

WELCOME TO ENERGY ASSISTANCE 2022

It is energy assistance season again and North Central Community Action Agencies, Inc. is here to help with your utility bills for the winter. We are offering **WATER** assistance this year to go along with your energy assistance. Please include your current water bill with the documents you submit with your application. Please review this entire letter before completing your 2021/2022 application for assistance.

******* NO CRISIS ACCEPTED UNTIL NOVEMBER 1, 2021. *******

WE ARE UNABLE TO ASSIST WITH DISCONNECTIONS PRIOR TO THE OFFICAL START DATE OF NOVEMBER 1, 2021. PLEASE DO NOT SEND ANY DISCONNECTION NOTICES TO US BEFORE NOVEMBER. WE ARE NOT ABLE TO PLEDGE OR PROVIDE BENEFITS ON YOUR BEHALF UNTIL NOVEMEBER 1, 2021!!!!!!

THE FOLLOWING DOCUMENTS MUST BE PRESENTED WITH YOUR APPLICATION OR AT YOUR APPOINTMENT TIME. PLEASE SEND COPIES OF THE ITEMS LISTED BELOW. WE WILL NOT SEND BACK ORIGINALS THAT ARE SENT TO US. Copies can be made at the library ~~and our office~~

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+
 - Most recent paystub
 - SS/SSI award letter or bank statement proving SS benefit
 - Proof of unemployment benefits (13 weeks)
 - Income Affidavit (zero income members)
- Current utility bills (gas, electric and water)

Other forms that may be required depending on YOUR situation:

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

Indiana Energy Assistance and Water Assistance Program Application

Program Year 2022



North Central Community Action Agencies, Inc.
 301 E 8th Street
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 Michigan City, IN 46360
 Phone: 219-872-0351
 Fax: 219-872-0174
 Website: www.nccomact.org
 Email: ahenderson@nccomact.org

For Provider/Agency Use Only	
Date received:	
Application number:	
<input type="checkbox"/> Mail <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other	
Is applicant disconnected or out of fuel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household has 30 days or less than 25% fuel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household heat source is inoperable?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What kind of assistance are you applying for? Utility Assistance (electricity and heating) Water Assistance Both

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.

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.

Part I: Contact Information

Applicant Name		Last four digits of SSN	County	
		XXX-XX-		
Physical Address (Including Apartment Number)			City	State
			IN	Zip
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.				

Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.

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	

Part II: Home and Utility Information

Home Type (Please check one) <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: _____	Home Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Utilities and Payment Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent Water/Wastewater Vendor(s): _____
Primary Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <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"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	Secondary Heating Fuel <input type="checkbox"/> Electric furnace/baseboard <input type="checkbox"/> Wood Stove <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Part III: Income and Benefits

Please indicate **all** types of income received by any member of the household in the past three months. Check all that apply.

<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: _____

Please indicate **all** sources of assistance received by any member of the household. Check all that apply.

<input type="checkbox"/> Housing Choice Voucher (Section 8)	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> TANF
<input type="checkbox"/> Child care voucher	<input type="checkbox"/> WIC	<input type="checkbox"/> Affordable Care Act subsidy	<input type="checkbox"/> Child support	<input type="checkbox"/> Earned Income Tax Credit (EITC)	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____					

Has anybody in the household <u>paid</u> child support in the past three months? <input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)	Is anybody in the household between the ages of 14-24 and neither working nor attending school? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____
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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.

Part IV: Household Members and Demographics

List all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household:

Applicant	Last Name and Suffix	First Name	M.I.	D.O.B.	Gender	Disability	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
1					<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 D-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): _____

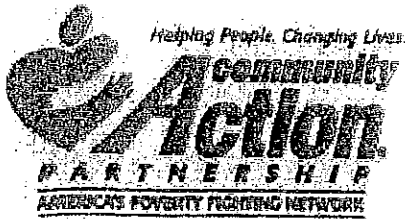
Household Type (please check one)
 Single Person Two Adults, No Children Single Parent, Female Single Parent, Male
 Two-Parent Household Non-related adults with children
 Multi-Generational Household (three or more generations) Other: _____

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 am a resident of Indiana and an applicant for the Energy Assistance, Water 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, Water 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 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 _____

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 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 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 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 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. (E.g., Section 8 Housing, cash from friends or family, 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

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral Only)

Witnesses signed and seal this _____ day of _____, 20__.

Notary Public - Signature

Notary Public - Printed Name

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 blue or black ink only.

APPLICANT INFORMATION (may be completed by applicant, intake, or landlord)

Applicant Name:	Date:
Address:	Phone:
City:	State: IN Zip Code:

DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

Heating costs are (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	Electric costs are (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
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Primary heating source (check one):

Electric (furnace, baseboard, or wall unit)

Natural gas

LP gas, fuel oil, wood, coal, pellets, kerosene

How much is the tenant responsible to pay out of pocket each month in rent? \$ _____

Is the primary heating source operable?
 Yes No

All contact information is required unless otherwise noted.

<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 (optional):