



Energy Assistance Program 2022-2023

Enclosed is your Energy Assistance application for the upcoming winter months of 2022 and the beginning of 2023. Please complete the application and include the proper documentation (copies). No documents will be returned to you.

You can apply in several ways. By mail, online, and by using our dropboxes at all of our locations. To apply online, visit our website **icapcaa.org** . You can upload documents to the county email that you live in that are listed below.

If you have a disconnect notice, or are disconnected now, please complete the application and copy your documentation, and then call your local ICAP office to get immediate assistance, or call 211 for additional resources.

Delaware County	765-288-8732	delawareeap@icapcaa.org
Fayette County	765-692-0326	fayetteeap@icapcaa.org
Grant County	765-573-5193	granteap@icapcaa.org
Hancock County	317-462-2557	hancockeap@icapcaa.org
Henry County	765-529-4403	henryeap@icapcaa.org
Madison County	765-298-8086	madisoneap@icapcaa.org
Rush County	765-932-2863	rusheap@icapcaa.org
Wayne County	765-488-2416	wayneeap@icapcaa.org

Once you have applied, we will process your application as quickly as possible. It is not necessary or helpful to call multiple times to check the status of your application. If you applied online, you may check the status of your application on the portal by logging into EAP Connect. Once processed, we will mail you a notification of approval, denial, or a letter asking for more information needed to process your application.

ICAP is looking forward to helping you.

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.



This form provides information on income guidelines, contact information, services per county, and definitions for all programs.

For questions please call your local ICAP office.

ICAP Offices by County:

Income Guidelines for ICAP Programs:

2022-2023

Energy Assistance Income Guidelines 3 MONTHS INCOME	1	2	3	4	5	6	7	8
All Counties	\$6,954	\$9,096	\$11,238	\$13,377	\$15,519	\$17,658	\$18,060	\$18,462

Federal Poverty Guidelines 2022 ANNUAL INCOME Household Size	100%	125%	130%	138%	150%	185%	200%
1	\$13,590	\$16,988	\$17,667	\$18,754	\$20,385	\$25,142	\$27,180
2	\$18,310	\$22,888	\$23,803	\$25,268	\$27,465	\$33,874	\$36,620
3	\$23,030	\$28,788	\$29,939	\$31,781	\$34,545	\$42,606	\$46,060
4	\$27,750	\$34,688	\$36,075	\$38,295	\$41,625	\$51,338	\$55,500
5	\$32,470	\$40,588	\$42,211	\$44,809	\$48,705	\$60,070	\$64,940
6	\$37,190	\$46,488	\$48,347	\$51,322	\$55,785	\$68,802	\$74,380
7	\$41,910	\$52,388	\$54,483	\$57,836	\$62,865	\$77,534	\$83,820
8	\$46,630	\$58,288	\$60,619	\$64,349	\$69,945	\$86,266	\$93,260

Housing Choice Vouchers (Section 8)		1	2	3	4	5	6	7	8
Fayette	EXTR LOW INCOME	15650	18310	23030	27750	32470	37190	41910	46630
	VERY LOW INCOME	26100	29800	33550	37250	40250	43250	46200	49200
	LOW-INCOME	41750	47700	53650	59600	64400	69150	73950	78700
Hancock	EXTR LOW INCOME	19200	21950	24700	27750	32470	37190	41910	46630
	VERY LOW INCOME	32000	36550	41100	45650	49350	53000	56650	60300
	LOW-INCOME	51150	58450	65750	73050	78900	84750	90600	96450
Henry	EXTR LOW INCOME	15650	18310	23030	27750	32470	37190	41910	46630
	VERY LOW INCOME	26100	29800	33550	37250	40250	43250	46200	49200
	LOW-INCOME	41750	47700	53650	59600	64400	69150	73950	78700
Madison	EXTR LOW INCOME	15700	18310	23030	27750	32470	37190	41910	46630
	VERY LOW INCOME	26150	29900	33650	37350	40350	43350	46350	49350
	LOW-INCOME	41850	47800	53800	59750	64550	69350	74100	78900
Rush	EXTR LOW INCOME	15650	18310	23030	27750	32470	37190	41910	46630
	VERY LOW INCOME	26100	29800	33550	37250	40250	43250	46200	49200
	LOW-INCOME	41750	47700	53650	59600	64400	69150	73950	78700
Wayne	EXTR LOW INCOME	15650	18310	23030	27750	32470	37190	41910	46630
	VERY LOW INCOME	26100	29800	33550	37250	40250	43250	46200	49200
	LOW-INCOME	41750	47700	53650	59600	64400	69150	73950	78700

Delaware County
407 W Main St Muncie,
IN 47305 Phone (765)
288-8732 Fax (765)
288-8733

Grant County
327 E 2nd Street
Marion, IN 46952
Phone (765)573-5193
Fax 765-573-5490

