



*Dear Energy Assistance Applicant,*

Enclosed you will find your application for the 2012-2013 Energy Assistance Winter Program. Please read through all of the information included inside this packet. We have included in this packet 2 copies of the Things to Remember form. Please read through the form, sign the white one and return it to us with your application and the other information listed below. Please keep the pink copy for your records.

Once you have read the information, go ahead and complete the application. Before you send it in, please be sure you have included the items listed below:

1. Application form - Filled out completely and signed on both sides.
2. The white copy of 'Things to Remember' signed. (The pink copy is for you.)
3. Income documentation. (Refer to the "Income Documentation Table" included.)
4. Electric and heat bill - your most recent.
5. Social Security cards for each household member and your picture ID.
6. Lease, if you rent your home. (Section 8 letter also if you are on that program as well)

Once the application and all of the required information has been gathered, send the documents and the application to the Bloomington SCCAP office.

**SCCAP – EAP  
1500 W. 15<sup>th</sup> Street  
Bloomington In. 47404**

A completed copy of your application will be sent to you as soon as the program allows the release. Should your application be denied, and you do not agree with the reasons for the denial, you may appeal the decision to SCCAP for review. If you are not satisfied with the determination, you may request further review from the State of Indiana by submitting an Applicant Notification Form to the Indiana Housing Community Development Authority.

**IMPORTANT:** Please continue to make payments on your utility bills each month. The State Moratorium does not begin until December 1st. Prior to that date, utilities *could* be turned off for non-payment.

If you have any questions or have trouble completing the application, please call your local SCCAP office.

Thank you,

*SCCAP Energy Assistance Staff*

### Income Documentation Table

| Type of Income                         | Documentation Needed   | Also Acceptable   |
|--|--|---|
| Employment                             | Most recent pay stub showing gross income + Wage Inquiry from Work-One* (must have both)   | Employer's Statement (including 12 months gross income, dates of employment, and employer's signature and phone number) |
| Social Security                        | Current Award Letter   | Current Bank Statement (if direct deposit)  |
| SSI                                    | Current Award Letter   | Current Bank Statement (if direct deposit)  |
| Veterans Benefits                      | Current Benefits Statement   | Current Bank Statement (if direct deposit)  |
| Unemployment                           | Unemployment statement from Work-One*  | Online print-out from DWD website   |
| TANF                                   | Print-out for last 12 months from FSSA   |   |
| Pension/Retirement                     | Current Benefits Statement   | Current Bank Statement (if direct deposit)  |
| Interest/ Dividends                    | Current statement showing monthly benefit  | Current Bank Statement (if direct deposit)  |
| Self Employment                        | IRS Tax Form 1040 with all Schedules attached if you filed as self-employed for the most recent tax year.  | Receipts of income received in past 12 months (cannot deduct expenses without tax documents)                            |
| Rental Property                        | IRS Tax Form 1040 and all Schedules attached showing income from rental property for the most recent tax year.   |   |
| Zero Income                            | Wage Inquiry and Unemployment Benefits Statement from Work-One* + complete the "Verification of Income" Form or Zero Income Form                                 |   |
| Odd jobs (scrapping, babysitting, etc) | Provide written statement from any payers (including dates of payment and payer's signature) for the past 12 months + complete the "Verification of Income" Form |   |
| Student Loans/ Grants/Awards           | Proof of all grants, loans and awards for the last 12 months. (Not counted but must be documented.)  |   |

*\* In order to obtain Work-One wage inquiry, take your picture ID to the nearest Work-One office. You must pick it up personally; you cannot have someone else pick it up for you. If you do not have access to Work-One office, you can sign a form to request that it be faxed to your local SCCAP office. However, it may take up to 5-7 business to receive the information.*

*Important: If you have income from a source not listed here, please call the local SCCAP office and speak with an Energy Assistance caseworker to determine what documentation is needed.*

# ENERGY ASSISTANCE PROGRAM

## *Things for YOU to Remember*

- ◆ Starting 2011-12, the Energy Assistance Program will only offer benefits if the utility is in the name of an adult household resident, age 18 and over.
- ◆ All EAP benefits are not final until submitted to the utility vendor for payment. Benefit amounts are subject to change pending review by the local community action agency.
- ◆ Actual payment of your EAP benefits may take up to 120 days from the application date.
- ◆ Even though you are getting help with your utility bills, EAP benefits will not cover them completely. So **YOU** must keep paying on your bills throughout the year.
- ◆ Once you are approved for EAP, **some** utility companies are regulated by a state law that says you can't be disconnected from December 1<sup>st</sup> through March 15<sup>th</sup>. However, you **may** be disconnected before December 1<sup>st</sup> or after March 15<sup>th</sup> if your financial obligation with utility vendor exceeds the amount of your EAP benefit.
- ◆ Remember that EAP is only helping you with your heating or cooling bills. **YOU** still need to keep your water, sewage, rent, and phone bills current.
- ◆ If you are having trouble keeping your bills current, **talk to a case manager** at the community action agency.
- ◆ If your utilities are currently past due, **talk with your utility company** to see if you qualify for a payment arrangement that will bring the bill current over time.
- ◆ Weatherization services may help reduce your energy consumption. Ask what you can do to conserve energy and how the weatherization program might help you.

