

Energy Assistance Program (EAP)
2023-2024
November 1, 2023 through May 20, 2024

Good Samaritan Network is the contact for Hamilton County.
Please drop off or mail EAP Applications and/or to contact GSN:

Mailing: Good Samaritan Network 12933 Parkside Dr Fishers, IN 46038	Drop-Off: GSN Client Assistance Office North Bldg 13053 Parkside Dr Fishers, IN 46038
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317-842-2603 x 205

eap@gsnlive.org

Disconnects

If you have a disconnect notice or your utility is already shut off, please let us know when you drop-off or mail in your application. There is no longer a Water Program so assistance will not be given for water bills.

Submitting An Application

If you do not provide us with everything necessary to complete your application, it may DELAY the processing of your application. You DO NOT have to be in a disconnect status to apply for the program. Please allow 55 days for processing.

Please contact Good Samaritan Network - 317-842-2603 x 205 with any additional questions.

****** APPLICATION PACKET******

******CHECKLIST******


Use this checklist to make sure your application is ready for processing when it's submitted to us.

1. Complete the application pages (ALL sections) and sign.

SUBMIT IT WITH THE FOLLOWING:

2. Social Security number verification for all household members.
- Copies of Social Security Cards or - Copy of previous year's W-2 or 1099
- Copy of State Real ID or - Copy of US Passport
3. Copy of photo ID for the person who signed the application.
4. Income documentation for ALL household members who are age 18 and older for the three previous months.
(Examples: check stubs, Social Security benefit letter, Pension statement)
If no income, the Income Verification Affidavit included in this packet must be completed in full.
5. If renting, and one or both utilities are included in the monthly rent, the Landlord Affidavit must be completed by the Landlord. This form is available for download at <https://www.areaivagency.org/eap/>
6. Copies of CURRENT utility bills. Must include all pages!
If your utility bill is in the name of someone not living in the household, you must complete a Utility Affidavit. This form is available for download at <https://www.areaivagency.org/eap/>

Indiana Energy Assistance Program Application - Large Print
Program Year 2024

 AREA IV AGENCY <small>ON AGING & COMMUNITY ACTION</small>	AREA IV AGENCY 660 N 36TH ST PO BOX 4727 LAFAYETTE IN 47905 PH: 765-447-7683 ext 400 eap@areaivagency.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:		<input type="checkbox"/> Yes
Household has d/c notice 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	
<input type="checkbox"/> 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 advise them of this. 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/Lot/Trailer Number)		City	State	Zip
			IN	
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 below. Failure to provide accurate contact information may delay application processing.				
Telephone number	<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	Mobile phone carrier	<input type="checkbox"/> Consent to receive texts	E-mail Address - <input type="checkbox"/> check box to give consent for us to e-mail you.

BE SURE TO COMPLETE ALL FOUR PAGES OF THIS APPLICATION IN FULL!!

See reverse side



Please complete and sign all pages - 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 II: Home and Utility Information

Home Type (Please check one)	Utilities and Payment
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Apartment/condo/duplex/etc. <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Included in rent Electricity Vendor: _____
Home Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Included in rent
Primary Heating Source (please check one) <input type="checkbox"/> Furnace / Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	Heating Vendor: _____
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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/Pellets <input type="checkbox"/> Other: _____	Do you have a secondary heating source installed in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part III: Income and Benefits

Please indicate <u>all</u> 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"/> Workers' Compensation	<input type="checkbox"/> Private Disability	<input type="checkbox"/> Alimony/Spousal Support
<input type="checkbox"/> Odd jobs/irregular income	<input type="checkbox"/> No income	<input type="checkbox"/> Other: _____	
Please indicate <u>all</u> 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"/> VASH
<input type="checkbox"/> SNAP (Food Stamps)		<input type="checkbox"/> TANF	<input type="checkbox"/> WIC
<input type="checkbox"/> Earned Income Tax Credit (EITC)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Child Care Voucher
<input type="checkbox"/> Other: _____		<input type="checkbox"/> None	
Has anybody in the household <u>paid</u> child support in the past three months?		Is anybody in the household between the ages of 14-24 <u>and</u> neither working nor attending school?	
<input type="checkbox"/> No		<input type="checkbox"/> No	
<input type="checkbox"/> Yes (please submit proof of payments)		<input type="checkbox"/> Yes (please list): _____	

Part IV: Household Members and Demographics

List all people residing in household, including yourself.