Hancock County
141 Green Meadows
Dr. Suite 4
Greenfield, IN 46140
Phone (317) 462-2557
Fax (317)462-1936

Rush County
525 E. 7th St
Rushville, IN 46173
Phone (765) 932-2863
Fax (765) 938-1911

Fayette County
420 West 24th St
Connersville, IN 47331
Phone (765) 692-0236
Fax (765) 692-0362

Madison County
1106 Meridian St
Suite 210
Anderson, IN 46016
Phone (765) 298-8086
Fax 765-393-2505

Henry County
615 W. St Rd 38
P.O. Box 449
New Castle, IN 47362
Phone (765) 529-4403
Fax (765) 593-2510

Wayne County
2519 E. Main St. Ste.
101
P.O. Box 577
Richmond, IN.47374
Phone (765) 488-2416
Fax (765) 488-2428

Website: <https://icapcaa.org/>

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<https://www.facebook.com/icapcaa>



ICAP Services offered in each County:

<p><u>Henry County:</u> Head Start WIC Program Energy Assistance Weatherization Housing Choice Voucher (Section8) Rose Court Apartments Legal Services Foster Grandparents Retired Senior Volunteer Senior Center Personal Fitting Station Individual Development Account Emergency Services CARES Services Housing Stability</p>	<p><u>Delaware County:</u> Energy Assistance Weatherization Foster Grandparents Individual Development Account Emergency Services CARES Services Housing Stability</p> <p><u>Wayne County:</u> Energy Assistance Housing Choice Voucher (Section8) Personal Fitting Station Individual Development Account Emergency Services CARES Services Housing Stability Weatherization</p>	<p><u>Fayette County:</u> Energy Assistance Individual Development Account Housing Choice Voucher (Section8) Emergency Services CARES Services Housing Stability Weatherization</p> <p><u>Rush County:</u> Head Start Energy Assistance Weatherization Housing Choice Voucher (Section8) Foster Grandparents Retired Senior Volunteer Personal Fitting Station Individual Development Account Emergency Services CARES Services Housing Stability</p>	<p><u>Hancock County:</u> Head Start WIC Program Energy Assistance Weatherization Housing Choice Voucher (Section8) Foster Grandparents Individual Development Account Emergency Services CARES Services Housing Stability</p> <p><u>Madison County:</u> Energy Assistance Housing Choice Voucher (Section8) Individual Development Account</p> <p><u>Grant County:</u> Energy Assistance Individual Development Account</p>
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Program Definitions:

Head Start – Federally funded preschool program children ages 3-5 federal poverty level must be at or below 100%

Women Infant Children – Nutrition Program for pregnant mothers/children up to the age of 5 years, poverty level must be at or below 185%

Weatherization – Energy conservation to eligible households at or below 200% federal poverty guidelines

Energy Assistance – Helps families with high energy cost, must be at or below 60% of the State Median Income guidelines

Housing Choice Voucher (Section8) – AG at or below 50% median income for county of residence

Rose Court Apartments – Income based apartments, income guidelines per unit size, working for 6 months, no prior evictions

Legal Services – Indiana Legal Services come to the Henry office every other month and provides free advice

Foster Grandparents - Senior Volunteer Program for persons 55 and older to serve as role models, mentors to the children in our communities.

Retired Senior Volunteer Program– Senior Volunteer Program for persons 55 and older, no income guidelines

Henry County Senior Center – 55 and older, open 9am-2pm, lunch is served daily

Personal Fitting Station– Program to educate families on child and passenger safety, car seat inspection, installation, and education

Individual Development Account – Financial Education Program designed to help individuals learn how to save funding for an asset



Emergency Services - Funding for Emergency based needs, income must be below 125% federal poverty guidelines

CARES Services - Funding for Covid19 impacted needs, household must be below 200% federal poverty guidelines

Housing Stability - Program focused on helping Indiana Renters become more self sufficient through case management services and housing counseling services, no income guidelines

Indiana Energy Assistance and Water Assistance Program Application

Program Year 2023

 Interlocal Community Action Program Inc.  Indiana Housing & Community Development Authority	ICAP Energy Assistance Program Corporate Office 615 West State Road 38 P.O. Box 449 New Castle, IN 47362 <i>Serving Delaware, Fayette, Grant, Hancock, Henry, Madison, Rush and Wayne Counties</i> icapcaa.org	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: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Household has d/c notice or less than 25% fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Household heat source is inoperable: <input type="checkbox"/> Yes <input type="checkbox"/> No				
What kind of assistance are you applying for? <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both <input type="checkbox"/> 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. 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.				
Part I: Contact Information				
Applicant Name		Last four digits of SSN	County	
		xxx-xx-		
Physical Address (Including Apartment/Lot/Trailer Number)		City	State Zip	
			IN	
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.				
Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.				
Telephone number	Mobile phone carrier	E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>		
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> Consent to receive texts			
Part II: Home and Utility Information				
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: _____		
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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				
Part III: Income and Benefits				
Please indicate all types of income received by any member of the household in the past three months. Check all that apply.				
<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: _____				
Please indicate all sources of assistance received by any member of the household. Check all that apply.				
<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: _____				
Has anybody in the household paid child support in the past three months?		Is anybody in the household between the ages of 14-24 and neither working nor attending school?		
<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						

