

## **PY 2023 Indiana Energy Assistance and Water Assistance Program Application INSTRUCTIONS**

- Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis.
- Please complete the application form **in its entirety**, including fields with yes/no options.

### **Part I: Contact Information**

- **Please fill in all information completely**, including the full name and last four digits of SSN for the person completing the application for the household. If you do not fully complete the information or provide good methods of contact, it may delay application processing.

### **Part II: Home and Utility Information**

- Please complete all fields completely.
- Please submit your **current** electricity, heating, and/or water/wastewater bills with your application.

### **Part III: Income and Benefits**

- Please complete all fields, indicating **all** forms of income or non-cash benefit assistance received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- If anybody in your household has **paid** child support in the past three months, submit proof of payments to have child support deducted from household income.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

### **Part IV: Household Members and Demographics**

- **Please include yourself as household member number 1.**
- **You must list all persons residing at the address of application as of the date of application.**
- You must complete **all fields** for **all individuals**. Failure to complete demographic information will delay your application processing as the local service provider will need to contact you to gather this information.
- **If there are more than four persons in your household, you will require an attachment to list the other members.** Please contact your local service provider for the attachment and check the box to notify the intake processing your application that there are more than four people present.
- Please use the codes provided to identify race, ethnicity, employment status, education level, Health Insurance, and Military status for each household member.
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles.
- Please define your household type according to the options provided.

### **Part V: Certification**

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

## Submitting your application

- Please submit your application to the local service provider administering EAP for your county, not to IHCD.
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
  1. Photo ID for the person completing and signing the application.
  2. Proof of SSN for each member of the household. This may be:
    - Copy of Social Security card.
    - Copy of a valid U.S. passport.
    - Copy of a valid state-issued REAL ID.
    - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person's name and full, unredacted SSN.
  3. Current documentation of income for all household members age 18 or over. This may include:
    - Employment/wages
      - **Most recent** paystub
      - Request for Earnings information form – contact Local Service Provider
    - Social Security/SSI/VA benefits
      - Most recent **complete** award letter (may be downloaded from online)
      - **Complete** bank statement
    - Pension/retirement
      - Award letter
    - Self-Employment
      - Most recent Form 1040 tax return, with all appropriate self-employment schedules.
    - Unemployment Benefits
      - Completed release of information form for DWD.
      - **Full** print-out of your most current Uplink statement.
    - Alimony/spousal support/Worker's Compensation/Private disability
      - Any documentation of payments received.
    - Odd Jobs/irregular income/No Income
      - Completed Income Verification form – contact Local Service Provider
    - If you have any questions about acceptable documentation, contact your local service provider.
  4. Current, complete bills for your electric, heating, and water/wastewater utilities.
    - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
    - If utilities are included in your rent, please provide completed Landlord Affidavit.
    - Please ensure you are providing the **full and complete** billing statement!
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.

## Privacy Notice and Your Rights and Responsibilities

**Privacy Act Provisions:** Federal laws require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3).

Please read this *Privacy Notice* carefully before completing and signing the *Indiana Energy Assistance Program application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP) and the Weatherization Assistance Program (WAP).

### Why do we collect the information on the application?

We will use your information to research, evaluate and administer the EAP and WAP programs. We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

### Do you have to give us the information?

You have the right to not give us the information we ask for.

### What happens if you give or do not give us the information?

If you give us the information requested on the application, your application will be processed. If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

### Who may see this information?

The following persons may receive information contained in your application if: (i) they need access to the application information to do their jobs in connection with the EAP and WAP, or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with IHCD.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- United States Social Security Administration.
- Lifeline/Telephone Assistance Plan for verifying program eligibility.
- Other agencies or entities as allowed by federal or state law.

### Why do we collect Social Security Numbers?

We use Social Security Numbers in the administration of the EAP and WAP to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i).

### Why do we ask for information about your race?

This is voluntary information. It is compiled and recorded for statistical purposes only. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.