

NORTH CENTRAL COMMUNITY ACTION AGENCIES, INC.
ENERGY ASSISTANCE PROGRAM INFORMATION SHEET 2017-2018

**PLEASE READ THIS DOCUMENT AS IT CONTAINS CHANGES FOR
THE 2017-2018 EAP APPLICATION**

NOTE: You are responsible for providing the correct supporting documents for **EACH** and **EVERY** household member. *******Applications are done by appointment only or Mail-In*******

IDENTIFICATION- **ALL** household members age 12 months and older must provide proof of their **SOCIAL SECURITY NUMBER**. Household members under 12 months of age must have a **legal** birth certificate.

ALL members age 18 & older must provide a photo ID.

Utility Bills- Must provide current utility bills and/or disconnect notices.

DWELLING DOCUMENTATION- **HOMEOWNERS** must provide proof of homeownership. This can be property tax statement, mortgage statement, deed, or title. **RENTERS** – The Landlord Affidavit (Green Form) needs to be completed by your landlord or provide a current lease.

VETERANS- If any member of the household is claiming to be a Veteran, proper documentation must be provided. (DD 214 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 income **EARNED** or **UNEARNED** income be reported to be eligible for energy assistance. **If 18 and currently enrolled in school please provide a current schedule.**

Earned Income includes things such 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.

Unearned Income includes things such as, workman'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 at any time during normal business hours. Please allow 48-72 hours for the return of the validation.

Once you have gathered all required documentation please call 219-872-1201 to schedule an appointment or for questions or concerns.

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



2017-2018 Energy Assistance Program
Application

FOR AGENCY USE ONLY:		
<input type="checkbox"/>	Date Received:	_____
<input type="checkbox"/>	App Number:	_____
<input type="checkbox"/>	Mail-in	<input type="checkbox"/> Appointment <input type="checkbox"/> Other/Home visit

1. Personal Information

Your Name (First, MI, Last)		Social Security Number	Date of Birth (Month, Day, Year)
Current Home Address:			
Street, Apt # or PO		City, State, Zip	
County:	Best Contact Phone Number:	Can we send you text notifications to this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language spoken at home:	Email address:	Can we send you email notification? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 2. Energy Emergency (Skip this section if you do not have an energy emergency.)

If your utility has been disconnected, is about to be disconnected, or you are out of fuel, you may send us your disconnect information below. *Calling your local service provider will resolve the energy emergency faster than mailing in this application.* Call your energy provider for faster service or if you are experiencing a life-threatening situation. If you don't know who your local service provider is, please call 211.

If you mail this application with an energy emergency, please include disconnect notice(s).

- Already disconnected. Company: _____ Disconnect Date: _____ Amount Owed: _____
- Received disconnect notice. Company: _____ Date Scheduled: _____ Amount Owed: _____
- In crisis Bulk/Biofuel/ pre-paid utility: You are in crisis if you have less than 25% of your fuel left in your tank or biofuels (wood, pellets etc.); or if you are within ten (10) days of running out of your primary heating source.
Percentage (%) of fuel in your tank today _____ Amount Owed: _____

You must self-declare that you are in crisis for bulk, biofuel or a pre-paid utility. Please fill out the Self-Declaration of Primary Fuel Source Level at the end of this application.

Part 3. Household Information

List **ALL** household members, starting with you. Attach a separate sheet for any additional household members.

First Name, MI, Last Name	Social Security Number	Date of Birth MM-DD-YYYY	Race	Hispanic Y/N	Sex M/F	Disability Y/N	Highest level of education obtained/ high school diploma, GED, BA, some college, associates, etc. For members over age 14.	Military Status* : Active, Veteran, none	Health Insurance: Medicaid, Medicare, State Health Insurance, Military Insurance, Direct Pay, Employment based, none

*If anyone is a **Veteran**, please provide proof (DD-214, military ID card, military separation papers, etc.).

Race: **B** = Black or African American **W** = White **A** = Asian **I** = American Indian or Alaska Native
P = Native Hawaiian or Other Pacific Islander **O** = Other **M** = Multi Race

How many individuals in your household aged 14-24 who are neither working or in school? _____

Are you or is anyone in your household currently an employee, subcontractor or board member of this local service agency?

No Yes If yes, please check one: Self Household Member Board Member Sub Contractor

Part 4: Income, Benefits, and other Assistance:

Please list all income from all members of your household aged 18 and up. Income includes but is not limited to wages, supplemental social security (SSI), Social Security Disability Income (SSDI), retirement from Social Security, pension, veteran's benefits, private disability insurance, alimony, unemployment insurance, self-employment, workers comp etc. For a complete list of income see instructions at eap.ihcda.IN.gov. **You must send proof of income. Please send copies. Do not send originals. Originals will not be returned.**

How many people age 18 or up did not have any income the past 3 months? _____
 (Each person with Zero Income must fill out a Zero Income Affidavit and an Indiana Workforce Development Release of Information. Please include a Photo ID for each person with Zero Income).

