

Make sure your application is complete before submitting it.

Enclosed is the 2026-2027 Energy Assistance Program (EAP) application. Instructions for applying are on Pages 3 and 4. **Use ONLY the forms in the packet that apply to you.** If you need additional forms, please email eap@insccap.org or contact your local SCCAP office to request them. Phone numbers are listed at the bottom of the page.

EAP begins October 1, 2026. We can't help with disconnects or crisis before that date. If you need help before the program starts, contact your utility provider to discuss options, your local trustee for assistance, or 2-1-1 for resources.

Your application must be complete before we can help you. Send your **completed** application to your local SCCAP office. You can mail it, drop it off, or scan and email it to eap@insccap.org. Please make sure all pages are clear and complete.

The last day to apply for the 2026-2027 EAP is **April 30, 2027, at 5pm EST.** We cannot accept an application after that.

We have 55 days to process your application. If you have questions, email eap@insccap.org or call your local SCCAP office at the number listed below.

If you are in crisis or move (change addresses) after you apply but before we process your application, please contact SCCAP right away.

Use the QR code below to visit our SCCAP website for information about the program. Starting October 1, 2026, you can find a link there to apply online for EAP. **If you apply online, you must upload your paperwork (income, utility bills, etc.) with your online application.**

Follow SCCAP on Facebook (facebook.com/insccap) for any updates about the program as they become available.



Monroe County
1500 W. 15th St.
Bloomington, IN 47404
812-339-3447
Fax: 812-668-2110

Brown County
746 Memorial Dr.
Nashville, IN 47448
812-988-6636
Fax: 812-988-8586

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

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



PY 2027 Indiana Energy Assistance Program Application INSTRUCTIONS

- **Please note that Indiana's Energy Assistance Program provides a one-time benefit payment.** This is not recurring monthly assistance, and is not designed to cover all of your utility costs for a year.
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis.
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles.
- Please complete the application form **in its entirety**, including fields with yes/no options.

Part I: Contact Information

- **Please fill in all information completely**, including the full name and last four digits of SSN for the person completing the application for the household. If you do not fully complete the information or provide good methods of contact, it may delay application processing or lead to a denial.
- If you do not have an alternate mailing address from your home address, please leave that field blank.

Part II: Home and Utility Information

- Please complete all fields completely.
- Please submit your **current** electricity and heating bills or account statements with your application.

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- For each job held by any wage earner in the household for the previous 3 months, please list the employer, first pay date, and indicate whether they are still working. If you need space for additional jobs, your LSP can provide you with an attachment sheet.

Part IV: Household Members and Demographics

- **Please include yourself as household member number 1.**
- **You must list all persons residing at the address of application as of the date of application.**
- You must complete **all fields** for **all individuals**. Failure to complete demographic information will delay your application processing as the local service provider will need to contact you to gather this information. We require full Social Security Numbers for all members of the household.
- **If there are more than eight persons in your household you will require an attachment to list the other members.** Please contact your local service provider for the attachment and check the box to notify the intake processing your application that there are more than four people present.
- Please use the codes provided to identify race, ethnicity, and Military status for each household member.

Part V: Certification

- **Failure to sign and date the certification statement will invalidate your application.**

Submitting your application

- **Please submit your application to the local service provider administering EAP for your county, not to IHCD.**
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
 1. **Current documentation of income for all household members age 18 or over.** This may include:
 - Employment/wages
 - **Most recent** paystub
 - Work/pay statements for immediate 13 weeks prior to application for gig work
 - Request for Earnings information form – contact Local Service Provider
 - Social Security/SSI/VA benefits
 - Most recent **complete** award letter (may be downloaded from online)
 - **Complete** unredacted bank statement
 - Pension/retirement
 - Award letter
 - Self-Employment
 - Most recent Form 1040 tax return, with all appropriate self-employment schedules.
 - Unemployment Benefits
 - Completed release of information form for DWD.
 - **Full** print-out of your most current Uplink statement.
 - Alimony/spousal support/Worker's Compensation/Private disability
 - Any documentation of payments received.
 - Odd Jobs/irregular income/No Income
 - Completed Income Verification form – contact Local Service Provider
 - If you have any questions about acceptable documentation, contact your local service provider.
 2. **Current, complete bills for your electric, heating, and water/wastewater utilities.**
 - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
 - If utilities are included in your rent, please provide completed Landlord Affidavit.
 - Please ensure you are providing the **full and complete** billing statement!
- **Depending on household circumstances, additional documentation may be required.** Please contact your local service provider with any additional questions.

