



Enclosed is your 2024-2025 Energy Assistance Program (EAP) application. Instructions for applying are on Pages 3 and 4. **Use ONLY the forms that apply to you.** If you need additional forms, please email eap@icapcaa.org or contact your local ICAP office to request them. Phone numbers are listed at the bottom of the page.

EAP begins November 1, 2024. We can't help with disconnects or crisis before that date. If you need help before the program starts, contact your utility provider to discuss options or your local trustee or 2-1-1 for resources.

Send your **completed** application to your local ICAP office. **Your application must be complete before we can help you.**

The last day to apply for the 2024-2025 Energy Assistance Program is April 14, 2025, at 5pm EST. We cannot accept an application after that. Note: it is a month earlier than in the past.

We have 55 days to process your application from November 1, 2024. If you have questions, email eap@icapcaa.org or call your local ICAP office at the numbers listed below.

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

Use the QR code to visit our ICAP website for information about the program. Starting October 1, 2024, you can find a link there to apply online for EAP. **If you apply online, you must upload your paperwork with your online application.**



New Location

Madison County ICAP Office
630 Nichol Ave
Anderson, IN
Inside The Anderson Impact Center

In order to assure that all Indiana households who qualify for the Energy Assistance Program (EAP) may receive assistance, the following policy changes have been made to the program.

- You do **NOT** have to send copies of your photo ID and Social Security cards for any household members
- Payments to utility companies will be less than in past years.
- If you have a credit on your electric or natural gas bill above \$250 at the time of your application, EAP will not be able to assist with that utility.
- If missing application information is not returned within 10 business days, your application will be denied. You may reapply after 55 days if that falls before April 14, 2025.

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

PY 2025 Indiana Energy Assistance Program Application INSTRUCTIONS

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

Part I: Contact Information

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

Part II: Home and Utility Information

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

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- 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.

Part IV: Household Members and Demographics

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

Part V: Certification

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

Submitting your application

- **Please submit your application to the local service provider administering EAP for your county, not to IHCD.**
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
 1. **Current documentation of income for all household members age 18 or over.** This may include:
 - Employment/wages
 - **Most recent** paystub
 - 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.
 2. **Current, complete bills for your electric, heating, and water/wastewater utilities.**
 - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
 - If utilities are included in your rent, please provide completed Landlord Affidavit.
 - Please ensure you are providing the **full and complete** billing statement!
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.

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.
- 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.



Interlocal Community Action Program Inc.

Application number: _____

Part IV: Household Members

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

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Gender	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
Applicant					<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			
2					<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			
3					<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			
4					<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			
5					<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			
6					<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			
7					<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			
8					<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

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

Ethnicity Codes

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

Military Status Codes

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

Part V: Certification

Disclaimer: By typing my name, I intend to sign this statement and understand that signing and submitting this statement through electronic signature is the legal equivalent as my handwritten signature. I certify under the penalties for perjury and fraud that the information, upon reasonable investigation, provided in this application is correct and true to the best of my knowledge and belief. I understand that I may be required to verify these statements and hereby give my consent to the State of Indiana, including the Indiana Housing and Community Development Authority (the "State of Indiana"), and the agency from which I am requesting assistance to contact any necessary persons to verify these statements. I certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. I certify that I am currently a resident of Indiana, I have been a resident of Indiana for at least thirty (30) days, and I am an applicant for the Energy Assistance and/or Weatherization Assistance Program(s) (the "Program"). I certify that all members of my household are United States citizens, United States nationals, or qualified non-citizens under 8 U.S.C §1641(b) and are eligible to receive federal taxpayer-funded benefits except as identified in this application. I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me.. I also understand that the State of I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis Indiana may use information provided on this form to see if I qualify for any other assistance programs. 4/I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I fail to comply with the Program, misrepresent or fail to disclose any information requested in this application, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, misrepresentation, or omission. I understand that I am solely responsible for providing my correct contact information to the State of Indiana or the agency from which I am requesting assistance and for checking my voicemail, e-mail, SMS/MMS messages, or physical mailbox for communication and notifications regarding the Program. Energy Assistance Program benefits are provided without regard to race, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

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

Signature of applicant (required)

Date (required)

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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 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025

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			
Rent/Mortgage	Utilities	Food	Other Household Expenses (hygiene/personal care, medical needs, cleaning, etc.)
<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

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: 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.

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"/> Paid to the landlord but not included in rent (Amount: \$ _____)	<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"/> Paid to the landlord but not included in rent (Amount: \$ _____)	<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>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:



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.

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)**

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Checking/Savings Account Number: _____

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


 Routing Number Account Number

- 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.**

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 (“IHCD”) 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 IHCD is notified by an authorized individual in writing to cancel it in such time as to afford IHCD 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 IHCD contained herein.

