



Dear Energy and Water Assistance Program Applicant,

Enclosed is your application packet to apply for the 2022-2023 Energy Assistance Program (EAP) and the Water Assistance Program. Instructions for applying are included on Page 4. **Your application must be complete before we can help you.**

The program begins on November 1<sup>st</sup>, and the last day to apply is May 15th, 2023 at 5pm Eastern time. If you are in crisis before November 1st, please contact 2-1-1 or your local trustee to help, or you can call your vendor to discuss a payment plan if needed.

**Submit your current water/sewer bill. It DOES NOT have to be past due for us to help.**

**Submit your current heating and electric bills also.**

You can also apply online if you wish. To do this, you **must be able to upload all paperwork** that is needed. Go to <http://eap.ihcda.in.gov> to apply. If you apply online, please give this paper application to someone who might want to apply for EAP.

Starting October 3<sup>rd</sup>, you can call 2-1-1 for help applying. You can also go to the Monroe County Public Library for help applying online or by paper application.

If you have questions about your application, email us at [eap@insccap.org](mailto:eap@insccap.org), or call your local office. Phone numbers for all offices can be found at the bottom of this page.

Please use this code to visit our SCCAP website for information about the program:



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

Thank you,  
The SCCAP Energy Assistance Program Staff

**Monroe County**  
1500 W. 15<sup>th</sup> 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



## 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.

## **PY 2023 Indiana Energy Assistance and Water Assistance Program Application INSTRUCTIONS**

- Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.
- 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.
- 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.

### **Part II: Home and Utility Information**

- Please complete all fields completely.
- Please submit your **current** electricity, heating, and/or water/wastewater bills with your application.

### **Part III: Income and Benefits**

- Please complete all fields, indicating **all** forms of income or non-cash benefit assistance received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- If anybody in your household has **paid** child support in the past three months, submit proof of payments to have child support deducted from household income.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

### **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.
- **If there are more than four 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, employment status, education level, Health Insurance, and Military status for each household member.
- 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 define your household type according to the options provided.

### **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. Photo ID for the person completing and signing the application.
  2. Proof of SSN for each member of the household. This may be:
    - Copy of Social Security card.
    - Copy of a valid U.S. passport.
    - Copy of a valid state-issued REAL ID.
    - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person's name and full, unredacted SSN.
  3. Current documentation of income for all household members age 18 or over. This may include:
    - Employment/wages
      - **Most recent** paystub
      - 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** 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.
  4. 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 and Water Assistance Program Application

## Program Year 2023

 <p style="font-size: small;">South Central Community Action Program <b>SCCAP</b> Empowering people to reach their potential</p> <p style="font-size: small;"><b>ihcda</b> Indiana Housing &amp; Community Development Authority</p>	<p><b>South Central Community Action Program</b></p> <p>1500 W. 15th St. Bloomington, IN 47404</p> <p>812-339-3447 <a href="http://www.insccap.org">www.insccap.org</a> eap@insccap.org</p>	<p><b>For Provider/Agency Use Only</b></p> <p>Date received: _____</p> <p>Application number: _____</p> <p><input type="checkbox"/> Mail-In    <input type="checkbox"/> Appointment    <input type="checkbox"/> Outreach/Home Visit/Other</p> <p>Household is disconnected or out of fuel:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Household has d/c notice or less than 25% fuel:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Household heat source is inoperable:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p><b>What kind of assistance are you applying for?</b>    <input type="checkbox"/> Utility Assistance (electricity and heating)    <input type="checkbox"/> Water Assistance    <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Check here if your electric or heating utility is disconnected or scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity.</b></p> <p>If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of a prepaid, bulk deliverable fuel, contact your local service provider listed above to request a crisis appointment. If you need other emergency options, please call 2-1-1.</p>			
<p><b>Part I: Contact Information</b></p>			
Applicant Name		Last four digits of SSN	County
		xxx-xx-	
Physical Address (Including Apartment/Lot/Trailer Number)		City	State    Zip
			IN
<p>If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.</p>			
<p>Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.</p>			
Telephone number	Mobile phone carrier	E-mail Address - <b>check box to give consent for us to e-mail you.</b> <input type="checkbox"/>	
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> Consent to receive texts		
<p><b>Part II: Home and Utility Information</b></p>			
Home Type (Please check one)		Utilities and Payment	
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____		Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent Water Vendor: _____ <input type="checkbox"/> Included in rent Wastewater Vendor: _____ <input type="checkbox"/> Included in rent	
Home Ownership (Please check one)			
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____			
Primary Heating Source (please check one)	Primary Heating Fuel (please check one)	Do you have a secondary heating source installed?	
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
<p><b>Is it working?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p>The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. <b>Would your Household be interested in a referral to the Weatherization program?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p><b>Part III: Income and Benefits</b></p>			
<p>Please indicate all types of income received by any member of the household in the past three months. <b>Check all that apply.</b></p>			
<input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____			
<p>Please indicate <u>all</u> sources of assistance received by any member of the household. <b>Check all that apply.</b></p>			
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
<p><b>Has anybody in the household paid child support in the past three months?</b></p>		<p><b>Is anybody in the household between the ages of 14-24 and neither working nor attending school?</b></p>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)		<input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	

