

Community Services of Starke County

(574) 772-7070 311 E. Culver Road Knox, Indiana 46534 FAX (574) 772-7281 www.communityservicesofstarkecounty.org

October 2018

Dear Starke County Resident:

The 2018-19 Energy Assistance Program will be available to Starke County residents beginning November 1, 2018 through Community Services of Starke County, Inc.

There are two ways you can apply: 1) by mail; and 2) by submitting your application during a designated appointment at Community Services.

- 1) By mail-You must complete and submit all required forms, sign, date and return them to Community Services of Starke County, Inc., 311 E Culver Road, Knox, IN 46534.
- 2) Appointment-After completing and obtaining all required documents, you must call our office at 574.772.7070 to schedule an appointment with one of our EAP representatives. Appointments will be available beginning November 1.

*All documents must be submitted at once in order for your application to be processed in a timely manner.

Incomplete applications with a disconnection notice will not be processed.

Remember---all EAP forms will be available on our website

(https://www.communityservicesofstarkecounty.org) beginning October 29th, 2018

REMINDER-No Energy Assistance Program forms can be dropped off without an appointment.

<u>YELLOW FORM</u>-Review and complete application making sure you sign and date the bottom of the second page. Send application back to Community Services for processing.

<u>GREEN FORM</u>-Renters who have any part of their utilities included in your rent must have the landlord complete this form and returned to Community Services with all other documents. Information provided is subject to verification. False submitted information will result in the application not being processed and the entire application must be re-submitted.

YOU MUST: Send in your <u>CURRENT</u> gas and electric bill. Utility bills must be in the name of a household member 18 years of age or older.

Send in a copy of the Social Security card for all household members. Application will not be processed without social security numbers verified.

Complete all items above in order to be considered for Energy Assistance. You will receive notice of your Energy Assistance benefit amount(s) once the application has been processed and approved. You may also be contacted to provide additional information before your application can be processed. If you fail to provide the information in a timely manner your application will be denied.

Qualified applicants *MUST* be at or below 150% of the Poverty level. Income information must be sent in for any household member (no age limit) that is receiving SSI and/or Social Security Benefits and TANF. Income information must be sent in for each person 18 years old and older that is receiving any of the following: Employment; retirement pensions; unemployment income; rental income; self-employment income; veteran's benefits and odd jobs. Any questions about types of income, please call the office for assistance.

SEE ADDITIONAL INFORMATION ON BACK ---- TURN PAGE OVER FOR ADDITIONAL INFORMATION

HOMEOWNERS: EACH APPLICATION PACKET CONTAINS A GREEN COPY OF THE LANDLORD AFFIDAVIT. SINCE YOU ARE A HOMEOWNER, YOU WILL NOT REQUIRE THIS GREEN LANDLORD DOCUMENT FOR YOUR APPLICATION PROCESS. IN THIS CASE WE ARE ASKING ALL HOMEOWNERS TO RETURN THE UNUSED GREEN LANDLORD DOCUMENT EITHER IN PERSON WHEN YOU COME FOR YOUR EAP APPOINTMENT OR BY MAIL WHEN YOU MAIL YOUR EAP APPLICATION IN TO BE PROCESSED. THANK YOU IN ADVANCE FOR YOUR RECYCLING EFFORTS IN CONSERVING OUR PAPER AND INK RESOURCES.

If you have any questions concerning how to apply by mail or the income eligibility please call this office at (574) 772-7070.

APPLYING BY MAIL WILL NOT STOP YOUR SERVICES FROM BEING DISCONNECTED. YOU MUST CONTINUE TO PAY YOUR UTILITY BILL(S). IF YOUR SERVICES ARE DISCONNECTED THIS AGENCY MAY NOT BE ABLE TO ASSIST YOU WITH GETTING YOUR SERVICES RESTORED. YOU CAN ONLY RECEIVE ASSISTANCE ONCE DURING THE PROGRAM YEAR.

STARKE COUNTY NORTH CENTRAL COMMUNITY ACTION AGENCIES, INC. ENERGY ASSISTANCE PROGRAM INFORMATION SHEET 2018-2019

PLEASE READ THIS DOCUMENT AS IT CONTAINS CHANGES FOR THE 2018-2019 EAP APPLICATION

IDENTIFICATION – <u>ALL</u> household members age 12 months and older must provide proof of their <u>SOCIAL SECURITY</u> <u>NUMBER</u>. Household members under 12 months of age must have a <u>legal</u> birth certificate.