Indiana Energy Assistance Program Application

Program Year 2027

 South Central Community Action Program Empowering people to reach their potential  Indiana Housing & Community Development Authority	South Central Community Action Program 1500 W 15th Street Bloomington, IN 47404 812-339-3447 www.insccap.org Email: eap@insccap.org	For Provider/Agency Use Only			
		Date received:		Application number:	
		☐ Mail-in ☐ Telephone ☐ In-Person ☐ Outreach/Home Visit/Other			
		Household is disconnected or out of fuel:		☐ Yes ☐ No	
		Household has d/c notice or less than 25% fuel:		☐ Yes ☐ No	
		Household heat source is inoperable:		☐ Yes ☐ No	
If your utility is disconnected or scheduled for imminent disconnection, or if you are very low or out of prepaid or deliverable fuel, contact this agency directly. If you need other emergency options, please call 2-1-1. ☐ My electric or heating is disconnected or scheduled for disconnection, or I am low or out of deliverable heating fuel/prepaid electricity. ☐ A member of this household has a life-threatening medical condition that requires home utility service for treatment.					
Is <u>any person</u> in your household affiliated with this agency as an employee or staff member, volunteer, board member, or subcontractor, or related to any employee, staff member, volunteer, board member, or subcontractor? ☐ No ☐ Yes (please identify member and relationship): _____					
Part I: Contact Information					
Applicant Name		Last 4 digits of SSN		County	
		xxx-xx-			
Physical Address (Including Apartment/Lot/Trailer Number, if applicable)		City		Zip	
				IN	
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.					
Telephone number		E-mail Address		Would you like to receive application notices via e-mail?	
				☐ Yes ☐ No	
Part II: Home and Utility Information					
Home Type (Please check one)			Utilities and Payment		
☐ Site-built single-family home ☐ Multi-unit 2-4 units (duplex/triplex/quadplex/condo/townhouse) ☐ Mobile Home ☐ Multi-unit 5+ units (apartment/condo) ☐ Other: _____			Electricity Vendor: _____ Account number: _____ Heating Vendor: _____ Account Number: _____		
Home Ownership (Please check one)			☐ Electricity included in rent ☐ Heat included in rent		
☐ Own ☐ Rent ☐ Other: _____					
Primary Installed Heating Equipment (please check one)			Primary Heating Fuel (please check one)		
☐ Furnace/Heat Pump ☐ Baseboard/Wall Unit ☐ Wood Stove/Fireplace ☐ Other: _____			☐ Electricity ☐ Natural Gas ☐ Propane ☐ Fuel Oil ☐ Firewood/Corn/Pellets		
Is it working? ☐ Yes ☐ No The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligible Hoosiers. Are you interested in a referral to the Weatherization program? ☐ Yes ☐ No					
Part III: Income and Benefits					
Please indicate <u>all</u> types of income received by any member of the household in the <u>past three months</u>. Check all that apply.					
☐ Employment/wages (include current paystub with YTD gross or work statement with previous 13 weeks for gig work) ☐ Social Security/Disability/SSI/VA disability/VA pension (include current award letter) ☐ Self-Employment (include most recent full 1040 tax return) ☐ Unemployment (include current Uplink or DWD release form)			☐ Pension/Retirement (include award letter or unredacted bank statement) ☐ Odd Jobs/irregular income (include completed Income Verification Statement) ☐ No income (include completed Income Verification Statement) ☐ Other: _____ (contact agency for guidance)		
If Employment/wages selected, please complete for each job held during past three months:					
Wage Earner: _____		Wage Earner: _____		Wage Earner: _____	
Employer: _____		Employer: _____		Employer: _____	
First pay date: _____		First pay date: _____		First pay date: _____	
Still working? ☐ Yes ☐ No		Still working? ☐ Yes ☐ No		Still working? ☐ Yes ☐ No	

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

Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.