**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 and Demographics**

List all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household:

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Edu-cation	Health Insurance	Military Status
							Please use codes listed below					
Applicant					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>Race Codes:</b> A - Asian; B - Black or African American; I - American Indiana or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White; M - Multi-race; O - Other	<b>Ethnicity Codes:</b> H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	<b>Employment Codes:</b> FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker
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<b>Education codes:</b> A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate	<b>Health Insurance Codes:</b> A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None	<b>Military Codes:</b> A - Active-duty military V - Veteran N - No affiliation
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<b>Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	<b>Household Type (please check one)</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> Other: _____
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**Part V: Certification**

**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, Water 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, Water 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.

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

Signature of person completing this form (required)	Date (required)

**Indiana Energy Assistance and Water Assistance Program Application Large Household Attachment  
Program Year 2023**

**Please complete and return with your application if household is larger than four members.**

This form is not necessary if household is four people or smaller.

**Please provide address and applicant information so that we may match this attachment to the main application.**

<b>Applicant Name</b>		<b>Last four digits of SSN</b>	<b>County</b>	
		XXX-XX-		
<b>Physical Address (Including Apartment/Lot/Trailer Number)</b>			<b>City</b>	<b>State</b>
				IN

**Part IV: Household Members and Demographics (continued)**

Please list all people residing in this household not already listed on the main application form.

Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
						Please use codes listed below					
5				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
8				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>Race Codes:</b>	<b>Ethnicity Codes:</b>	<b>Employment Codes:</b>
A - Asian; B - Black or African American; I - American Indiana or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White; M - Multi-race; O - Other	H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker

<b>Education codes:</b>	<b>Health Insurance Codes:</b>	<b>Military Codes:</b>
A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate	A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None	A - Active-duty military V - Veteran N - No affiliation

Application number: \_\_\_\_\_





## Energy Assistance Program Income Verification Affidavit

**This form is to be completed by anyone claiming zero income or undocumented income for any month**

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 includes but is not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, 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. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

**YOU MUST COMPLETE THIS SECTION IN FULL IF YOU INDICATED ANY MONTHS OF ZERO INCOME IN SECTION 2.**

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

### SECTION I: APPLICANT INFORMATION (may be completed by applicant, intake, or landlord)

Applicant Name:	Date:
Address (including apartment/lot number):	Phone:
City:	State: <b>IN</b> Zip Code:

### SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

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

**Primary installed heating source (check one):**

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

How much is the tenant responsible to pay out of pocket monthly in rent **after subsidies**? \$\_\_\_\_\_

Is the primary heating source operable?  
 Yes  No

**All contact information is required unless otherwise noted.**

<i>I grant IHCD 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):

**Energy Assistance Program Direct Benefit Payment Election Form**

Head of Household \_\_\_\_\_

Please choose a fulfillment option below for your direct Energy Assistance Program (EAP) benefit payment. **Please check one.**

- I would like to waive my direct EAP benefit payment to be applied directly to my electricity/heating (**circle one**) utility, which I pay separately. I understand that the full benefit will be paid to my vendor within sixty (60) days and **I will not receive a direct payment.**
- I would like to receive my direct EAP benefit payment as an Electronic Funds Transfer (direct deposit). **I understand that this may take up to 120 days to receive**, and is subject to further delays if I have provided inaccurate banking information. I have provided my banking information below.