<u>ALL Members age 18 & older must provide a photo ID.</u>

UTILITY BILLS - Must provide current utility bills and/or disconnect notices.

DWELLING DOCUMENTATION – Homeowners must provide proof of homeownership. This can be a property tax statement, mortgage statement, deed, or title. **RENTERS** – The Landlord Affidavit (green form) needs to be completed by your landlord.

VETERANS – If any member of the household is a veteran, proper documentation must be provided. (DD214 or VIC). A list of acceptable documentation can be provided upon request.

INCOME DOCUMENTATION – Proof of income is required for all household members age 18 and older. The Energy Assistance Program requires that all <u>earned and unearned</u> income be reported to be eligible for energy assistance. <u>If 18 and currently enrolled in school, please provide a current schedule.</u>

<u>Earned Income</u> includes such things as: hourly wages, salaries, tips, bonuses, commissions, self-employment income, income from rental property, blood plasma payments, any other taxable income one may be receiving, and any income from odd jobs, even if there is no documentation.

<u>Unearned income</u> includes such things as: workmen's comp, SS, SSI, SSDI, unemployment compensation, any veteran's benefits, annuities, pensions and other retirement payments such as private retirement plans, alimony payments, strike benefits, life insurance payments, winnings, prizes and awards, and disability payments from private insurance.

ZERO INCOME CLAIMANTS – Any household member claiming ZERO income for the 3 months prior to the application date MUST validate through the Department of Workforce Development that they did not receive any income and how their living expenses were met during that period. This validation can be done in our office any time during normal business hours. Please allow 48-72 hours for return of the validation.

Failure to provide sufficient supporting documentation for ALL household members will result in your application being denied or delayed.

Once you have gathered all the required documentation, please call 574-772-7070 to schedule an appointment or for questions or concerns. You may also mail in your application and supporting documents to

CSSC, 311 East Culver Rd., Knox, IN 46534.

Community Services of Starke County			For Office Use Only							
Community Convides of Starke County	Energy Assistan									
	Program Application for		Application No Mail-in - A		nent - Outreach/Home Visit/O		Other			
	2018-2019	"	Household is d	disconnected o	or out of fuel: Y or N					
	20.020.0			s disconnect no at source is ino		l left is Y or		25%: Y	or N	
Please select if any of these situations apply and include any notices or bills you may have received. If you have a disconnect date, include that with the amount owed.										
Already Disconnected or Out of Fuel - Utility Comp			Date:				Amount Owed:			
Fuel tank below 25% or Disconnect Notice Received	d - Utility Compan	ny:	Date:				Amount Owed:			
What is your primary heat source? Furnace - Spa				board Heater	- Othe	r:		Is it work		or N
What is your primary cooling source? Central Air	- Window Unit	t -	Fans -	None -	Other:			Is it work	king? Y	or N
If your utility has been or is about to be discon you are out or almost out of fuel, co If you are unsure of you	ontact your local	serv	vice agency	to check th	e availal	oility o	of crisis	appointm		ments. If
Please be sure you attach and include the necessar Copies of Social Security cards for ALL HOUSEHO cards.	ry supporting docu	umei	nts needed fo	or the applica	ation. The	ese in	clude, bu	ut are not		
 Proof of Income for the past 3 months from each 	household memb	er o	ver 18. If a m	nember has b	een unen	nploye	d during	g this peri	od, pleas	e include a
copy of the Zero Income Affidavit and the Departme Recent electric bill that includes your name, addr Recent gas bill, that includes your name, address A delivery statement from your fuel dealer if you If you have heating and/or electric included in re	ress and account nu and account numb use heating fuel, o	umb ber i othe	oer. if you heat wi er than electri	ith gas. ic or natural	gas.				to or a sig	anad laasa
complete with all pages and less than 24 months old Proof of homeownership (mortgage or tax stater	l. ment, or another of	officia	ial document))					te or a sig	Jileu lease
If you have any questions re					act your l	ocal s	ervice ag			
Physical Address	Apt #	#	City, State,	Zip				County		
Mailing Address (if different from physical)										
Email Address	May we email you	1?	Phone					May we t	ext you?	
Places sinds are for each actorize. Plant. Our	Other	1.1-2	t Cita (Harras)	Makila II.				nant Duild	ing or To	
Please circle one for each category: Rent - Own -	- Other Single Last Four Digits of	of	t Site (House)	- Mobile Ho	Hispani	-	Codes			School
Last Name, First Name, Middle Initial	Social Security Number	,	Date of Birth (MM/DD/YY)	Gender F/M	C Y/N	Race	Military Status	Health Insurance	Disabled Y/N	Years Completed
	xxx - xx -									
	xxx - xx -									
	xxx - xx -									
	xxx - xx -									
	xxx - xx -									
	xxx - xx -									
Attach a separate sheet if necessary for	additional househ	nold	members. Pl	ease use the	followin	g cod	es for th	e above s	ections:	
Race: A - Asian; B - Black or African American; I - American Indian or Alaska Native; M - Multiracial; O - Other; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian			Military Status: A - Active; N - No Affiliation; V - Veteran		Health Insurance: A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; N - None; O - Other; S - State					

