

Things to return with your 2020-2021 EAP application

Please be sure your application is complete before submitting so that we can serve you better! We cannot process an incomplete application.

Application form – Include each person living in the household, and fill out both sides completely. Be sure you sign and date it at the bottom of the second page.

Copy of photo identification (e.g. driver's license)- We only need this for the person signing the application.

Social Security Number verification for each household member- A copy of everyone in the household's Social Security card is preferred, but if you do not have a copy of your Social Security card, you can submit a copy of a Real ID or a United States Passport instead.

Income documentation- See below for the most common types, and refer to the back of this form for other types of income being received by the household.

- **Fixed income**- For anyone in the household who receives a fixed income (I.e. Social Security, SSI, Disability, Veterans Benefits, pension), please submit your current award letter showing your name and the amount you receive monthly.

- **Employment**- If you are 18 years+ and employed, please submit your most recent pay stub and include a note about when you started that job.

- **No income**- For anyone 18 years and older who has zero income for any of the last 3 months, please fill out completely an Income Verification Affidavit. There is one included in this packet. You can copy this one if you need more than one, obtain one at www.insccap.org, or call us to send you one.

- **Unemployment**- If you are currently receiving unemployment benefits, you will need to fill out a Release of Information form for the Dept. of Workforce Development. If you need us to send you one, please contact us.

Most recent electric and heating utility bills- We need a full, current statement that includes your name and address, along with the other information for both your heat and electric (unless you heat with electric and only have one utility account).

Landlord Affidavit- *We only need this if your utilities are included in your rent* (meaning the landlord pays them as part of your rent agreement).

SCCAP Agency Referral Form – Please initial any programs that are offered in your county that you are interested in and sign and date the form and return with your application.

If you were on the program any of the last 2 years and your household hasn't changed and the only income being received is fixed income (SS, SSI, pension, etc.) then you might be eligible for **recertification**. Please read the form included in this packet to see if this available for you.

YOU ONLY NEED TO SUBMIT THE ACH AUTHORIZATION FORM IF YOUR UTILITIES ARE INCLUDED IN RENT

Type of Income	Documentation Needed	Also Acceptable
Employment	Most recent paystub. If applying in January and February of 2021, we will need the last paystub from December 2020 along with the most recent paystub from 2021.	Employer's Statement (including most recent 3 complete months gross income, dates of employment, and employer's signature and phone number)
Social Security, SSI, Veteran's Benefits	Current Award Letter preferred	Current Bank Statement (if direct deposit)
Unemployment	Workforce Development Release of Information form	
Pension/Retirement	Current Benefits Statement preferred	
Self-Employment	IRS Tax Form 1040 with all Schedules attached if you filed as self-employed for the most recent tax year.	
Zero Income	Income Verification Affidavit	Please contact our office for this form or access it on our agency website
Odd jobs (incidental income)	Income Verification Affidavit along with written statement from any payers (including dates of payment and payer's signature and contact information) for the past 3 months.	Please contact our office for the Income Verification Affidavit or you can access it on our agency website
High School student age 18+ and working	With proof of class schedule/report card income will not be counted for full-time high school students.	

For other income not listed above, please contact SCCAP to ask what documentation is needed.

Once you have everything needed to apply, please mail or drop off your application to your local SCCAP office. Addresses for each county can be found below. You can also choose to apply online here (you must be able to upload documents)- <https://ihcda.rhsconnect.com/>. Once your application is processed you will receive a notification letter in the mail. It can take up to 55 days for us to process your application. Remember, this is a one-time benefit and we encourage you to continue to make payments on your utility bills each month.

Thank you,
SCCAP Energy Assistance Program Staff

Monroe County
1500 W. 15th St.
Bloomington, IN 47404
Ph: 812-339-3447
Fax: 812-334-8366

Brown County
P.O. Box 730
746 Memorial Dr.
Nashville, IN 47448
Ph: 812-988-6636
Fax: 812-988-8586


Morgan County
159 W. Morgan St.
Martinsville, IN 46151
Ph: 765-342-1518
Fax: 765-342-3460

Owen County
205 E. Morgan St. Suite D
Spencer, IN 47460
Ph: 812-829-2279
Fax: 812-829-2505



All SCCAP services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry or status as a veteran.