Checking Account     Savings Account    Account holder name: \_\_\_\_\_

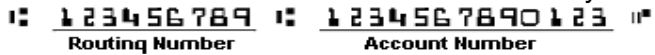
Financial Institution: \_\_\_\_\_

Financial Institution Routing Number:  
**(must be nine digits)**

--	--	--	--	--	--	--	--	--

Checking/Savings Account Number: \_\_\_\_\_

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



- I would like to receive my direct EAP benefit payment as a check mailed to my primary residence or mailing address. **I understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations. **If you do not return this form with your application, your benefit will be issued as a check.**

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I hereby certify that the information provided above 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 understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

**If I have elected to receive benefit payment by electronic funds transfer**, I hereby authorize the Indiana Housing and Community Development Authority (“IHCDA”) to initiate entries to the above identified 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.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

# 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. To achieve this mission, we offer a variety of programs within our agency. Please initial next to any programs that you would like 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 ONLY offered 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.

How did you hear about SCCAP? \_\_\_ Family/Friend \_\_\_ Trustee \_\_\_ Local Church \_\_\_ United Way 211  
 \_\_\_ Social Service Agency \_\_\_ Internet/Website/Social Media \_\_\_ Billboard for EAP  
 \_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
 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.





1500 W. 15<sup>th</sup> Street  
Bloomington, In 47404  
Phone: 812-339-3447 ext. 702  
[www.insccap.org](http://www.insccap.org)



- Wash clothes in cold water.
- Turn off TV when leaving room.
- Wear a sweater and turn down the thermostat a degree or two.



## About SCCAP

South Central Community Action Program (SCCAP) is a nonprofit organization based in Bloomington, Indiana that has served low-income people for 55 years. Our mission is to provide opportunities for low-income citizens to move toward personal and economic independence.

### SCCAP is also proud to offer:

- Early Head Start
- Head Start
- Energy Assistance
- Housing Choice Voucher
- Thriving Connections
- Growing Opportunities

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



**Good for your wallet,  
good for the planet!**



# What is weatherization?

The Weatherization Assistance Program began in 1976 as a way to combat high energy bills for America's most vulnerable citizens. The Weatherization program qualification is income based and gives priority to the elderly, people with disabilities and families with children.

## Income limits for 2023 by family size

❖ 1 person	\$27,180
❖ 2 persons	\$36,620
❖ 3 persons	\$46,060
❖ 4 persons	\$55,500
❖ 5 persons	\$64,940

Add \$9,440 for each additional person.

Apply for **weatherization** by calling 812-339-3447 ext 702 or calling your county office for more information.

## Health & Safety measures

- Perform heating system safety testing.
- Combustion appliance safety testing.
- Inspect vent systems.
- Install mechanical ventilation to ensure adequate indoor air quality.
- Install smoke and carbon monoxide alarms.
- Evaluate mold or moisture hazards.
- Incidental safety repairs if necessary.

## Mechanical measures

- Clean, tune, repair or replace heating systems when needed.
- Seal leaks in heating ducts.
- Repair or replace water heaters if necessary.
- Insulate water heating pipes.
- Fix improper dryer venting.

## Building shell measures

- Install insulation where needed.
- Blower door directed air sealing.



## Client Education Activities

- Educate on potential household hazards such as carbon monoxide, mold & moisture, indoor air pollutants, lead paint and radon.
- Instruction on how to use any newly installed equipment.
- Discuss the benefits of using energy efficient products.

## Baseload measures

- Install LED bulbs.
- Install low flow shower heads and sink aerators.
- Water heater pipe insulation.







### **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     Billboard  
 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  
 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

**If you received an Energy Efficiency Tips flyer in the mail from us, did you use any of the tips?**  Yes  No

**If so, what tips did you try?** \_\_\_\_\_

**If you tried using the tips to save energy, did you notice a decrease in your bill?**  Yes  No

#### **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     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

**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, Lyft, 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/Email or 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.