



## Energy Assistance Program 2023-2024

Enclosed is your Energy Assistance application for the upcoming winter months of 2023 and the beginning of 2024. 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.

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

## **PY 2024 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.
- 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 and heating bills or account statements 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 (five on the large print form), 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 and heating 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.

## 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.





For questions please call your local ICAP office.

## Income Guidelines for ICAP Programs:

2023-2024

Energy Assistance Income Guidelines 3 MONTHS INCOME	1	2	3	4	5	6	7	8
All Counties	\$7,438	\$9,727	\$12,016	\$14,305	\$16,594	\$18,883	\$19,312	\$19,741

## ICAP Offices by County:

### 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

143 Green Meadows Dr.  
Suite 1  
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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## Housing Choice Vouchers (Section 8)

Fayette	EXTR. LOW INCOME	16600	19720	24860	30000	35140	40280	45420	50560
	VERY LOW INCOME	27650	31600	35550	39450	42650	45800	48950	52100
	LOW-INCOME	44200	50500	56800	63100	68150	73200	78250	83300
Hancock	EXTR. LOW INCOME	20300	23200	26100	30000	35140	40280	45420	50560
	VERY LOW INCOME	33850	38700	43550	48350	52250	56100	60000	63850
	LOW-INCOME	54150	61900	69650	77350	83550	89750	95950	102150
Henry	EXTR. LOW INCOME	16600	19720	24860	30000	35140	40280	45420	50560
	VERY LOW INCOME	27650	31600	35550	39450	42650	45800	48950	52100
	LOW-INCOME	44200	50500	56800	63100	68150	73200	78250	83300
Madison	EXTR. LOW INCOME	16650	19720	24860	30000	35140	40280	45420	50560
	VERY LOW INCOME	27700	31650	35600	39550	42750	45900	49050	52250
	LOW-INCOME	44300	50600	56950	63250	68350	73400	78450	83500
Rush	EXTR. LOW INCOME	16600	19720	24860	30000	35140	40280	45420	50560
	VERY LOW INCOME	27650	31600	35550	39450	42650	45800	48950	52100
	LOW-INCOME	44200	50500	56800	63100	68150	73200	78250	83300
Wayne	EXTR. LOW INCOME	16600	19720	24860	30000	35140	40280	45420	50560
	VERY LOW INCOME	27650	31600	35550	39450	42650	45800	48950	52100
	LOW-INCOME	44200	50500	56800	63100	68150	73200	78250	83300

## ICAP Services offered in each County:

<b><u>Henry County:</u></b> 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	<b><u>Delaware County:</u></b> Energy Assistance Weatherization Individual Development Account Emergency Services CARES Services Housing Stability  <b><u>Wayne County:</u></b> Energy Assistance Housing Choice Voucher (Section8) Personal Fitting Station Individual Development Account Emergency Services CARES Services Housing Stability Weatherization	<b><u>Fayette County:</u></b> Energy Assistance Individual Development Account Housing Choice Voucher (Section8) Emergency Services CARES Services Housing Stability Weatherization  <b><u>Rush County:</u></b> 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	<b><u>Hancock County:</u></b> Head Start WIC Program Energy Assistance Weatherization Housing Choice Voucher (Section8) Foster Grandparents Individual Development Account Emergency Services CARES Services Housing Stability  <b><u>Madison County:</u></b> Energy Assistance Housing Choice Voucher (Section8) Individual Development Account  <b><u>Grant County:</u></b> Energy Assistance Individual Development Account
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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 Program Application**  
**Program Year 2024**

