



Jackson Township Hamilton County
506 W. Main Street
P.O. Box 456
Arcadia, IN 46030

Robyn Cook | Township Trustee

Township Board | Jeff Roberts | Glen Schwartz | Randy Hill

COVID-19 Protocol

We want you to rest assured that we are actively monitoring the COVID-19 situation very carefully and following safety guidance provided by the Centers of Disease Control and Prevention (CDC) along with federal, state and local health authorities.

Effective April 1, 2020, the following guidelines are in place for Jackson Township, Hamilton County residents seeking emergency financial assistance due to loss of income related to COVID-19.

- Financial assistance can be used for essential needs: food, shelter, utilities, medical, transportation, household supplies, other necessities as determined by the Trustee.
- Schedule an appointment by email clerk@jacksontownshiptrustee.com or phone 317-984-3826.
- Appointments will be done by email or phone
 - You will be contacted from your email or message to schedule your appointment.
 - You must submit your application and supporting documents prior to your appointment.
- If the Trustee determines an in-person appointment is necessary, our policy includes:
 - Only one (1) person per family can attend the scheduled appointment.
 - Clients will only be allowed in the investigation room during their appointment.
 - Restroom facilities will not be available for public use.
- Application and documentation policy:
 - Submit required documents prior to your scheduled appointment time.
 - Preferred method for submission is by email clerk@jacksontownshiptrustee.com.
 - You may send pictures / screen shots via text to 317-764-4517.
 - Schedule drop off time by calling in advance 317-984-3826 or texting 317-764-4517.
- During the phone interview, we will ask that you attest that the information is true and accurate.





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COVID-19 Document List

We want you to rest assured that we are actively monitoring the COVID-19 situation very carefully and following safety guidance provided by the Centers for Disease Control and Prevention (CDC) along with federal, state and local health authorities.

Effective April 1, 2020, the following documents will be required for residents seeking emergency financial assistance due to loss of income related to COVID-19.

- Completed Township Assistance application along with verbal confirmation that you attest the information is true and accurate
- Completed Energy Assistance application or determination letter if you have already applied for the 2019-2020 session
- Current driver's license or ID card for all adults
- If you are/were unable to work due to the current COVID-19 crisis, you will need to supply medical documentation or a signed termination letter from your employer
- Pay stubs for the last 30 days
- Proof of stimulus check
- Checking and savings bank transactions for the last 30 days
- All current utility bills
- Signed lease or mortgage statement
- If renting, a landlord statement confirming date of last payment and current amount due
- Determination letter for the following: Food Stamps, Social Security, Energy Assistance Program (EAP), TANF, Medicaid, Child Support, Unemployment

Please provide documentation **PRIOR** to your scheduled phone interview.

Documentation can be submitted by calling ahead to schedule a drop off time 317-984-3826, via email to clerk@jacksontownshiptrustee.com or by texting pictures / screenshots to 317-764-4517. For any questions, please use same contact information.

Wishing you all good health, now and always!



Application for Township Assistance COVID-19

Application Date: _____

Applicant's Full Name: _____ Male Female

Phone #: _____ Email Address: _____

Social Security #: _____ Date of Birth (MM/DD/YY): _____

Street Address: _____ City, State: _____ Zip: _____

How long have you lived at your current address: _____ months _____ years

What is your housing status? Own Rent Homeless

Please list all people living in your household. For each person, select the relationship to the applicant and all income sources.

Name	Relationship*	Income Source	Monthly Amt	Date of Birth
	Yourself	<input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Wages	\$	
		<input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Wages	\$	
		<input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Wages	\$	
		<input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Wages	\$	
		<input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Wages	\$	
		<input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Wages	\$	

*Relationship: yourself, spouse, child, roommate, other

Income status: wages stopped waiting on income receiving income no income

Employment status: working laid off on never worked quit fired leave

Do you have investment holdings (stocks, bonds, CDs, IRAs)? yes no

Do you have a checking account? yes no Do you have a savings account? yes no

	Applicant	Other Adult	Other Adult
Current/Recent Employer			
Start Date – End Date			
Reason for leaving			

Is everyone in the household a US citizen: yes no

List other public assistance*: _____

*subsidized housing, utility allotment, EAP utility assistance

Please list assistance needed. _____

READ CAREFULLY* NOTICE OF PUBLIC LAW

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to operate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days of heating fuel or electric services assistance unless you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3. IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application for food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.

<hr/> <p>Signature of Applicant</p>	<hr/> <p>Signature of Other Adult</p>	<hr/> <p>Signature of Other Adult</p>
<p>Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?</p>		
<p>Applicant: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Other Adult: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Other Adult: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If not, explain why not: _____</p>		

Affidavit

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and member of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

<hr/> <p>Signature of Applicant</p>	<hr/> <p>Signature of Other Adult</p>	<hr/> <p>Signature of Other Adult</p>
<p>Note: All household members eighteen and older must sign where indicated for application to be complete.</p>		

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____, Indiana, consent to the disclosure of the following information to _____, the investigator of township assistance for _____ Township _____ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) My township assistance application from _____ Township _____ County, IN.
- (2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) Others (if any).