Check here and attach additional sheet if more than five people are in household:

More than five people in household

Applicant	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Dis-abled?	Race	Ethnic-ity	Employ-ment	Edu-cation	Health Insurance	Mili-tary Status
	Please use codes listed below											
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						
5					<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: FI - Employed full-time; PI - 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
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Education codes: A - Grades 0-8; 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
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Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please list): _____	Household Type (please check one) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> Other: _____
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See reverse side



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 certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. 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, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, 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 applicant (required)	Date (required)

An adult residing in the household **MUST** sign this application.
If another individual signs **FOR** an adult in the household, we must have a copy of a valid Power Of Attorney document.

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any of the three months preceding application. This form must be completed in its entirety.

Household Member: _____ Application Key: _____ Application Date: _____

Section 1: Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the **gross** income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. If you enter 0 for any month, you must complete section 2. **Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

The source of the above income is: _____

(Income includes but is not limited to: wages, self-employment, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, and royalties.)

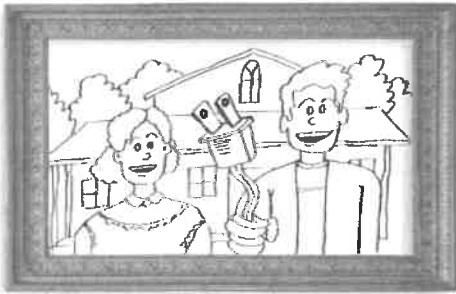
Section 2: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. You must complete this section **IN FULL** if you indicated **ANY MONTHS OF ZERO INCOME** in Section 1. **Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if all below needs were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses
<input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____

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 Household Member _____/____/____
Date

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)	
WITNESS my hand and seal this _____ day of _____ 20____.	
County of Residence: _____	Notary Public – Signature _____
Commission Expires: _____	Notary Public – Printed Name _____



10 TIPS For SAVING ENERGY IN THE HOME

LEARN! Easy tips to reduce your energy use at home!

You can lower your utility bills! **SAVE!**

REPEAT! Every day you can put money back in your pockets!

Every month you pay to power your home. The costs for electricity, heat, and water can add up quickly, but you can save money on each of those bills. How? By making your home more energy efficient.

In this brochure, you'll learn some quick and easy tips for reducing your energy use, such as putting on a sweater and plugging electronics into a power strip. Most of these tips won't cost you anything to try out, and together they can add up to big savings!

Produced by Project Energy Savers. For information about Project Energy Savers, go to www.projectenergysavers.com

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10 TIPS For SAVING ENERGY IN THE HOME



1 Switch to LED lightbulbs. They use less energy and last longer.



2 Put on a sweater. You'll warm up without turning up the heat.



3 Install weather-stripping or caulk. Doors and windows are a common source of air leaks.



4 Think before opening the fridge. Keep the cold air in to save energy.



5 Cover pots when cooking. Covers keep in steam and cook food faster.

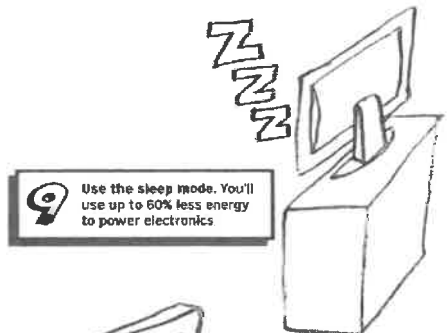
6 Fully load the dishwasher. It uses the same amount of hot water to wash a single dish as a full load.



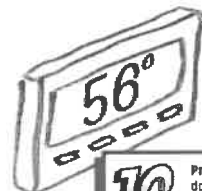
7 Choose Energy Star appliances. They're the most efficient ones you can buy.