 <small>Interlocal Community Action Program Inc.</small>   <small>Indiana Housing &amp; Community Development Authority</small>	<b>ICAP Energy Assistance Program</b> Corporate Office 615 West State Road 38 P.O. Box 449 New Castle, Indiana 47362 <i>Serving Delaware, Fayette, Grant, Hancock, Henry, Madison, Rush and Wayne Counties</i> icapcaa.org	<b>For Provider/Agency Use Only</b>			
		<b>Date received:</b> _____			
		<b>Application number:</b> _____			
		<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	
		<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.			
		<b>Part I: Contact Information</b>			
<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> <b>Zip</b>
					IN _____
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.					
<b>Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.</b>					
<b>Telephone number</b> _____		<b>Mobile phone carrier</b> _____		<b>E-mail Address - 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			
<b>Part II: Home and Utility Information</b>					
<b>Home Type (Please check one)</b>			<b>Utilities and Payment</b>		
<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		
<b>Home Ownership (Please check one)</b>			Heating Vendor: _____ <input type="checkbox"/> Included in rent		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____					
<b>Primary Heating Source (please check one)</b>		<b>Primary Heating Fuel (please check one)</b>		<b>Do you have a secondary heating source installed?</b>	
<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/Pellets <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please describe: _____	
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					
<b>Part III: Income and Benefits</b>					
<b>Please indicate all types of income received by any member of the household in the past three months. Check all that apply.</b>					
<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: _____					
<b>Please indicate all sources of assistance received by any member of the household. Check all that apply.</b>					
<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: _____					
<b>Has anybody in the household paid child support in the past three months?</b>			<b>Is anybody in the household between the ages of 14-24 and neither working nor attending school?</b>		
<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	Education	Health Insurance	Military Status
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> <b>A</b> - Asian; <b>B</b> - Black or African American; <b>I</b> - American Indian or Alaska Native; <b>P</b> - Native Hawaiian or other Pacific Islander; <b>W</b> - White; <b>M</b> - Multi-race; <b>O</b> - Other	<b>Ethnicity Codes:</b> <b>H</b> - Hispanic, Latino, or Spanish origins <b>N</b> - Not Hispanic, Latino, or Spanish origins	<b>Employment Codes:</b> <b>FT</b> - Employed full-time; <b>PT</b> - Employed part time; <b>R</b> - Retired; <b>US</b> - Unemployed six months or less; <b>UL</b> - Unemployed longer than six months; <b>NL</b> - Not in labor force; <b>M</b> - Migrant Seasonal farm worker
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<b>Education codes:</b> <b>A</b> - Grades 0-8; <b>B</b> - Grades 9-12, Non-graduate; <b>C</b> - High School Graduate/Equivalency Diploma; <b>D</b> - Some post-secondary school; <b>E</b> - 2- or 4-year college degree; <b>F</b> - Other post-secondary graduate	<b>Health Insurance Codes:</b> <b>A</b> - Medicaid; <b>B</b> - Medicare; <b>C</b> - State Children's Health Insurance Program; <b>D</b> - State Health Insurance for Adults; <b>E</b> - Military Health Care; <b>F</b> - Direct-Purchase; <b>G</b> - Employment-Based; <b>N</b> - None	<b>Military Codes:</b> <b>A</b> - Active-duty military <b>V</b> - Veteran <b>N</b> - 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 Female Parent <input type="checkbox"/> Single Male Parent <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 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 am a resident of Indiana and an applicant for the Energy Assistance and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, 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.

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 applicant (required)	Date (required)



**\*\*\*IMPORTANT TO COMPLETE AND RETURN THIS FORM\*\*\***  
**Confirmation of Energy Education Training**

By changing the energy habits of my entire household and following simple energy saving practices, I understand I will be able to save money on my energy bill.

The answers to following questions can be found on the attached Energy Saving Tips.

**1) To retain inside heat, keep shades and curtains:**

☐ Open all night

☐ Open all day

**2) To save on heating costs while asleep or away from home:**

☐ Lower thermostat setting

☐ Increase thermostat setting

**3) To help them do the job intended, keep radiators or heating vents:**

☐ Free of dust and dirt

☐ Clear from furniture or draperies

☐ Both of the above

**4) Kitchen and bath ventilating fans should:**

☐ Always be off

☐ Off when no longer needed

☐ Always be on

**5) Furnace filters should be replaced**

☐ Every year

☐ Twice per year

☐ Never

☐ Every month

**6) For an extra barrier to cold replace screens with**

☐ Trash bags

☐ Storm windows

I have learned new ways to save money on my utility bills and will do my best to conserve energy.