Energy Assistance Program Application - Program Year 2021

South Central Community Action Program 1500 W. 15th Street Bloomington, IN 47404 812-339-3447/812-334-8366(fax) eap@insccap.org		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">For Provider/Agency Use Only</th> </tr> <tr> <td style="padding: 2px;">Date Received:</td> </tr> <tr> <td style="padding: 2px;">Application Number:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/ Home Visit/Other</td> </tr> <tr> <td style="padding: 2px;">Household is disconnected or out of fuel: Y / N</td> </tr> <tr> <td style="padding: 2px;">Household has disconnect notice or less than 25% fuel left: Y / N</td> </tr> <tr> <td style="padding: 2px;">Household heat source is inoperable: Y / N</td> </tr> </table>	For Provider/Agency Use Only	Date Received:	Application Number:	<input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/ Home Visit/Other	Household is disconnected or out of fuel: Y / N	Household has disconnect notice or less than 25% fuel left: Y / N	Household heat source is inoperable: Y / N
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Date Received:									
Application Number:									
<input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/ Home Visit/Other									
Household is disconnected or out of fuel: Y / N									
Household has disconnect notice or less than 25% fuel left: Y / N									
Household heat source is inoperable: Y / N									

Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric? ☐ Yes ☐ No

If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider/community action agency listed above to check the availability of crisis appointments.

If you need other emergency options, please call 211.

Physical Address with Apartment Number	City	State	Zip Code	County
		IN		

Alternate Mailing Address (only complete if different from physical address above)	Last four digits of SSN
	xxx-xx-

Phone number	May we text you?	E-Mail Address	May we e-mail you?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list **all** people residing at this address, including yourself. Attach a separate sheet if necessary.

Name (Last, First, Middle Initial)	Date of birth (MM/DD/YYYY)	Gen-der	Race	Military Status	Health Insurance	Employment Status	His-panic?	Disa-bled?	School Years Completed
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	

Race Codes: A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O -	Military Codes: A - Active; V - Veteran; N - No Affiliation	Health Insurance Codes: A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None	Employment Status Codes: A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired
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Home Type (please check one) <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home	Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Utility Payment Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____
Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____	Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____ Heat vendor: _____	Cooling Source (please check one) <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete and sign page 2 - Application is not valid without signature and date.

<p>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</p> <p> <input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security/SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Self-Employment <input type="checkbox"/> Interest <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> No income <input type="checkbox"/> Other: _____ </p>	<p>Has anybody in the household <u>paid</u> child support in the past three months?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes Monthly amount paid: \$ _____ (please include proof of payments) </p>
<p>Please indicate <u>all</u> sources of assistance receive by the household (please check all that apply):</p> <p> <input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD VASH Voucher <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Healthcare Subsidy <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None </p>	
<p>Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes please list: _____ </p>	<p>Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes please list: _____ </p>
<p>The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your household be interested in a referral to the Weatherization program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Please be sure to complete <u>each page</u> of this application in its entirety.</p> <p>Please be sure you attach and include <u>all</u> required supporting documents. These include, but are not limited to:</p> <p> <input type="checkbox"/> Copy of Social Security card for each household member. REAL ID or US Passport may be used in lieu of Social Security card. <input type="checkbox"/> State or federally-issued photo ID for the individual signing this application. <input type="checkbox"/> Proof of income for the past three (3) months for each household member age 18 or over. <input type="checkbox"/> Most recent full electric bill, including name, service address, and account number. <input type="checkbox"/> Most recent full gas or bulk fuel bill or account statement, including name, service or delivery address, and account number. <input type="checkbox"/> If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form. <input type="checkbox"/> Your local service provider's referral form. </p> <p>If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.</p>	
<p>Disclaimer: 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. 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.</p> <p style="text-align: center;">Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.</p>	
<p>Signature of person completing this form (required)</p>	<p>Date (required)</p>

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 IHCD.
- 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.



Energy Assistance Program (EAP)- Things for you to know!

