

WELCOME TO ENERGY ASSISTANCE 2021

It is energy assistance season again and in spite of everything going on in the world we are still here to help with your utility bills for the winter. Things are going to be a little different, however I promise we will get through it together! **Please read this letter completely to see what assistance is available for your specific situation and how to apply accordingly.**

Regular Energy Assistance – normal benefit based on income and household members. Complete application and required documents needed.

Crisis Assistance – additional benefit added to regular assistance. Application for regular assistance needed along with a *Disconnection Notice from utility vendor for these additional dollars*. **CRISIS WILL NOT BE GIVEN PRIOR TO NOVEMBER 1, 2021!!!!**

CARES Act Assistance – additional benefit added to regular assistance for those whose **income was significantly reduced due to COVID-19** anytime during the pandemic. Application for regular assistance needed along with a *Request for Earnings form completed by employer*.

All applications will require the following documents:

- Photo ID for head of household
- Social Security Cards for all household members
- Proof of Income (previous 3 months) anyone 18+
- Current utility bill(s) (gas and electric)

Other forms that may be required depending on YOUR situation:

- Request for Earnings (CARES ACT benefit only)
- Earnings Affidavit (Zero income or Self Declare only)
- Landlord Affidavit (any utility included in rent payment only)
- Utility Affidavit (if utility is in a different name than household members)

***PLEASE NOTE: ALL QUESTIONS NEED TO BE ANSWERED AND A SIGNATURE IS REQUIRED TO MAKE AN APPLICATION COMPLETE. THE REQUIRED DOCUMENTS ARE NECESSARY AND EXCEPTIONS WILL NOT BE MADE. ANY MISSING ITEMS WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION AND A POSSIBLE DENIAL.**

Applications will be processed on a first come, first serve basis. Due to the pandemic, we are encouraging all clients to mail in or drop off applications for processing. We would like to keep face to face appointments very minimal due to virus concerns. We will be available for questions and crisis mitigation at the office and will assist in every possible way that we can. **Please see the below ways to turn in your application for processing.**

WE WILL NOT HAVE A PROCESSING CENTER IN STARKE COUNTY THIS YEAR. PLEASE SEND ALL CORRESPONDENCE TO THE LAPORTE COUNTY MAIN OFFICE!!!! WE WILL ARRANGE A COUPLE OF DAYS A MONTH TO COME DOWN AND OFFER A LOCAL APPLICATION PICKUP. YOU WILL USE THE INFORMATION BELOW TO TURN IN YOUR APPLICATIONS THIS YEAR. PLEASE CONTACT ME WITH ANY QUESTIONS REGARDING HOW TO APPLY IN STARKE COUNTY.

1. Mail or drop off at Main Office:
301 E. 8th Street, Suite 109
Michigan City, IN 46360
2. Email complete application and documents:
ahenderson@nccomact.org
3. Apply online through link located on our website:
www.nccomact.org

I am looking forward to another year of working with you and your family and I hope this packet finds all of you in good health and spirits!!!

Warmest regards,

Amanda Henderson


Energy Assistance Manager for LaPorte, Starke and Pulaski Counties

North Central Community Action Agencies, Inc.

ahenderson@nccomact.org

219-872-1201

Energy Assistance Program Application - Program Year 2021

 <p style="font-size: small;">Helping People. Changing Lives. community Action PARTNERSHIP AMERICA'S POVERTY FIGHTING NETWORK</p>	North Central Comm. Action Agencies, Inc. 301 E. 8th Street Michigan City, IN 46360 www.nccomact.org 219-872-1201 / fax 219-872-0174 Email: ahenderson@nccomact.org	For Provider/Agency Use Only								
	Date Received: _____ Application Number: _____ <input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/ Home Visit/Other Household is disconnected or out of fuel: Y / N Household has disconnect notice or less than 25% fuel left: Y / N Household heat source is inoperable: Y / N									
Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric? <input type="checkbox"/> Yes <input type="checkbox"/> No If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider/community action agency listed above to check the availability of crisis appointments. If you need other emergency options, please call 211.										
Physical Address with Apartment Number		City	State	Zip Code	County					
			IN							
Alternate Mailing Address (only complete if different from physical address above)				Last four digits of SSN						
				XXX-XX-						
Phone number		May we text you?	E-Mail Address		May we e-mail you?					
<input type="checkbox"/> home <input type="checkbox"/> cell		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list all people residing at this address, including yourself. Attach a separate sheet if necessary.										
Name (Last, First, Middle Initial)	Date of birth (MM/DD/YYYY)	Gen-der	Race	Military Status	Health Insurance	Employment Status	His-panic?	Disa-bled?	School Years Completed	
		F / M					Y / N	Y / N		
		F / M					Y / N	Y / N		
		F / M					Y / N	Y / N		
		F / M					Y / N	Y / N		
		F / M					Y / N	Y / N		
		F / M					Y / N	Y / N		
		F / M					Y / N	Y / N		
Race Codes: A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O -			Military Codes: A - Active; V - Veteran; N - No Affiliation		Health Insurance Codes: A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None		Employment Status Codes: A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired			
Home Type (please check one) <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home		Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____			Utility Payment Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____					
Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____		Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____			Cooling Source (please check one) <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: _____					
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No		Heat vendor: _____			Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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