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Print Name**

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



Interlocal Community Action Program Inc.

# ENERGY SAVING TIPS

## HOME HEATING

There are a variety of ways to reduce energy usage to help save on home heating costs. The methods used to save money on home heating costs will vary for each homeowner depending on age and size of home, number of occupants, schedules and habits.

- **Keep shades and curtains open during the day.** Especially on the south side of your home you can naturally heat your home by keeping shades open during the day and close them at night to retain the heat.
- **Close the fireplace damper.** Stop cold air from entering the house through the chimney when not in use.
- **Replace screens with storm windows.** For an extra barrier to the cold outside air make sure to close storm windows tightly so no air leaks in or out.
- **Set back your thermostat.** In heating mode, lower your thermostat by 1 degree for 8 hours (while asleep or away from home) to save about 1% on our heating bill. For convenience, install a programmable thermostat to automatically adjust the temperature depending on the time of day and day of week.
- **Set your furnace fan to "auto".** Setting the fan switch on your thermostat to "on" will cause it to run all the time, whether or not your home needs heating or cooling.
- **Use your ceiling fan clockwise.** In the winter months, your fan should run in reverse (clockwise) at a low speed. This will gently draw the room air up towards the ceiling and force the warm air down and out towards the walls, avoiding giving you the wind chill effect.
- **Insulating and air sealing.** These two cost effective ways to improve energy efficiency will lower your utility bill and help you stay warm and comfortable. Reducing air leaks alone could cut 10 percent from the average household's energy bill.



When correctly installed in a home that has been air sealed, insulation can help you achieve both comfort and energy savings during the hottest and coldest times of the year.

- **Keep radiators or heating vents clear from furniture or draperies.** Keep your radiators, registers and baseboard heaters dirt and dust free.
- **Maintain your heating system.** Schedule yearly maintenance with a qualified contractor and replace furnace filters monthly or according to the manufacturer's instructions.
- **Use kitchen and bath ventilating fans wisely.** Turn these fans off as soon as they are no longer needed. In about one hour, these fans can pull out a houseful of warmed air.
- **Caulk and weather strip around windows and doors** to keep the warm air from escaping.





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 \_\_\_\_\_



## Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any of the three months preceding application. This form must be completed in its entirety.

Household Member: \_\_\_\_\_ Application Key: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Section 1:** Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the **gross** income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. **If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

The source of the above income is: \_\_\_\_\_

(Income includes but is not limited to: wages, self-employment, 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:** Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
<b>Rent/Mortgage</b>	<b>Utilities</b>	<b>Food</b>	<b>Other Household Expenses</b>
<input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____

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 Household Member**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**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 their 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.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating source (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"/> Electric furnace <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Electric wall unit <input type="checkbox"/> Natural gas furnace <input type="checkbox"/> Liquid propane furnace <input type="checkbox"/> Fuel oil furnace <input type="checkbox"/> Wood-burning stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other: _____

Is the primary heating source operable?  
☐ Yes ☐ No

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

**All contact information is required.**

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



## **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](mailto:employverification@dwd.in.gov) to reach a DWD employment history or LKE website specialist.

**INTERLOCAL COMMUNITY ACTION PROGRAM, INC  
WEATHERIZATION**

Dear Weatherization Applicant:

ICAP operates the Department of Energy Weatherization Assistance Program (WAP), which is designed to reduce energy consumption and improve health and safety standards for those who live in the home. Weatherization's goal is to make your home more energy efficient, reduce your heat bills and improve your living conditions. Work generally consists of blowing insulation in attics and sidewalls, sealing air leaks throughout the house and completing a furnace and water heater inspection. The work on your home typically takes 2-5 days. Please note: Not all homes that apply for weatherization can be weatherized. This is **NOT** a program for rehabilitating homes in disrepair or replacing windows and doors, or emergency furnace/water heater repairs. Any home(s) that have been weatherized before 2008/2009, utilizing DOE funding, are maybe ineligible for further weatherization.