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**Applicant Signature**

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**Date**

*This form is mandated by Indiana Housing and Community Development Authority.*



2012 – 2013 ENERGY ASSISTANCE PROGRAM

| For Office Use Only: |    |        |    |
|----------------------|----|--------|----|
| RECEIVED             | EE | MATRIX | WX |



\*\*\* Please provide the following information for **EVERYONE** living in your household \*\*\*

| Last Name | First Name & Middle Initial | Soc Sec # | Date of Birth | Sex M/F | Race | Hispanic Y/N | Veteran Y/N | Disabled Y/N | Type of health insurance | Highest Year of School Completed | Employed in the last year? Y/N |
|-----------|-----------------------------|-----------|---------------|---------|------|--------------|-------------|--------------|--------------------------|----------------------------------|--------------------------------|
|           |                             |           |               |         |      |              |             |              |                          |                                  |                                |
|           |                             |           |               |         |      |              |             |              |                          |                                  |                                |
|           |                             |           |               |         |      |              |             |              |                          |                                  |                                |
|           |                             |           |               |         |      |              |             |              |                          |                                  |                                |
|           |                             |           |               |         |      |              |             |              |                          |                                  |                                |
|           |                             |           |               |         |      |              |             |              |                          |                                  |                                |
|           |                             |           |               |         |      |              |             |              |                          |                                  |                                |
|           |                             |           |               |         |      |              |             |              |                          |                                  |                                |

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Household Information:**

Age of Home? \_\_\_\_\_ Does your furnace work?  Yes  No

Type of home:  Apartment  House  Duplex  Mobile Home

Rent  Own/Buying, Housing -HUD/Section 8:  Yes  No

Type of Heating Fuel:  Electric  Natural Gas  Wood

LP / Oil \_\_\_\_\_ ( Vendor)

Is heat included in your rent:  Yes  No

Is electric included in your rent:  Yes  No,

Do you receive food stamps:  Yes  No

How do you cool your home? \_\_\_\_\_

Would you like information on Life Line / Link Up:  Yes  No

**Please check all types of income received in your household.**

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Employment                    | <input type="checkbox"/> Social Security      | <input type="checkbox"/> SSI       |
| <input type="checkbox"/> Unemployment                  | <input type="checkbox"/> Veterans Benefit     | <input type="checkbox"/> TANF      |
| <input type="checkbox"/> Pension / Retirement          | <input type="checkbox"/> Interest / Dividends | <input type="checkbox"/> No income |
| <input type="checkbox"/> Self Employment               | <input type="checkbox"/> Rental Property      |                                    |
| <input type="checkbox"/> Other (please explain): _____ |   |                                    |

By signing this application, I certify that all information provided is correct and true to the best of my knowledge. Also by signing, I grant permission to South Central Community Action Program to use the information to complete an Energy Assistance application and sign my name on the completed application and all required documentation. I give permission to SCCAP, from whom I am requesting assistance, to obtain information from my energy supplier(s) about my energy usage and payment history, as well as to release and obtain personal information about my income to the extent necessary to attain assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Applications cannot be processed without a signature  
Please complete back side of application**

# South Central Community Action Program 2012 – 2013 ENERGY ASSISTANCE PROGRAM

In order to apply for Energy Assistance, you will need to provide:

- **Application:** Fill out this application completely. List all individuals living in the household, complete every box, fill in every line, and answer every question. Incomplete applications will be returned.
- **Copies of Social Security Cards:** for each household member.
- **Income Documentation:** for any income received in the last 12 months for each household member 18 and over. Please consult the "Income Documentation" table for examples of acceptable documentation.
- **Lease Agreement:** if you rent your home. If you rent and do not have a lease, contact your local SCCAP office for a landlord form.
- **Electric and Gas / Fuel Bills** most recent bills you have received.
- **Client Release of Information (below)** All household members 18 and over must sign.

Please return the application and all required documentation to the Bloomington SCCAP office. A letter regarding your eligibility and the amount of assistance will be mailed to you as soon as the program allows us to release the information.

Monroe County  
1500 W. 15<sup>th</sup> St.  
Bloomington, In 47404

Brown County  
168 Jefferson St.  
Nashville, In 47448

Morgan County  
133 W. Washington St.  
Martinsville, In 46151

Owen County  
145 N. Harrison St.  
Spencer, In. 47460

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## Client Release of Information All Household Members 18 and Over Must Sign

Head of Household \_\_\_\_\_ Social Security #: \_\_\_\_\_

(Please Print)

In order to obtain assistance for my household, 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. Contacts may include, but are not limited to:

- TANF
- Utility Vendors
- Social Security Admin
- Trustee
- Housing Authority
- Work One
- Landlord
- Employers

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household Signatures (18 and over)