<p>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</p> <p><input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security/SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Benefits</p> <p><input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Self-Employment <input type="checkbox"/> Interest <input type="checkbox"/> Odd jobs/irregular income</p> <p><input type="checkbox"/> Unemployment benefits <input type="checkbox"/> No income <input type="checkbox"/> Other: _____</p>	<p>Has anybody in the household <u>paid</u> child support in the past three months?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <i>Monthly amount paid: \$ _____</i> <i>(please include proof of payments)</i></p>
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Please indicate all sources of assistance receive by the household (please check all that apply):

Housing Choice Voucher (Section 8) Public Housing HUD VASH Voucher Permanent Supportive Housing

SNAP (Food Stamps) Healthcare Subsidy Child Care Voucher Child Support TANF

Earned Income Tax Credit (EITC) Other: _____ None

<p>Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <i>please list:</i> _____</p>	<p>Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <i>please list:</i> _____</p>
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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? Yes No

Please be sure to complete each page of this application in its entirety.

Please be sure you attach and include all required supporting documents. These include, but are not limited to:

Copy of Social Security card for **each** household member. REAL ID or US Passport may be used in lieu of Social Security card.

State or federally-issued photo ID for the individual signing this application.

Proof of income for the past three (3) months for each household member age 18 or over.

Most recent **full** electric bill, including name, service address, and account number.

Most recent **full** gas or bulk fuel bill or account statement, including name, service or delivery address, and account number.

If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. **If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.**

Your local service provider's referral form.

If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.

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. 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 of person completing this form (required)	Date (required)

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income

Household Member: _____ Application Key: _____

Section 1: I verify that I have received income as defined below, by the month but I have **NO** documentation for this income. Please write the year below the month. Source of my income is: _____

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__

(Income sources may include but are not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, cashed vacation or sick pay, tips, pensions, disability payments from any source, dividends, interest, gambling winnings, railroad retirement benefits, military allotments, life insurance payments, workers compensation, unemployment or strike benefits, social security benefits for any age, and royalties.)

Section 2: I received **NO** income during the following months. Check all that apply and write the year below the month.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__

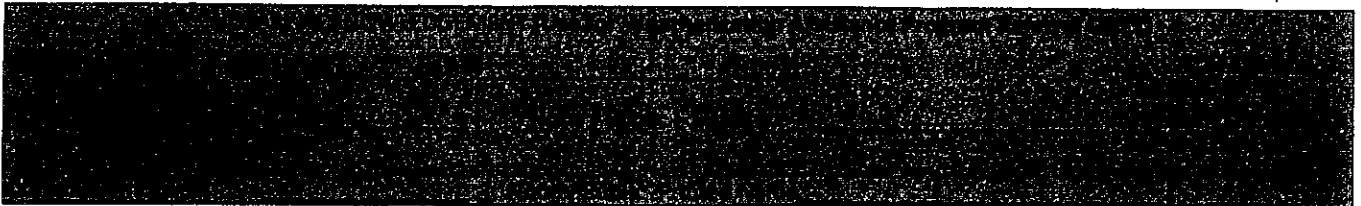
Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months. (For example: Section 8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)

Rent/Mortgage:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to store/retailer <input type="checkbox"/>

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 Zero Income Applicant

Date





Indiana Housing & Community Development Authority

Request for Earnings Information

Applicant name:			Application date:
Address:			Phone:
City:	State: IN	Zip:	Employer:

I hereby authorize my employer to release the information below to the requesting agency.

Applicant Signature	Date
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Employer information (to be completed by employer only)

Employer, please complete section 1 or 2 as appropriate, then complete and sign section 3.