Applicant Signature

Date

ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone who does not reside in the household

Applicant's Name: _____ Date: _____ Address: _____ City/State/Zip: _____
Utility in non-household member's name (Check all that apply): <input type="checkbox"/> Electric <input type="checkbox"/> Heating
Name and <u>current</u> address of person listed on utility bill(s): Name: _____ Address: _____ City/State/Zip: _____
Relationship of the individual on the above-indicated utility bill(s) to the household member (check one): <input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Landlord <input type="checkbox"/> Parent <input type="checkbox"/> Deceased family member <input type="checkbox"/> Child <input type="checkbox"/> Other: _____
Please explain barriers to placing the above utility/utilities in the name of a current household member: _____ _____ _____
Certification Statement
I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the overall household income. I also certify that I have received consent from the above-named account holder to release or allow to be released utility data and information for the purposes of eligibility determination and reporting. I understand that falsifying this information may result in disqualifying my household for IHCD-administered assistance program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.
Signature of Head of Household: _____ Date: _____



For questions please call your local ICAP office.

ICAP Offices by County:

Income Guidelines for ICAP Programs:

2024-2025

Energy Assistance Income Guidelines 3 MONTHS INCOME	1	2	3	4	5	6	7	8
All Counties	\$8,059	\$10,539	\$13,018	\$15,498	\$17,978	\$20,458	\$20,923	\$21,388

Federal Poverty Guidelines 2024 ANNUAL INCOME Household Size	100%	125%	130%	138%	150%	185%	200%
1	\$15,060	\$18,825	\$19,578	\$20,782.80	\$2,590	\$27,861	\$30,120
2	\$20,440	\$25,550	\$26,572	\$28,207.20	\$30,660	\$37,814	\$40,880
3	\$25,820	\$32,275	\$33,566	\$35,631.60	\$38,730	\$47,767	\$51,640
4	\$31,200	\$39,000	\$40,560	\$43,056	\$46,800	\$57,720	\$62,400
5	\$36,580	\$45,725	\$47,554	\$50,480.40	\$54,870	\$67,673	\$73,160
6	\$41,960	\$52,450	\$54,548	\$57,904.80	\$62,940	\$77,626	\$83,920
7	\$47,340	\$59,175	\$61,542	\$65,329.20	\$71,010	\$87,579	\$94,680
8	\$52,720	\$65,900	\$68,536	\$72,753.60	\$79,080	\$97,532	\$105,440

Housing Choice Vouchers (Section 8)		1	2	3	4	5	6	7	8
Fayette	EXTR LOW INCOME	17050	20440	25820	31200	36580	41960	47340	52720
	VERY LOW INCOME	28400	32450	36500	40550	43800	47050	50300	53550
	LOW-INCOME	45450	51950	58450	64900	70100	75300	80500	85700
Hancock	EXTR LOW INCOME	21600	24700	27800	31200	36580	41960	47340	52720
	VERY LOW INCOME	36050	41200	46350	51450	55600	59700	63800	67950
	LOW-INCOME	57650	65850	74100	82300	88900	95500	102100	108650
Henrv	EXTR LOW INCOME	17050	20440	25820	31200	36580	41960	47340	52720
	VERY LOW INCOME	28400	32450	36500	40550	43800	47050	50300	53550
	LOW-INCOME	45450	51950	58450	64900	70100	75300	80500	85700
Madison	EXTR LOW INCOME	17200	20440	25820	31200	36580	41960	47340	52720
	VERY LOW INCOME	28650	32750	36850	40900	44200	47450	50750	54000
	LOW-INCOME	45850	52400	58950	65450	70700	75950	81200	86400
Rush	EXTR LOW INCOME	19150	21850	25820	31200	36580	41960	47340	52720
	VERY LOW INCOME	31850	36400	40950	45500	49150	52800	56450	60100
	LOW-INCOME	50950	58200	65500	72750	78550	84400	90250	96050
Wayne	EXTR LOW INCOME	17850	20440	25820	31200	36580	41960	47340	52720
	VERY LOW INCOME	29700	33950	38200	42400	45800	49200	52600	56000
	LOW-INCOME	47500	54300	61100	67850	73300	78750	84150	89600

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

630 Nichol Ave
Suite 103
Anderson, IN 46016
Phone (765) 298-8086
Fax 765-393-2505
(Located inside the Anderson
Impact Center)

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.
Suite. 101
P.O. Box 577
Richmond, IN.47374
Phone (765) 488-2416

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

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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 Foster Grandparents Retired Senior Volunteer Senior Center Personal Fitting Station Individual Development Account Emergency Services</p>	<p><u>Delaware County:</u> Energy Assistance Weatherization Individual Development Account Emergency Services</p> <hr/> <p><u>Wayne County:</u> Energy Assistance Housing Choice Voucher (Section8) Personal Fitting Station Individual Development Account Emergency Services Weatherization</p>	<p><u>Fayette County:</u> Energy Assistance Individual Development Account Housing Choice Voucher (Section8) Emergency Services 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</p>	<p><u>Hancock County:</u> Head Start WIC Program Energy Assistance Weatherization Housing Choice Voucher (Section8) Foster Grandparents Individual Development Account Emergency Services</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

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