Counties Eligible for the ICAP Weatherization Program: Blackford, Delaware, Fayette, Hancock, Henry, Jay, Johnson, Randolph, Rush, Shelby and Wayne.

Household Eligibility determined by Gross Household income under 200% poverty AND prioritization will be given to clients who are in categories 1-4. Prioritized categories include: 1) Under 18. 2) Over 60. 3) Disabled. 4) High Energy User/Burden.

In order to make sure that your home is under the guideline you will need to apply for the Low Income Home Energy Assistance Program (LIHEAP). Please see the chart below for maximum gross income (before any deductions) guidelines:

OMB 2023

Persons in Household	Weatherization Eligibility Guideline		Persons in Household	Weatherization Eligibility Guideline
1	<b>\$29,160</b>		5	<b>\$70,280</b>
2	<b>\$39,440</b>		6	<b>\$80,560</b>
3	<b>\$49,720</b>		7	<b>\$90,840</b>
4	<b>\$60,000</b>		8	<b>\$101,120</b>

If you are a homeowner, there is no cost to have this work completed. If you are a renter, the property owner must agree to participate in the program and agree to pay \$1,000 or 25% of the cost (whichever is the lowest amount). Multi-units will have additional requirements.

Interested applicants must submit the attached application back to your local ICAP office. It may be mailed to:

ICAP Weatherization , 615 W State Road 38, PO Box 449, New Castle, IN 47362 or email to: [wx@icapcaa.org](mailto:wx@icapcaa.org)

Best Regards,

Holly Lee  
Weatherization Manager  
765-288-8732





## WEATHERIZATION APPLICATION

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

Own: Y / N

Rent: Y / N

Name: \_\_\_\_\_

Landlord: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Energy Assistance Applicant. Y / N

Office Use Only: EAP App Number: \_\_\_\_\_  
If yes, EAP Intake needs to scan this in with the application

<u>House Type</u>	<u>House Info</u>	<u>What is your Foundation</u>
Mobile Home: Y / N	Age of Furnace: _____	Crawl Space: Y / N
Single Site Built: Y / N	How does it run? Natural Gas / LP / Electric	Basement: Y / N
# of stories: __1__ __2__ __3__	Central Air? Working / Non-Working	Slab: Y / N
House Year Built: _____	Age of Water Heater: _____ How does it run? Natural Gas / LP / Electric	Other:  Can someone fit in the entire crawlspace? Y / N
# House Hold Members (HHM): _____	Is there an Attic Access: Y/N: Location: _____	(Min 18" clearance all the way through from floor joist to ground)
# HHM: Over 62+: __ Dis: __ Child __		
# Pets _____ ; Cat / Dog / Fish / Other		

Are your utilities connected / working? Y / N

Any roof leaks/issues with your roof? Y / N

Are you currently doing any rehab or remodeling? Y / N

Do you have downspouts and gutters? Y / N

Do you know if you have a fuse box or a breaker box? Fuse / Breaker

Attached Garage? Y / N

Is there any mold or mildew inside or outside of home? Y / N

Does your yard flood? Y / N

Does water intrude into your basement / crawlspace? Y / N

Are all house fixtures in place? Y / N

Do you have any leaks with plumbing or sewer items? Y / N

Any holes in walls/ceilings/floors? Y / N

Is your home on tax or sheriff sale, or under foreclosure? Y / N

Paint Flaking off siding / walls? Y / N

Has your home been weatherized by ANY AGENCY between 2008-2023? Y / N

Has your home been previously deferred for weatherization? Y / N If yes, When/Why?

Additional Notes: \_\_\_\_\_