Interlocal Community Action Program Inc.

This is your 2026-2027 Energy Assistance Program (EAP) application. Instructions for applying are on Pages 2 and 3. **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 October 1, 2026. We can't help with disconnects or crisis before that date. If you need help before the program starts, contact your utility provider to discuss options or your local trustee or 2-1-1 for resources.

Send or email 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 2026-2027 Energy Assistance Program is April 30, 2027, at 5pm EST. We cannot accept an application after that.

We have 55 days to process your application from November 1, 2026. If you have questions, email **icap@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, 2026, you can find a link there to apply on-line for EAP.
If you apply on line, you must upload your paperwork with your on line application.

SCAN ME

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
- 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 30 business days, your application will be denied. You may reapply after 55 days if that falls before April 30, 2027.

ICAP now serves Blackford, Jay and Randolph Counties

Blackford County	**765-288-8732**
Delaware County	**765-288-8732**
Fayette County	**765-692-0326**
Grant County	**765-573-5193**
Hancock County	**317-462-2557**
Henry County	**765-529-4403**
Jay County	**765-288-8732**
Madison County	**765-298-8086**
Randolph County	**765-288-8732**
Rush County	**765-932-2863**
Wayne County	**765-488-2416**

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Indiana Housing & Community Development Authority

PY 2027 Indiana Energy Assistance Program Application
INSTRUCTIONS

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

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. <u>If you do not fully complete the information or provide good methods of contact, it may delay application processing or lead to a denial</u>.
- If you do not have an alternate mailing address from your home address, please leave that field blank.

Part II: Home and Utility Information

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

Part III: Income and Benefits

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

Part IV: Household Members and Demographics

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

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Indiana Housing & Community Development Authority

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:

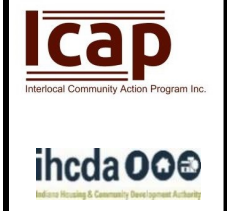
- Local Energy Programs Service Providers under contract with IHCDA.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your 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.

Indiana Energy Assistance Program Application

Program Year 2027



ICAP Energy Assistance Program

Administrative Office
615 West State Road 38
P.O. Box 449
New Castle, IN 47362

Serving Blackford, Delaware, Fayette, Grant, Hancock, Henry, Jay, Madison, Randolph, Rush and Wayne Counties

Website: icapcaa.org

For Provider/Agency Use Only	
Date received:	Application number:
☐ Mail-in ☐ Telephone ☐ In-Person ☐ Outreach/Home Visit/Other	
Household is disconnected or out of fuel:	☐ Yes ☐ No
Household has d/c notice or less than 25% fuel:	☐ Yes ☐ No
Household heat source is inoperable:	☐ Yes ☐ No

If your utility is disconnected or scheduled for imminent disconnection, or if you are very low or out of prepaid or deliverable fuel, contact this agency directly. If you need other emergency options, please call 2-1-1.

☐ **My electric or heating is disconnected or scheduled for disconnection, or I am low or out of deliverable heating fuel/prepaid electricity.**

☐ **A member of this household has a life-threatening medical condition that requires home utility service for treatment.**

Is any person in your household affiliated with this agency as an employee or staff member, volunteer, board member, or subcontractor, or related to any employee, staff member, volunteer, board member, or subcontractor?

☐ No ☐ Yes (please identify member and relationship): _____

Part I: Contact Information

Applicant Name	Last 4 digits of SSN	County
	xxx-xx-	

Physical Address (*Including Apartment/Lot/Trailer Number, if applicable*)	City		Zip
		IN	

If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.

Telephone number	E-mail Address	Would you like to receive application notices via e-mail?
		☐ Yes ☐ No

Part II: Home and Utility Information

Home Type (Please check one)

☐ Site-built single-family home
☐ Mobile Home
☐ Other:
☐ Multi-unit 2-4 units (duplex/triplex/ quadplex/condo/townhouse)
☐ Multi-unit 5+ units (apartment/condo)

Home Ownership (Please check one)

☐ Own ☐ Rent ☐ Other: _____

Utilities and Payment

Electricity Vendor: _____
Account number: _____
Heating Vendor: _____
Account Number: _____
☐ Electricity included in rent ☐ Heat included in rent

Primary Installed Heating Equipment (please check one)

☐ Furnace/Heat Pump
☐ Wood Stove/Fireplace
☐ Baseboard/Wall Unit
☐ Other: _____

Is it working? ☐ Yes ☐ No

Primary Heating Fuel (please check one)

☐ Electricity
☐ Propane
☐ Firewood/Corn/Pellets
☐ Natural Gas
☐ Fuel Oil

The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligible Hoosiers.

Are you interested in a referral to the Weatherization program? ☐ Yes ☐ No

Part III: Income and Benefits

Please indicate all types of income received by any member of the household in the past three months. Check all that apply.