8 Use a power strip. Plug in multiple devices and turn off the power strip at night.



9 Use the sleep mode. You'll use up to 60% less energy to power electronics.



10 Program your thermostat. Set it to turn down the heat before you go to bed, and to turn it back up in the morning.

Answers can be found on the attached "10 Tips for Saving Energy" flyer

ENERGY EDUCATION

IMPORTANT TO COMPLETE AND RETURN THIS FORM
Confirmation of Energy Education Training

<p>Which type of lightbulb is the most energy-efficient?</p> <p><input type="checkbox"/> Incandescent</p> <p><input type="checkbox"/> LED (Light Emitting Diode)</p> <p><input type="checkbox"/> CFL (Compact Fluorescent Lamp)</p>	<p>How can you save water when using the dishwasher?</p> <p><input type="checkbox"/> Only run the dishwasher when you have a full load</p> <p><input type="checkbox"/> Run dishwasher daily</p> <p><input type="checkbox"/> Only use the sanitize setting</p>
<p>What is the benefit of using a power strip?</p> <p><input type="checkbox"/> It saves energy</p> <p><input type="checkbox"/> It prevents your device from overheating</p> <p><input type="checkbox"/> It charges faster</p>	<p>What is the benefit of using sleep mode on electronics?</p> <p><input type="checkbox"/> It reduces the risk of power surges</p> <p><input type="checkbox"/> It makes your electronics run faster</p> <p><input type="checkbox"/> It uses up to 60% less energy</p>
<p>What is the most energy-efficient way to stay warm without turning up the heat?</p> <p><input type="checkbox"/> Use a space heater</p> <p><input type="checkbox"/> Wear a sweater</p> <p><input type="checkbox"/> Take a hot bath</p>	<p>What is the best way to prevent air leaks from doors and windows?</p> <p><input type="checkbox"/> A draft stopper</p> <p><input type="checkbox"/> Weather-stripping or caulk</p> <p><input type="checkbox"/> Window film</p>

Signature of Head of Household

Date

Print Name

Application Number





Area IV Agency Program Referral Form

I would like to be referred to the following Area IV Programs:

_____ **Housing Choice Voucher Program**

- *Provides rental housing assistance to low-income individuals and families. Participants find housing to fit their specific needs/desires in the open rental market. This can include a family home, apartment, duplex, or a mobile home. This program is available in the counties of Carroll, Clinton, White, and Tippecanoe (excludes 5-mile radius of Lafayette and West Lafayette).*

_____ **Weatherization**

- *Provides energy audits of owner-occupied homes in order to help the occupant conserve energy and save money. Energy audits are performed to determine needs and include health and safety measures, general heat waste reduction activities, client education, evaluation, repair and possible replacement of furnace, water heaters and cook stoves, sealing air leaks, and insulating. Eligible participants must be at or below 200% of the federal poverty level (FPL).*

_____ **Other Program**

- *Description of need:*

Name: _____

Address: _____

Phone Number: _____

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 their 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.**

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

Applicant Name:	Date:
Address (including apartment/lot number):	Phone:
City: State: IN Zip Code:	

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

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating source (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	<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	<input type="checkbox"/> Electric furnace <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Electric wall unit <input type="checkbox"/> Natural gas furnace <input type="checkbox"/> Liquid propane furnace <input type="checkbox"/> Fuel oil furnace <input type="checkbox"/> Wood-burning stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other: _____

Is the primary heating source operable?
 Yes No

How much is the tenant responsible to pay out of pocket monthly in rent **after subsidies**? \$ _____

All contact information is required.

<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 or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email:

Energy Assistance Program Direct Benefit Payment Election Form

Head of Household _____

Please choose a fulfillment option below for your direct Energy Assistance Program (EAP) benefit payment. **Please check one.**

- I would like to waive my direct EAP benefit payment to be applied directly to my electricity/heating (**circle one**) utility, which I pay separately. I understand that the full benefit will be paid to my vendor within sixty (60) days and **I will not receive a direct payment.**
- I would like to receive my direct EAP benefit payment as an Electronic Funds Transfer (direct deposit). **I understand that this may take up to 120 days to receive**, and is subject to further delays if I have provided inaccurate banking information. I have provided my banking information below.

Checking Account Savings Account Account holder name: _____

Financial Institution: _____

Financial Institution Routing Number: **(must be nine digits)**

--	--	--	--	--	--	--	--	--

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:


⑆ Routing Number Account Number ⑆

- I would like to receive my direct EAP benefit payment as a check mailed to my primary residence or mailing address. **I understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations. **If you do not return this form with your application, your benefit will be issued as a check.**

I hereby certify that the information provided above 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 understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

If I have elected to receive benefit payment by electronic funds transfer, I hereby authorize the Indiana Housing and Community Development Authority (“IHCD”) to initiate entries to the above identified checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCD is notified by an authorized individual in writing to cancel it in such time as to afford IHCD and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCD contained herein.

Applicant Signature

Date