- ★ Once your application is processed you will receive a notification letter in the mail. If you are approved for EAP, the letter will show your benefit, and that amount will be applied to your utility account. The actual payment may not show up in your account until up to 120 days after the date your application was submitted.
- ★ Even if you are receiving assistance from EAP to pay utility costs, the assistance may not cover the entire amount owed to your utility provider. Therefore, you must keep paying your bills throughout the year, **including after submitting an application for EAP.**
- ★ If you receive a disconnect notice after you submit an application, contact your local SCCAP office **immediately**. If you wait until the day of the disconnection or until after you've been disconnected, it may impact our ability to help you with your crisis.
- ★ Your utility vendor will be asked to provide us information regarding your account status and your energy cost and consumption data; if your bill is in another person's name you will need to make sure that the other person is aware that this information will be shared for the purposes stated here.
- ★ Your notification letter will explain the amount of EAP benefits that you are eligible to receive. **Benefit amounts are subject to change pending internal auditing by SCCAP.**
- ★ Once you are approved to receive EAP assistance, you can't be disconnected from residential electric or gas services from December 1st through March 15th according to Indiana law. This law applies to utility companies that are considered regulated utilities. However, you may be disconnected before December 1st or after March 15th if your account is not in good standing. This is why we encourage you to pay your bill each month, and if you aren't able to do that, please communicate your situation with your utility provider.
- ★ Remember that EAP is only helping with your heating and cooling bills. You still need to keep your water, sewage, rent, and phone and other accounts current. If you are having trouble keeping your bills current, talk with a caseworker at SCCAP and ask about other agency programs or community resources that may be available to assist you.
- ★ Ask us what you can do to conserve energy. If you are a homeowner ask how our Weatherization Program might help you reduce your energy consumption.
- ★ You have the right to appeal the EAP process or the decision made regarding the amount of EAP benefit that you are found eligible to receive.

Do You Qualify for Recertification?

Households with fixed income may recertify for EAP without providing documentation that is usually necessary for the application. To qualify for recertification, you must be able to answer *yes* to all three of these questions:

- **Did you send in a full EAP application (all documents) and receive an EAP benefit within the past two years?**

For example, you would be eligible for recertification for the 2020-2021 program year if you sent in a full application and received a benefit for the 2018-2019 program year or 2019-2020 program year.

- **Are the members in your household the same?**

You would be eligible for recertification if the members of your household are the same as the last time you sent in an application and were approved for EAP.

- **Is your only source of income Social Security, Veteran's Benefits, Supplemental Security Income (SSI) or Retirement Pension/Annuity?**

If you are on a fixed income and have only Social Security, Veterans Benefits, SSI or retirement income, and you have had only small or cost-of-living changes in your income since the last time you sent in an application and were approved for EAP, then you will qualify for recertification. No one in your household may be working. If there is a household member who has income from a job, self-employment, some other income source, or zero income, you will need to send in a complete application with all supporting documents.

If you can answer yes to all three (3) questions, you qualify for recertification for up to two (2) years. You must resubmit all your documents every third year. To recertify:

- Complete the EAP application, sign the application and return it to us. Be sure the application is signed and dated.
- Include current utility bills. This is to ensure that your benefit will be applied to the correct account.

As usual, you will receive confirmation of your approval or denial through the mail for this process.

Agency Referral Form

South Central Community Action Program has a mission to provide opportunities for low-income individuals and families to achieve personal and economic independence. In an effort to achieve this mission, we offer a variety of programs within our agency. Please initial next to any programs that you would like additional information about. Program information will be sent out with your notification letter after applying for the Energy Assistance Program. Please notice the first 2 programs listed are available in Brown, Monroe, Morgan, and Owen counties, while the rest are available only to Monroe County residents.

☐


Weatherization is an energy conservation program which increases the energy efficiency of a home, as well as health and safety conditions for its occupants.

☐


Housing Choice Vouchers provides vouchers for low-income households to find their own rental units within U.S. Housing and Urban Development's (HUD) guidelines. We provide vouchers in Brown, Monroe, Morgan, Owen, Clay, and Greene counties.

Programs below are offered ONLY in Monroe County

☐


Head Start & Early Head Start promotes the school readiness of children from low-income families in Monroe County. We support comprehensive child development by providing education, healthcare, and family well-being services.

☐


Growing Opportunities is a social business project. Our self-sustaining commercial hydroponics business provides job training opportunities for people with barriers to employment, especially people with disabilities.

☐


Thriving Connections is a multi-generational community building model that gathers diverse people who cultivate intentional relationships across economic class by creating a safe harbor to focus on achieving financial, emotional, mental, physical, social, and spiritual growth.

☐


City of Bloomington Utilities Water & Trash Program is available to qualified persons to get assistance paying their water bill and/or obtaining trash services.

☐


The Free Community Tax Service helps residents file their federal and Indiana tax returns for free and claim the EITC. This program is offered from January to mid-April each year.

Signature

Date

My signature above confirms that I release and agree to hold harmless SCCAP and its directors, employees, attorneys, agents, insurers, and representatives (collectively, "Releasees") from any and all claims, liability, expenses, costs and damages (including attorney's fees) that I may incur, directly or indirectly, as a result of SCCAP's or any other entity's collection, receipt, possession, processing, use, dissemination, disclosure, transfer, or publication of (or as a result of any decisions made by any entity based on) any information about me or my dependents that I provide in connection with any application or request for services, benefits, or participation in the Energy Assistance Program or any other above-listed program.