Please indicate your main heating fuel source:			received by the househo	Please name anyone in your household currently related or affiliated with this local agency as:			
Electric	Natural Gas	Child Care Voucher	Healthcare Subsidy	Public Housing	TANF	Board Member	
Fuel Oil	Propane	Permanent Supportive Housing	HUD VASH Voucher	Section 8 (HCV)	Other:	Employee	
Kerosene	Wood	Earned Income Tax Credit (EITC)	Child Support	SNAP (Food Stamps)	N/A	Sub-contractor	
Other:	Discos list any household member between the ages of 44.24 that are not working an						
Other.							
		Do you pay child supp	oort? Monthly amou	unt paid: (ind	clude proof of pay	ments)	
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 being referred to the Weatherization Program?							
F 845 F.							
If you are a	renter						
Is he	eat included i	n your rent?	Yes	No			
Is electrticity included in your rent?		Yes	No				
			avit, which can be ob			at shows that the utilities are in the fyou'd like your benefit as a direct	
		DIREC	T DEPOSIT FOR UTIL	ITIES INCLUDED IN RENT	ONLY		
Bank Name	9			Bank Address			
Checking or Savings?		Financial Institution I	Routing Number (9	Checking/Savings Account Number			
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 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. However, I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that I have received based on any such misrepresentation or omission. Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.							
Signature Date							
			THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				

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 his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in Ink.**

APPLICANT INFORMATION					
Applicant Name:	Date:				
Address:	Phone:				
City: State: IN Zip	Code:				
UTILITY INFORMATION (to be completed by the Land	llord; Check appropriate lines)				
Heating costs are:	Electric costs are:				
Responsibility of the Landlord, included in the monthly rent payment	Responsibility of the Landlord, included in the monthly rent payment				
Responsibility of the Renter, but in the Landlords	Responsibility of the Renter, but in the Landlords				
name PROVIDE UTILITY STATEMENT COPY-if checked above	name PROVIDE UTILITY STATEMENT COPY-if checked above				
Responsibility of the Renter	Responsibility of the Renter				
Responsibility of the Renter, but in a legal Power of	Responsibility of the Renter, but in a legal Power of				
Attorney's name:(if known)	Attorney's name:(if known)				
Primary Heat Source:Electric (furnace or baseboard-no space heaters	Number of Household Members:				
	Adults: Children:				
Natural Gas					
Kerosene, LP Gas, Oil, Wood, Pellets (wood or cor Primary Heat Source is not working (in-operable					
FIIIIaly fleat source is flot working (in operation	Amount of Monthly Rent Paid by				
Dwelling Type:	Tenant:				
Mobile home					
Single site Multi-unit (duplex to apartment complex)					
IVIUITI-UIIIT (UUDIEN TO apartinent complex)					
I grant IHCDA permission to obtain utility information on account state for the purpose of data consumption tracking.	us, energy cost and consumptions data on this property				
Landlord Name (printed)	Landlord Name(Signature)				
Address:	Date:				
City:	Phone:				
State: Zip Code:	Email (optional):				