Race Codes: 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	Ethnicity Codes: H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	Employment Codes: 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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Education codes: 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	Health Insurance Codes: 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	Military Codes: A - Active-duty military V - Veteran N - No affiliation
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Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	Household Type (please check one) <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.

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

Part IV: Household Members and Demographics (continued)

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

5	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					
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Race Codes:	Ethnicity Codes:	Employment Codes:
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

Education codes:	Health Insurance Codes:	Military Codes:
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



Please complete this page and return as part of your Energy Assistance application.

1. To reduce energy consumption and improve energy efficiency, what label should you look for when purchasing appliances, windows and doors?
 Energy Saver Energy Star Energy Smart
2. Lighting accounts for **about** how much of a typical residential utility bill?
 15% 20% 25%
3. Which appliance uses the most energy?
 Oven Microwave Refrigerator
4. Slow cookers, electric fry pans, toaster ovens, and electric kettles use less power than the stove top or oven.
 True False
5. Is it more energy efficient to wash your laundry in cold water or hot water?
 Cold Hot
6. Which kind of computer uses the least amount of energy?
 Desktop Laptop
7. What is the estimated life expectancy of an LED light bulb?
 10 years 15 years 20 years
8. The majority of energy used in a single lightbulb is used to create heat. Approximately how much energy is used to create light?
 5% 10% 15%
9. Approximately how much of electricity used in homes is used while the product is turned **off**?
 75% 50% 25%
10. What is the most energy efficient appliance in most kitchens?
 Oven Microwave Refrigerator

Printed Name: _____

Date: _____

Signature: _____



Interlocal Community Action Program Inc.

EAP Applicant Name: _____

ICAP may have other programs and services that will be helpful to you and your family. Please fill out the information below and return it with your Energy Assistance application.

Demographic Questions (circle Y for yes or N for no):

- | | | |
|---|---|---|
| 1. Are there any newborns or pregnant women in your household? | Y | N |
| 2. Are there any children between the ages of 3-5 in your household? | Y | N |
| 3. Are there individuals in your household that are uninsured/underinsured? | Y | N |
| 4. Are there children under age 13 in the household? | Y | N |
| 5. Are there retired/senior citizens in the household? | Y | N |

Interest Questions (circle Y for yes or N for no):

- | | | |
|--|---|---|
| 1. Are you interested in learning how to lower your utility bills? | Y | N |
| 2. Are you interested in improving the energy efficiency of your home? | Y | N |
| 3. Are you interested in saving for a major purchase (car, home, etc)? | Y | N |

How would you like to be contacted with more information (check all that apply)?

- Email: _____ (email address)
- Address: _____ (mailing address)
- Phone: _____ (phone number)

(do not write below this line)

Staff person providing referrals: _____

Initial here when all referrals are entered into the statewide database _____

Initial here when a copy of the letter sent is uploaded into the statewide database _____



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.

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



RELEASE OF INFORMATION

*APPLICANT'S NAME: _____

Additional names used during employment: _____

*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: _____ - _____ - _____

***Applicant contact information*

Email Address: _____ Phone Number: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

*SIGNATURE OF APPLICANT

*TODAY'S DATE:

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

Check this box if a Power of Attorney is attached.

NOTE: This section must be completed by the organization requesting employment history.

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

*SIGNATURE OF REQUESTOR: _____

*Printed Name of the Requestor: _____

* Requesting Organization: _____

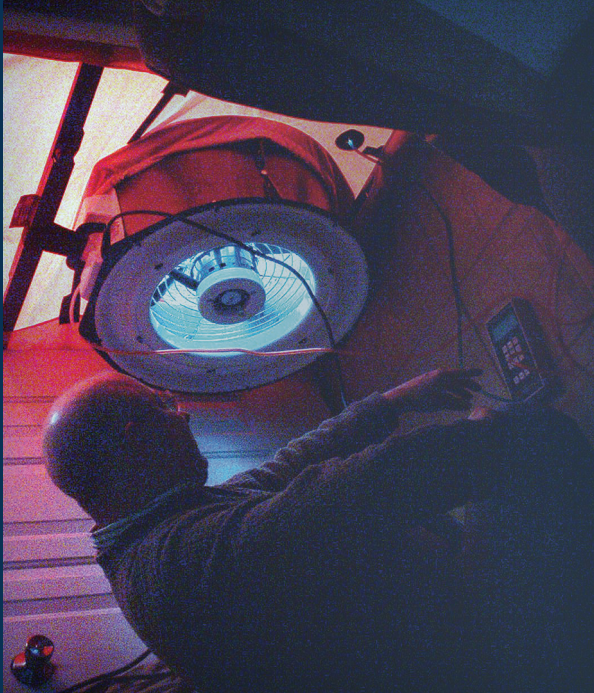
*Email Address: _____

*Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

***REQUIRED FIELDS**

****Applicant's phone number, email address, or mailing address is required.**

Email employverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.