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income

Household Member: _____ Application Key: _____

Section 1: I verify that I have received income as defined below, by the month but I have **NO** documentation for this income. Please write the year below the month. **Source of my income is:** _____

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Jan 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 20__

(Income sources may include but are not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, cashed vacation or sick pay, tips, pensions, disability payments from any source, dividends, interest, gambling winnings, railroad retirement benefits, military allotments, life insurance payments, workers compensation, unemployment or strike benefits, social security benefits for any age, and royalties.)

Section 2: I received **NO** income during the following months. *Check all that apply and write the year below the month.*

Jan 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 20__

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months. (For example: Section 8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)

Rent/Mortgage:	Help Received:\$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received:\$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to utility <input type="checkbox"/>
Food:	Help Received:\$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received:\$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to store/retailer <input type="checkbox"/>

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

_____/____/____
Signature of Zero Income Applicant **Date**

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this _____ day of _____ 20__.

County of Residence: _____ Notary Public – Signature _____

Commission Expires: _____ Notary Public -Printed Name _____

ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD AFFIDAVIT

Landlord: Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in blue or black ink only.**

APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City: State: IN Zip Code:	

UTILITY INFORMATION (to be completed by the landlord, property owner, leasing agent, or authorized designee **only**. Please complete entirely.)

Heating costs are (check one):	Electric costs are (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment.	<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment.
<input type="checkbox"/> Responsibility of the tenant, but in the landlord's name	<input type="checkbox"/> Responsibility of the tenant, but in the landlord's name
<input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Responsibility of the tenant

Primary heating source (check one):

- ☐ Electric (furnace, baseboard, or wall unit)
☐ Natural gas
☐ LP gas, fuel oil, wood, coal, pellets, kerosene

How much does the tenant pay each month in rent? \$_____

Is the primary heating source operable?

☐ Yes ☐ No

<i>I grant IHEDA permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.</i>	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):



ACH Authorization Form (Direct Deposit)

Application Key: _____

Please complete all areas and sign prior to returning. A voided check may be attached to this form.

Head of Household _____

Date _____

Banking Information

(Name of Financial Institution)

(Address of Financial Institution)

☐ Checking Account ☐ Savings Account Name on account: _____

Financial Institution Routing Number: (9 Digits) _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ ⑆ 1234567890123 ⑆
Routing Number Account Number

I hereby authorize the Indiana Housing and Community Development Authority (“IHCDA”) to initiate entries to: _____’s checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

(Authorized Signature)

(Date)

What is Weatherization?

Lots of people have not heard about weatherization. Unfortunately, they don't know that there is a program that is able to help people save energy, provide them—*free of charge*—with important home improvements that are worth thousands of dollars, and generally help them feel more comfortable in their living space.

Those who have heard about weatherization but are not sure it is something that makes sense for them should probably forget everything and start over. There are many reasons for this recommendation.

First, the many different things that have been described in the past as weatherization are probably all out of date (same goes for anything that people knew as 'Winterization'). The program that is in place in 2020 is the result of many changes and improvements. All of those changes are designed to better serve the needs of clients and deal with issues in their homes.



Second, Weatherization is worth another look because recent changes in the rules at the federal and state level mean that the program is now open to more people than ever before.

What Weatherization means in 2020

As defined by the Department of Energy's Weatherization Assistance Program (WAP), Weatherization includes a wide variety of energy efficiency measures and serves families who meet the income guidelines free of charge (homeowners or tenants alike).

Eligibility is determined by household income. In 2020, income limits by family size (see funding guidelines below).

1 Person	\$ 25,961
2 Persons	\$ 33,949
3 Persons	\$ 41,937
4 Persons	\$ 49,925
5 Persons	\$ 57,913

Monroe County
 1500 W. 15th St.
 Bloomington, IN 47404
 Ph: 812-339-3447
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 Ph: 812-988-6636
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Morgan County
 159 W. Morgan St.
 Martinsville, IN 46151
 Ph: 765-342-1518
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Owen County
 205 E. Morgan St. Suite D
 Spencer, IN 47460
 Ph: 812-829-2279
 Fax: 812-829-2505





Weatherization work is composed of two equally important parts. First, the program is designed to improve the health and safety conditions for the occupants of a home. Second, weatherization aims to increase the energy efficiency of a home (whether it is a mobile home or a site-built house).