Part IV: Household Members**List all people residing in household, including yourself.** Check here and attach additional sheet if more than eight people are in household: ☐

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Use codes below		
Applicant					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
2					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
3					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
4					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
5					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
6					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
7					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
8					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			

Race Codes

A - Asian; **B** - Black or African American; **I** - American Indian or Alaska Native; **P** - Native Hawaiian or other Pacific Islander;
W - White; **M** - Multi-race; **O** - Other

Ethnicity Codes

H - Hispanic, Latino, or Spanish origins;
N - Not Hispanic, Latino, or Spanish origins

Military Status Codes

A - Active-duty military
V - Veteran
N - No affiliation

Part V: Certification

Disclaimer: I certify under the penalties for perjury and fraud that the information, upon reasonable investigation, provided in this application is correct and true to the best of my knowledge and belief. I understand that I may be required to verify these statements and hereby give my consent to the State of Indiana, including the Indiana Housing and Community Development Authority (the "State of Indiana"), and the agency from which I am requesting assistance to contact any necessary persons to verify these statements. I certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. I certify that I am currently a resident of Indiana, I have been a resident of Indiana for at least thirty (30) days, and I am an applicant for the Energy Assistance and/or Weatherization Assistance Program(s) (the "Program"). I certify that all members of my household are United States citizens, United States nationals, or qualified non-citizens under 8 U.S.C §1641(b) and are eligible to receive federal taxpayer-funded benefits except as identified in this application. I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me.. I also understand that the State of 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 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 fail to comply with the Program, misrepresent or fail to disclose any information requested in this application, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, misrepresentation, or omission. I understand that I am solely responsible for providing my correct contact information to the State of Indiana or the agency from which I am requesting assistance and for checking my voicemail, e-mail, SMS/MMS messages, or physical mailbox for communication and notifications regarding the Program.

Energy Assistance Program benefits are provided without regard to race, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

Fraud Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.

Signature of applicant (required)**Date (required)**

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

Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.

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 4 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.

☐


Covering Kids and Families covers health insurance needs by helping someone to understand, obtain, and maintain health insurance.

☐


Growing Opportunities is SCCAP's family enrichment program, which provides case work, emergency funds, debt relief opportunities, and family development programming that addresses; financial empowerment, climate resilience, reduction of energy needs. Available funding changes regularly to address various needs.

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.

☐


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 eligible CBU customers to get assistance paying their water bill and/or obtaining trash services.

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.



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 ☐ Facebook ☐ 211
☐ United Way ☐ Outreach event ☐ Social Service Agency ☐ Trustee's Office
☐ I have used SCCAP services before ☐ 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 ☐ Growing Opportunities appt
☐ Sign up for Head Start/ Early Head Start ☐ Apply for weatherization
☐ 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 ☐ CKF
☐ Thriving Connections ☐ Growing Opportunities ☐ None of these

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 ☐ Not applicable

I was served in a timely manner.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not applicable

Staff was courteous and helpful.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not applicable

My need or reason for phone call or visit to SCCAP was taken care of.

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

If you answered "No" above, what service did you need? _____

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

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not applicable

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 ☐ None

☐ Other (please explain): _____

What type of transportation do you most often use?

☐ Ride Share services (Uber, Lyft, etc) ☐ Taxi/Cab ☐ City Transit/Bus ☐ Rural Transit

☐ Personal 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/Email or Phone Number: _____

Please provide any other feedback you have for our agency:



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 IHCDA.
- 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.
- 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 information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting.. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

