

Community Action Program of Western IN

765-793-4881

Energy Assistance Application Packet for 2023 – 2024

Enclosed is a mail-in application – please **COMPLETE** and **SIGN** the application. Provide **ALL** required documents and return this application to your local Community Action Program of Western IN Agency by mail or dropping it off at your Community Action office. Please note that **INCOMPLETE** applications will delay your assistance. A checklist is enclosed to help you submit a complete application to avoid delays.

**CONTINUE TO PAY ON YOUR BILLS TO AVOID DISCONNECTION.
REPORT CHANGES IN YOUR CONTACT INFORMATION IMMEDIATELY.**

Once your application is submitted **and processed**, the utility payments may take up to **60 days** after the approval to show on your utility bill. You **CAN BE** disconnected, if you stop paying your bills. **Moratorium protection can only cover eligible households in good standing with a regulated utility vendor- December 1– through March 15.**

If you have a DISCONNECTION NOTICE or are DISCONNECTED DO NOT MAIL YOUR APPLICATION, CALL FOR APPOINTMENT

**CRISIS ASSISTANCE is by appointment, starting November 1, 2023
FOR AFTER HOURS ENERGY EMERGENCIES, PLEASE DIAL 211.**

Reminders:

- 1. Please continue to pay on your bills.** It is your responsibility to inform us of your utility situation. Please make an appointment, if needed. **If you get disconnected, you are responsible for all fees required to restore services.** We Can help request a temporary extension during application processing; however, **vendor may deny the request, if extensions have been used or payment has not been received as needed.**
- 2. Applications are processed on a FIRST COME, FIRST SERVE BASIS.**
- 3. Remember to SEND ONLY COPIES of requested information and **KEEP YOUR ORIGINALS** for social security cards, bills, and driver's license.**
- 4. Check that all of the required documents are included **BEFORE** returning, as incomplete create delays in processing benefits.**

You have been selected to receive a mail in application for ENERGY ASSISTANCE PROGRAM. Check List of required documentation needed to complete application:

- ☐ Copies of Soc Sec cards **ALL HOUSE MEMBERS**
- ☐ Copy of current photo ID Adult household members
- ☐ Proof of Veteran Status or Disability, if you identify as such
- ☐ Energy Assistance Mail in application (**Signed**)
- ☐ **Renters-** Landlord affidavit (**only if utilities are included in rent**)
- ☐ Documentation of monthly income for **2023**

Examples: Current copies of award letter all pages or copy of check or bank statement-if direct deposit (showing your name and source of income);
Employment-3 months of income required-Most current check stubs with Gross Year to Date

- ☐ House hold members 18 years of age or older without income must sign a Income Verification Affidavit and tell how the basic needs listed are met.
- ☐ Current electric bill (entire pages of bill)
- ☐ Current heating bill (entire pages of bill)

BULK FUEL WILL NEED MOST CURRENT DELIVERY TICKET OR STATEMENT SHOWING RECENT DELIVERY OF FUEL.

**** Electric and heat bills *must* show billing name, account number and service address**

Completely fill out and sign application. Return **all forms** with **most current** copies of documentation.

INCOMPLETE FORMS AND MISSING VERIFICATION WILL DELAY YOUR BENEFIT.

PLEASE SEND COPIES-NOT ORIGINAL DOCUMENTS.

After you return all forms and documentation, we will begin processing applications. We will notify you by mail of your eligibility. **NOTE: IF YOU HAVE RECEIVED A DISCONNECT NOTICE OR IF YOU ARE IN NEED OF FUEL. CONTACT YOUR LOCAL OFFICE.** Eligibility letters will be mailed.

Diana DeSutter
Community Service Coordinator
765-793-4881



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.

Indiana Energy Assistance Program Application

Program Year 2024

 <p>COMMUNITY ACTION PROGRAM, INC. OF WESTERN INDIANA</p> 	<p>Community Action Program, Inc. of Western Indiana PO Box 188 Covington, IN 47932 765-793-4881 www.capwi.org eap@capwi.org</p>	<p style="text-align: center;">For Provider/Agency Use Only</p> <p>Date received: _____</p> <p>Application number: _____</p> <p><input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other</p> <p>Household is disconnected or out of fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Household has d/c notice or less than 25% fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Household heat source is inoperable: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><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.</p> <p>If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of a prepaid, bulk deliverable fuel, contact your local service provider listed above to request a crisis appointment. If you need other emergency options, please call 2-1-1.</p>		
<p>Part I: Contact Information</p>		
Applicant Name		Last four digits of SSN
		xxx-xx-
Physical Address (Including Apartment/Lot/Trailer Number)		City
		State
		IN
		Zip
<p>If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.</p>		
<p>Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.</p>		
Telephone number	Mobile phone carrier	E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> Consent to receive texts	
<p>Part II: Home and Utility Information</p>		
Home Type (Please check one)		Utilities and Payment
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____		Electricity Vendor: _____ <input type="checkbox"/> Included in rent
Home Ownership (Please check one)		Heating Vendor: _____ <input type="checkbox"/> Included in rent
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		
Primary Heating Source (please check one)	Primary Heating Fuel (please check one)	Do you have a secondary heating source installed?
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/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: _____
<p>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?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Part III: Income and Benefits</p>		
<p>Please indicate all types of income received by any member of the household in the past three months. Check all that apply.</p>		
<input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____		
<p>Please indicate all sources of assistance received by any member of the household. Check all that apply.</p>		
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<p>Has anybody in the household paid child support in the past three months?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)</p>		<p>Is anybody in the household between the ages of 14-24 and neither working nor attending school?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____</p>

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.