Other Income: Check any income from any of these sources. Proof of income from these sources is NOT necessary:

- | | | | |
|--------------------------------------|--------------------------|------------------------------|--------------------------|
| TANF | <input type="checkbox"/> | SNAP (Food Stamps) | <input type="checkbox"/> |
| Child Care Voucher | <input type="checkbox"/> | Permanent Supportive Housing | <input type="checkbox"/> |
| Child Support | <input type="checkbox"/> | HUD VASH Voucher | <input type="checkbox"/> |
| Earned Income (EITC) | <input type="checkbox"/> | Section 8 (HCV) | <input type="checkbox"/> |
| Tax Credit | <input type="checkbox"/> | Public Housing | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | | Affordable Care Act Subsidy | <input type="checkbox"/> |

Do you pay Child Support? Monthly amount Paid: _____ (include proof of payments)

Part 5. Housing information

Please check the type of housing you live in:

- Single Family House Multi-Unit (Apartment/ Condo) Mobile Home Other: _____

Are you a:

Homeowner: If you own your home, buying your home or have a Life Estate you are a home owner. Please provide proof of ownership.

Renter: Please provide lease, or Landlord Affidavit

Is heat included in your rent? Yes No

Is electricity included in your rent? Yes No

If heat or electricity is included in the rent, we may pay you directly. You will have to provide a lease or Landlord affidavit showing that utilities are in the Landlord's name. Please provide your Direct Deposit information on the ACH/Direct Deposit form which is included or can be found at eap.IHCDA.in.gov

Part 6. What is your Primary Heat?

- Bulk Fuels (Kerosene, LP Gas, Oil, Wood, Coal, Pellets) Electric Furnace Natural Gas

What energy company-(s) supply heat and electricity to your home?

	Primary Heating Source Vendor	Electric Vendor
Company Name		
Name on Account		
Account Number		

Send a copy of your last heat and electric bill. For bulk fuel, send a fuel receipt. If the name or one of your household members name is not the name on the account, call your local service provider. If your bills are in your landlord's name, include a lease or a Landlord Affidavit.

If eligible, would you like to be referred to the Weatherization Program? Yes No

Part 7. Consent and Signature

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.

Print Name: _____

Signature _____ Today's Date: _____

This section is only for clients who use bio-fuel or pre-paid utility service who will have an energy crisis within ten days.

Self-Declaration of Primary Fuel Source Level

I, _____ (print name), being of sound mind and at least 18 years of age, affirm that I have personal knowledge of the facts described in this form. (Check the appropriate box)

I am a person who is within 10 days of having no heat due to low fuel source or a prepaid utility.

NOTE: Benefits will not be provided to individuals who move out of the State of Indiana or on behalf of individuals who are deceased.

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 the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this fraud or omission.**

Signature: _____

Date: ____/____/____

Please return application to: Community Services of Starke County
311 E. Culver Road
Knox, IN 46534



INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

*NAME OF APPLICANT (PRINT): _____

*SOCIAL SECURITY: _____

*CURRENT DATE: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

*SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

***NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

*Signature of Requestor: _____

Requesting Agency: _____

Fax Number: _____

Phone Number: _____

***REQUIRED FIELDS:** For questions email EmployVerification@dwd.IN.gov

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 Landlord; Check appropriate lines)

Heating costs are:	Electric costs are:
<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment <input type="checkbox"/> Responsibility of the Renter, but in the Landlord's name <i>PROVIDE UTILITY STATEMENT COPY-if checked above</i> <input type="checkbox"/> Responsibility of the Renter <input type="checkbox"/> Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known)	<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment <input type="checkbox"/> Responsibility of the Renter, but in the Landlord's name <i>PROVIDE UTILITY STATEMENT COPY-if checked above</i> <input type="checkbox"/> Responsibility of the Renter <input type="checkbox"/> Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known)

Primary Heat Source:

- Electric (furnace or baseboard- no space heaters)
 Natural Gas
 Kerosene, LP Gas, Oil, Wood, Pellets (wood or corn) or Coal
 Primary Heat Source is not working (in-operable)

Number of Household Members:

Adults: _____ Children: _____

Dwelling Type:

- Mobile home
 Single site
 Multi-unit (duplex to apartment complex)

<i>I grant IHEDA 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 Name (printed)	Landlord Name(Signature)
Address:	Date:
City:	Phone:
State: _____ Zip Code: _____	Email (optional): _____

LSP: The information on this document must include the landlord's complete address and telephone number. A copy of this affidavit must be filed with the EAP application.

Energy Assistance Program PY 2017 - 2018 Benefit Matrix

Name of Head of Household (HOH):		County:				
Application No.:		Date of Application:				
Household Income: \$		1 Mo./ 3 Mo. (circle one)				
HOUSEHOLD SIZE	≤ 50%		≤ 100%		≤ 150%	
	MO. One Month	YR. Three Months	MO. One Month	YR. Three Months	MO. One Month	YR. Three Months
1	\$503	\$1,508	\$1,005	\$3,015	\$1,508	\$4,523
2	\$677	\$2,030	\$1,353	\$4,060	\$2,030	\$6,090
3	\$851	\$2,553	\$1,702	\$5,105	\$2,553	\$7,658
4	\$1,025	\$3,075	\$2,050	\$6,150	\$3,075	\$9,225
5	\$1,199	\$3,598	\$2,398	\$7,195	\$3,598	\$10,793
6	\$1,373	\$4,120	\$2,747	\$8,240	\$4,120	\$12,360
7	\$1,548	\$4,643	\$3,095	\$9,285	\$4,643	\$13,928
8	\$1,722	\$5,165	\$3,443	\$10,330	\$5,165	\$15,495
Add Member	\$174	\$523	\$348	\$1,045	\$523	\$1,568
Points	6		4		2	