☐ Employment/wages (include current paystub with YTD gross or work statement with previous 13 weeks for gig work)
☐ Social Security/Disability/SSI/VA disability/VA pension (include current award letter)
☐ Self-Employment (include most recent full 1040 tax return)
☐ Unemployment (include current Uplink or DWD release form)
☐ Pension/Retirement (include award letter or unredacted bank statement)
☐ Odd Jobs/irregular income (include completed Income Verification Statement)
☐ No income (include completed Income Verification Statement)
☐ Other: _____ (contact agency for guidance)

If Employment/wages selected, please complete for each job held during past three months:

Wage Earner: _____	Wage Earner: _____	Wage Earner: _____
Employer: _____	Employer: _____	Employer: _____
First pay date: _____	First pay date: _____	First pay date: _____
Still working? ☐ Yes ☐ No	Still working? ☐ Yes ☐ No	Still working? ☐ Yes ☐ No

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

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

Turn over

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	Sex	Disabled?	Race	Ethnicity	Military Status
									Use codes below		
Applicant					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
2					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
3					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
4					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
5					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
6					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
7					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
8					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			

Race Codes	Ethnicity Codes	Military Status 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	**H** - Hispanic, Latino, or Spanish origins; **N** - Not Hispanic, Latino, or Spanish origins	**A** - Active-duty military **V** - Veteran **N** - No affiliation

Part V: Certification

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

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

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

Signature of applicant (required)	Date (required)

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

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

Energy Assistance Program Undocumented Income Verification

This form is to be completed by anyone claiming undocumented income or zero 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 2026	**June 2026**	**July 2026**	**Aug 2026**	**Sep 2026**	**Oct 2026**	**Nov 2026**	**Dec 2026**	**Jan 2027**	**Feb 2027**	**Mar 2027**	**Apr 2027**

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.**

☐ **Check here if all below needs 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.)
☐ Housing Support/voucher ☐ Assistance program: _____ ☐ Have not paid/am behind ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: $_____	☐ Included in rent ☐ Assistance program: _____ ☐ Have not paid/am behind ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: $_____	☐ SNAP/WIC benefits ☐ Food bank/food pantry ☐ Assistance program: _____ ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: $_____	☐ Assistance program: _____ ☐ Family/friend paid for me ☐ 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. I also authorize the release of income information by any employer who may have issued me payment for earnings within the 91-day period preceding the date of application listed above.

_____ ____/____/____

Signature of Household Member ***Date***

Revised 2026.08.24

ihcda
Indiana Housing & Community Development Authority

Application Key: _____

Non-Household Member Declaration Form

Applicant name: _____

Address: _____

City: _____ **State: IN** **Zip:** _____

The individuals below appear on supporting documentation for my Energy Assistance Program application but <u>do not reside in the household as of the date of application</u>:

Document	Name	Person's current location/contact information
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		

If any <u>utilities</u> are in a non-household member's name, please indicate barriers to placing utility in the name of a current household member (check all that apply):

☐ Utility is listed in landlord, property owner, or third-party billing service name, but is my responsibility

☐ Utility is listed in the name of legal guardian or power of attorney but is my responsibility.

☐ Account holder in temporarily in a correctional facility, nursing home, rehabilitation center, etc., but is my responsibility.

☐ Unable to establish utilities due to credit issues, outstanding unpaid bills, etc., but utility bill is my responsibility.

☐ Utility is handled by a company or service due to disability but is my responsibility.

☐ Other: _____

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in IHCDA-administered assistance programs and may be grounds for termination of my assistance and/or repayment of the assistance that I receive based on this misrepresentation or omission.**

Signature: _____ Date: _____

Telephone Number: (_____) _____ E-mail: _____

ENERGY ASSISTANCE PROGRAM (EAP)
TENANT VERIFICATION STATEMENT

Landlord/property manager/designee: *Please complete this verification on behalf of your tenant, who is applying to receive benefits to assist with their utility costs. The information provided will be kept confidential and will not be used for any other purposes, nor shared with any other government agency.*
Complete in blue or black ink only.

SECTION I: APPLICANT INFORMATION

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 <u>only</u>. Completion by an unauthorized third party may result in denial of application. <u>All fields are required</u>.

Electric costs are (check one):	**Heating costs are (check one):**	**Primary installed heating device and fuel (check one):**
❑ Responsibility of the landlord, included in the tenant's monthly rent payment. ❑ Responsibility of the tenant, but in the landlord's name ❑ Responsibility of the tenant ❑ Paid to the landlord but not included in rent (Amount: $_____)	❑ Responsibility of the landlord, included in the tenant's monthly rent payment. ❑ Responsibility of the tenant, but in the landlord's name ❑ Responsibility of the tenant ❑ Paid to the landlord but not included in rent (Amount: $_____)	❑ Electric furnace ❑ Electric baseboard ❑ Electric wall unit ❑ Natural gas furnace ❑ Liquid propane furnace ❑ Fuel oil furnace ❑ Wood-burning stove ❑ Pellet Stove ❑ Other: _____
Is the primary heating source **operable and working**? ❑ Yes ❑ No	How much is the <u>tenant</u> responsible to pay monthly in rent **after subsidies**? **$**_____	

<u>All contact information is required</u>.

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

Revised 2026.08.18

Application Key: _____

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 and/or may be issued as a check if I have provided inaccurate banking information. I have provided my banking information below.

☐ Checking Account ☐ Savings Account Account holder name: _____

Financial Institution: _____

Financial Institution Routing Number:
(must be nine digits)

Checking/Savings Account Number: _____

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

⑆ 123456789 ⑆ 1234567890123 ⑈
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 ("IHCDA") to initiate entries to the above identified checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

_____ _____
Applicant Signature **Date**