Section 1 (REQUIRED)

Has the applicant listed above been laid off or had a reduction of hours due to the economic and public health crisis related to COVID-19?		Date of layoff/reduction:
<input type="checkbox"/> Yes - layoff <input type="checkbox"/> Yes - reduction <input type="checkbox"/> No		___/___/___
Anticipated date of return or restoration of hours:	If reduction of hours, new average hours per week:	If reduction of hours, anticipated average gross pay per week: \$
___/___/___ or <input type="checkbox"/> Indefinite		

Section 2 (ONLY AS APPROPRIATE)

Has the applicant listed above been in your employ within the last three months?		Start date:
<input type="checkbox"/> Yes <input type="checkbox"/> No		___/___/___
Is the applicant listed above still an active employee?	If no, type of termination?	Date of separation:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff	___/___/___
Employee's base pay rate/salary:	Average hours per pay period:	Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other
Gross earnings for 3 months preceding application date:	Tips received for 3 months preceding application date:	Bonuses received for 3 months preceding application date:

Section 3

Printed name of individual completing form:	Signature of individual completing form:
Job title of individual completing form:	Date:
Business telephone:	Business e-mail:

Please return this completed form to the requesting agency: **North Central Community Action Agencies, Inc.**

Address: 301 E. 8th St. Suite 109. Michigan City, IN. 46360

Office Number: (219)872-0351

Fax number: (219)872-0174



Energy Assistance Client Referral Form

In addition to the Energy Assistance Program (EAP) your household may qualify for other programs offered by North Central Community Action Agencies, Inc. There are also other agencies outside of NCCAA that may be able to assist with your heating and electric bills, as EAP is not intended to cover all of your heating and electric expenses. Before we can assist with these referrals, your signature is required on the following:

RETURN THIS FORM WITH YOUR APPLICATION.

I authorize **North Central Community Action Agencies, Inc. Energy Assistance Program** or its designee to release information to other NCCAA programs and/or other agencies who aid with my utility bills. I understand that this information will be used only to provide additional assistance, and shall not be made public.

X _____
(Printed applicant name) (Applicant signature) (Date)

On the reverse side is a list of NCCAA programs and other outside agencies who may be able to provide your household additional assistance. The contact information is included as well.

If you have received EAP in the past, and received Energy Education materials, please answer the following:

The Energy Education materials were informative and helpful to me.

Yes _____ No _____

I am using some of the suggestions from the materials

Yes _____ No _____

Please call 219-872-1201 if you are interested in the below programs offered by NCCAA:

RAMP PROGRAM – NCCAA volunteers build ramps to increase accessibility for seniors and/or disabled.

HOME WEATHERIZATION

Helps income eligible households reduce fuel consumption and expenses by providing weatherization measures for homes, at no cost to those served.

OTHER AGENCIES AND ASSISTANCE PROGRAMS IN STARKE COUNTY:

STARKE COUNTY TRUSTEES:

CALIFORNIA TOWNSHIP TRUSTEE – 574-772-2622

CENTER TOWNSHIP TRUSTEE – 574-772-7646

DAVIS TOWNSHIP TRUSTEE – 574-867-6053

JACKSON TOWNSHIP TRUSTEE – 574-896-0861

NORTH BEND TOWNSHIP TRUSTEE – 574-542-2840

OREGON TOWNSHIP TRUSTEE – 574-910-0568

RAILROAD TOWNSHIP TRUSTEE – 574-806-0682

WASHINGTON TOWNSHIP TRUSTEE – 574-249-3159

WAYNE TOWNSHIP TRUSTEE – 574-896-3103

CATHOLIC FAMILY CHARITIES – 219-879-9312

SUBSIDIZED HOUSING REFERRALS – 574-772-7070

SALVATION ARMY STARKE COUNTY – 574-772-7070

ST. VINCENT DE PAUL KNOX – 574-806-0431

ST. VINCENT DE PAUL NORTH JUDSON – 574-249-0162

VETERANS ASSISTANCE – 1-800-400-4520 / **VETERANS SERVICE OFFICE** – 574-772-9132

STARKE COUNTY FOOD PANTRY SITE – 574-772-7070

STARKE COUNTY WIC – 574-772-2175

FSSA STARKE COUNTY – 1-800-403-0864

KIDS CLOSET – 574-806-0696 OR 574-896-5927

JMS KIDS – 574-772-6787

INDIANA WORKFORCE DEVELOPMENT – 219-362-2175

UNITED STATES DEPARTMENT OF AGRICULTURE, RURAL DEVELOPMENT – 574-772-3066

WHEELCHAIR RAMPS – NO FEES – 317-844-7664x6035 / **PAY FOR MATERIALS** – 219-713-2669

For additional utility assistance you may contact 211 for a list of local resources.