Application number: _____

Part IV: Household Members and DemographicsList 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						

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

Employment Codes:

FT - Employed full-time; PT - Employed part time; R - Retired;
 US - Unemployed six months or less;
 UL - Unemployed longer than six months; NL - Not in labor force;
 M - Migrant Seasonal farm worker

Education codes:

A - Grades 0-8; B - Grades 9-12, Non-graduate;
 C - High School Graduate/Equivalency Diploma;
 D - Some post-secondary school; E - 2- or 4-year college degree;
 F - Other post-secondary graduate

Health Insurance Codes:

A - Medicaid; B - Medicare;
 C - State Children's Health Insurance Program;
 D - State Health Insurance for Adults; E - Military Health Care;
 F - Direct-Purchase; G - Employment-Based; N - None

Military Codes:

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

Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?

☐ No
☐ Yes (please list): _____

Household Type (please check one)

☐ Single Person ☐ Two Adults, No Children ☐ Single Female Parent ☐ Single Male Parent
☐ Two-Parent Household ☐ Non-related adults with children
☐ Multi-Generational Household (three or more generations) ☐ Other: _____

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)

Please complete and return with your application if household is larger than four members.
This form is not necessary if household is four people or smaller.
Please provide address and applicant information so that we may match this attachment to the main application.

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

Part IV: Household Members and Demographics (continued)

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

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

Race Codes:	Ethnicity Codes:	Employment 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	FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker
Education codes:	Health Insurance Codes:	Military Codes:
A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate	A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None	A - Active-duty military V - Veteran N - No affiliation

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 all below needs were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses
<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 _____



App key number: _____

ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT

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

Head of Household's Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Utility in non-household member's name (Check all that apply):

☐ Electric

☐ Heating

Name and current 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):

- ☐ Spouse or significant other
☐ Parent
☐ Child

- ☐ Landlord
☐ Deceased family member
☐ 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 IHCDCA-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: _____

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"/> 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>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: _____

COMMUNITY ACTION PROGRAM, INC. OF WESTERN INDIANA

Client Service Needs Form

Name _____		
Address _____		
City _____	State _____	Zip Code _____
County _____	Phone Number _____	
E-mail _____		

Services needed/interested in:

By checking the boxes below, someone may contact you in regards to the services requested.

- | | |
|---|--|
| <input type="checkbox"/> Housing _____ | <input type="checkbox"/> Health Insurance _____ |
| <input type="checkbox"/> Paying rent _____ | <input type="checkbox"/> Cash assistance _____ |
| <input type="checkbox"/> Electric/gas bill _____ | <input type="checkbox"/> Mental health _____ |
| <input type="checkbox"/> Water bill _____ | <input type="checkbox"/> Prescriptions _____ |
| <input type="checkbox"/> Managing money _____ | <input type="checkbox"/> Adult/Child abuse _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> In-home care _____ |
| <input type="checkbox"/> Clothing _____ | <input type="checkbox"/> WIC (nutrition & vouchers) _____ |
| <input type="checkbox"/> Starting a business _____ | <input type="checkbox"/> Lead testing services _____ |
| <input type="checkbox"/> Small business loan _____ | <input type="checkbox"/> IDA (match savings plan) _____ |
| <input type="checkbox"/> Finding childcare _____ | <input type="checkbox"/> Home insulation/weatherproofing _____ |
| <input type="checkbox"/> Paying for childcare _____ | <input type="checkbox"/> Pregnancy _____ |
| <input type="checkbox"/> Employment _____ | <input type="checkbox"/> Healthy relationship programs _____ |
| <input type="checkbox"/> Adult Education/TASC (GED) _____ | <input type="checkbox"/> Parenting skills _____ |
| <input type="checkbox"/> Child Education _____ | <input type="checkbox"/> Computer skills _____ |
| <input type="checkbox"/> Repairs to home _____ | <input type="checkbox"/> Homeless services/shelters _____ |
| <input type="checkbox"/> Public transportation _____ | <input type="checkbox"/> Nutrition education _____ |
| <input type="checkbox"/> Youth Mentoring _____ | <input type="checkbox"/> Free income tax preparation _____ |
| <input type="checkbox"/> Tobacco prevention & cessation _____ | <input type="checkbox"/> Addiction/Substance Abuse _____ |
| <input type="checkbox"/> Foreclosure _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> First-time home buyer classes _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Legal Aide _____ | <input type="checkbox"/> Other _____ |

By signing below, you are agreeing to allow CAPWI to share your contact information with other agencies.

Client Signature _____ Date _____

Referred by _____ Date _____

White -- Referring Employee

Yellow -- Client

Pink -- Central Office



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.