Yes <input type="checkbox"/> No | How do you heat your home? (check all that apply) <input type="checkbox"/> Electric Furnace <input type="checkbox"/> Baseboard Heaters - primary <input type="checkbox"/> Natural Gas Furnace <input type="checkbox"/> Baseboard Heaters - secondary <input type="checkbox"/> LP Furnace <input type="checkbox"/> Oil Furnace <input type="checkbox"/> Wood Stove - primary <input type="checkbox"/> Other: _____ <input type="checkbox"/> Wood Stove - secondary | Heating fuel / vendor <input type="checkbox"/> Electric/_____ <input type="checkbox"/> Natural Gas/_____ <input type="checkbox"/> LP/_____ <input type="checkbox"/> Oil/_____ <input type="checkbox"/> Wood <input type="checkbox"/> Other/_____ |
| Home Ownership <input type="checkbox"/> Rent <input type="checkbox"/> Family-Owned <input type="checkbox"/> Own (non-household member) | Utility Payment <input type="checkbox"/> Heat Included in rent <input type="checkbox"/> Utilities not included in rent <input type="checkbox"/> Electricity included in rent | Is anybody in the household related to a SCCAP employee or board member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ | Does your primary heating source work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Air Conditioning <input type="checkbox"/> Window Unit <input type="checkbox"/> None <input type="checkbox"/> Central Air <input type="checkbox"/> Other: _____ | Would you like information on: (check all that apply) <input type="checkbox"/> Weatherization? <input type="checkbox"/> Comcast Internet Essentials? <input type="checkbox"/> Life Line/Link Up? | | |

Please turn over to complete back side of application. We cannot process your application without your signature.

If you have more than 6 people in your household, please use a second application sheet and sign both sheets.

Energy Assistance Program 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.
- Income documentation for the 12 month period prior to the date of application is required for each adult age 18 and over.
- If anybody in the household is 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 sign a Release of Information from Indiana Workforce Development and complete a Zero Income Affidavit
- Anyone claiming self-employment as an income source must sign a Release of Information from Indiana Workforce Development and submit a copy of your most recent form 1040 with all schedules attached.
- A Landlord Affidavit is required for those who do not own their own home.
- Proof of home ownership is required for those who own their own home.
- Copies of your most recent electric utility bill and heating utility bill are required. If you heat with LP or oil, a printout of your account or bill is required.
- Sign the application.** We cannot process your application without your signature!
- Return your application and required documentation to the address of the Client Services office located below based on your county of residence.
- Please do not send incomplete applications.** We cannot accept your application until it is complete and we have all required documentation in hand!

If you have a question about your required documentation, please call us and ask! If you send the wrong paperwork, we will have to send it back to you.

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 hereby 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 hereby 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 15th Street Bloomington, IN 47404 812-339-3447 Fax: 812-334-8366 | 746 Memorial Drive Nashville, IN 47488 812-988-6636 Fax: 812-988-8586 | 159 W Morgan Street Suite S Martinsville, IN 46151 765-342-1518 Fax: 765-342-3460 | 145 N Harrison Street Spencer, IN 47460 812-829-2279 Fax: 812-829-2505 |