Some examples of health and safety measures are:

- Perform heating system and combustion appliance safety testing and ensure combustion gases draft outside safely.
- Install mechanical ventilation to ensure adequate indoor air quality.
- Install smoke and carbon monoxide alarms.
- Evaluate mold/moisture hazards and test for lead based paint testing (when applicable).

Examples of energy efficiency measures include:

- Clean, tune, repair, or replace heating systems.
- Install duct and heating pipe insulation.
- Repair leaks in heating/cooling ducts.
- Install programmable thermostats.
- Repair/replace water heaters and insulate water heating pipes.
- Perform air sealing and install insulation where needed.
- Install efficient light sources.
- Install low-flow showerheads.



Because the program is based on a whole house approach, recipients are not able to pick and choose from the measures listed above. Instead, highly trained SCCAP Energy Auditors assess each home and order the work based on the needs of each home. A detailed work order is then given to certified contractors who complete the project. All work is inspected to ensure quality control.

Why and How to Apply

Although savings will vary and will depend on factors such as the size, type, and age of a home, the Indiana Housing & Community Development Authority reports that weatherization program recipients save an average of 20-30% on annual home heating costs across the state (that translates into an approximate yearly savings of \$450 per home). Receiving weatherization services *will not reduce your EAP benefit*. Just as importantly, weatherization work will do more than save you money: it will also improve conditions in your home and increase your comfort level.

For applications and more details, call 812-339-3447 or contact your local SCCAP county office for further information. You can also visit us on the web (www.insccap.org).

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SCCAP Customer Satisfaction Survey

SCCAP relies on your feedback to continue improving our services. Your feedback is important to us. We appreciate you taking the time to complete this survey.

How did you hear about us?

- ☐ Family/Friend ☐ Local Church ☐ Internet/Website/Social Media
☐ United Way 211 ☐ Newspaper ☐ Social Service Agency ☐ Trustee's Office
☐ Other (please specify): _____

Is this your first visit to SCCAP?

- ☐ Yes ☐ No

What county do you live in?

- ☐ Brown ☐ Owen ☐ Monroe ☐ Morgan

What was the purpose of your visit?

- ☐ Apply for help with utility bills ☐ Housing Appointment
☐ Sign up for Head Start/ Early Head Start ☐ Apply for weatherization on home
☐ Other (please explain): _____

What SCCAP services have you used before?

- ☐ Housing Choice Voucher (Section 8) ☐ Head Start/ Early Head Start ☐ Affordable Housing
☐ Weatherization Assistance Program ☐ Energy Assistance Program ☐ None of these
☐ Thriving Connections ☐ Growing Opportunities

What SCCAP services would you like more information about?

- ☐ Housing Choice Voucher (Section 8) ☐ Head Start/ Early Head Start ☐ Thriving Connections
☐ Weatherization Assistance Program ☐ Energy Assistance Program
☐ Affordable Housing ☐ Growing Opportunities

Please rank the following aspects of your visit/contact with SCCAP:

The office was easy to find, well -marked, and convenient.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I was served in a timely manner.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Staff was courteous and helpful.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

My need or reason for visit was taken care of.

☐ Yes ☐ No- I did not qualify ☐ No – I need to provide additional documentation
☐ No- SCCAP does not offer the service I need

If SCCAP could not meet my need(s), I was referred to other provider(s).

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Staff offered information about other SCCAP services.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Since participating in SCCAP services, do you feel you are:

☐ More self-supporting ☐ Less self-supporting ☐ No Change ☐ Prefer not to answer

Overall, how do you rate the quality of services we provide?

☐ Excellent ☐ Good ☐ Adequate ☐ Poor ☐ Unacceptable

What barriers did you have when accessing services?

☐ Language/Interpreter needed ☐ Disabled/Physical limitations ☐ Transportation Issue
☐ Other (please explain): _____

What type of transportation do you most often use?

☐ Ride Share services (Uber/Lfyt, etc) ☐ Taxi/Cab ☐ City Transit/Bus ☐ Rural Transit ☐ Private Vehicle
☐ I do not have access to or use any of these transportation options.
☐ Other (please explain): _____

Would you be interested in sharing your story? If yes, please provide your contact details.

☐ Yes ☐ No

Name/Address/ Phone Number: _____

Please provide any other feedback you have for our agency:

All SCCAP services are provided without regard to race, sex, age, color, religion, disability, national origin, ancestry, or status as a veteran.