Easy Tips to Save Energy

- Seal any seams, openings, or cracks that lead outside with caulk. This is one of the quickest and highest energy-saving techniques to do.
- Install insulation in your walls and ceilings, especially in attics and unfinished areas of the house. This will trap heat inside during the winter and trap cool air inside during the summer.
- Change out old lightbulbs to LED or CFL bulbs. These last longer and operate with less energy consumption.
- Insulate and repair any water pipes or ductwork to ensure they operate efficiently and effectively.

ICAP

Holly Lee - Weatherization Manager
765-288-8732 ext 304
PO Box 449
New Castle, IN 47362

Serving Delaware, Hancock, Henry, Rush, Shelby, and Johnson Counties
Wayne and Fayette



Indiana Housing & Community Development Authority

WEATHERIZATION ASSISTANCE PROGRAM (WAP)



What is Weatherization?

The Weatherization Assistance Program (WAP) offers clients a long-lasting solution to reduce their utility bills by making their homes healthier and more energy efficient. Weatherization is the process of protecting your home from the elements, such as wind, sunlight, and rain. WAP makes renovations to decrease energy use and lower utility bills for Hoosiers across the state.

Why Should I Weatherize My Home?

Residents who weatherize their homes typically end up with lower utility bills. The program improves health and safety by removing any energy-related hazards. These improvements add up over time and can be very beneficial for reducing energy use. Improving your energy efficiency can also improve the comfort of your home, your quality of life, and improve our environment.



How do I apply? Who do I contact and what kind of documentation will I need?

Please contact your local service provider and tell them you are interested in the Weatherization Assistance Program. To find your local service provider, call 2-1-1.

Documents needed to apply include:

- Completed Application
- Proof of Homeownership or Rental Agreement (lease)
- Proof of Income
- Social Security Card
- Photo ID

How do I know if I am eligible for it?

The Weatherization Assistance Program applies to households whose income is below 200 percent of the federal poverty level. If you are eligible and enrolled in the Energy Assistance Program (EAP), you are considered eligible for the Weatherization program. To find out if you are eligible, call 2-1-1 and they will refer you to your local service provider.

Exceptions to Weatherization






If your home has been weatherized before, depending on which program was used, you may not be considered eligible for the Weatherization Assistance Program. Please contact your local service provider to determine your eligibility.

What is the weatherization process like?

Weatherization may include:

- An energy audit to see what should be done to help your home use less energy
- Changing a building to reduce energy use, such as caulking and sealing cracks
- Making homes more energy efficient, including changing light bulbs and insulating pipes
- Education about potential household hazards such as carbon monoxide, mold & moisture, fire, indoor air pollutants, lead paint and radon

A few steps in the weatherization process, include:

-  1. Apply and enroll in the Weatherization Assistance Program through your local service provider.
-  2. An energy audit will be done, and the results will guide what kind of work will be done.
-  3. Contractors will perform the improvements which may include sealing cracks, insulation, and HVAC repairs. Work is done at no cost to the client.
-  4. A final audit will be done to ensure that everything is working in proper order.
-  5. You must maintain the improvements and provide maintenance to keep your home in working order. A one year warranty is offered on weatherization work.

What happens after weatherization is completed?

After your home has been weatherized, you will need to keep the improvements in proper condition and check for areas needing maintenance.

You may also receive free education sessions provided by local service providers and contractors. This information will provide more ideas on how to save energy, and may teach you how to see if other parts of your home could be further updated or upgraded.

Other Programs

LHEAP

The Low Income Household Energy Assistance Program (EAP), assists low-income families with the high costs of their home energy. EAP also provides assistance during emergency situations. To find your local service provider, call 2-1-1.

Utility Providers' Weatherization Programs

Some utility companies may provide some weatherization services to their customers. Contact your utility provider to see if these services are offered.

Individual Development Account (IDA) Program

IDAs are special matched savings accounts in which individuals will be matched on their savings at a minimum of 3:1 for qualifying asset purchases such as a home, owner-occupied repair, small-business, vehicle purchase and/or education expenses. Please contact IHDA to learn more about the program and to see if you are eligible.