Signature of Applicant

Signature of Other Adult

Signature of Other Adult

Date Signed

Date Signed

Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

Trustee or Employee

Date Signed

**WELCOME | 2019-2020
HAMILTON COUNTY ENERGY ASSISTANCE PROGRAM.
NOVEMBER 1, 2019 thru JULY 31, 2020**

**ALL APPOINTMENTS BEGIN
NOVEMBER 1st, 2019**



See instructions below for speedy processing.

- ⇒ **DISCONNECT NOTICE OR ELECTRICITY/GAS IS ALREADY OFF: PLEASE CALL 317-842-2603, x205 TO SCHEDULE AN APPOINTMENT WITH THE ENERGY ASSISTANCE OFFICE. BRING THE COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO YOUR APPOINTMENT.**
- ⇒ **If NOT in disconnect: please submit the completed and SIGNED application by mail, drop off, or email (eap@gsnlive.org).**
- ⇒ **Both pages of the application must be completed with all household members listed. Failure to include all persons living in your household is considered fraud, which can result in a denial or repayment of assistance.**

**All applications will be processed by date received.
Please allow 55 days for processing.**

- ⇒ **For those divorced or separated within the 3 months prior to application submission must to provide a divorce decree or complete a Declaration of Absent Household Members.**
- ⇒ **For veteran household members, provide documentation, such as a DD 214 or Veterans Administration Identification Card (VIC) among other options.**
- ⇒ **Complete & sign the Energy Education Survey to return with the application.**
- ⇒ **Use the checklist on the REVERSE SIDE to make certain you turn in all necessary documentation with your application.**

DO NOT MAIL ORIGINAL DOCUMENTS, SOCIAL SECURITY CARDS OR ID'S!

COMPLETED APPLICATION CHECKLIST

Use this checklist to make sure your application includes all documents and will be accepted for processing.

SOCIAL SECURITY NUMBERS MUST BE CONFIRMED

- Copy of Social Security cards for ALL household members.*

The following can also be submitted as SS# documentation: State Issued Real ID, Passport, Current W-2 or 1099, SNAP AEIID form, Social Security Benefit Statement.

NEW MEDICARE CARDS DO NOT INCLUDE A SOCIAL SECURITY NUMBER.

- PHOTO ID FOR THE PERSON THAT SIGNED THE APPLICATION.**

INCOME: We must have one or more of the following for all household members who are age 18 and older

- Three months-gross income for the previous three months. (**check stubs for all jobs held during this time period**).
- A letter from your employer (on Business Letterhead stating time period of employment and gross wages earned that is **signed** by the employer).
- If receiving Unemployment Benefits, please complete a Dept. of Workforce Development release form so we can request a Last Known Employer report.
- If neither of the first two items are available, (even if only missing one month) the Income Verification Affidavit must be completely filled out and signed.
- If an 18 yr. old in the household is still in school, please provide the school schedule.
- If self-employed or have rental income etc., please submit your most current 1040 Federal Tax Form, schedule 1, and schedule C or SE (**SIGNED**).

IF YOU ARE RENTING AND ONE OR BOTH OF YOUR UTILITIES ARE INCLUDED IN YOUR RENT, ONE OF THE FOLLOWING IS NECESSARY:

- A Landlord/Housing Affidavit must be completed by the landlord.
- A current, signed lease.

CURRENT UTILITY BILLS: Gas Electric Bulk fuel statement

Energy Assistance Program Application - Program Year 2020

	12933 Parkside Dr Fishers, IN 46038 317-842-2603, x205 EAP@gsnlive.org www.gsnlive.org	For Office 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			

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 to check the availability of crisis appointments.

If you are unsure of your local agency or need other emergency options, please call 211.

Is your electric utility disconnected, or have you received a disconnect notice? Yes No
 Vendor name: _____ Disconnect date: _____ Amount owed: \$ _____

Is your heating utility disconnected, out of fuel, due for disconnection, or below 25% of a tank? Yes No
 Vendor name: _____ Disconnect date: _____ Amount owed: \$ _____

Physical Address with Apartment Number	City	State	Zip Code	County
		IN		

Alternate Mailing Address, if different from physical

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. Attach a separate sheet if necessary for additional household members.

Name (Last, First, Middle)	SSN (Last four digits)	Date of birth (MM/DD/YYYY)	Gen-der	Race	Military Status	Health Insurance	His-panic?	Disa-bled?	School Years Completed
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		F / M				Y / N	Y / N	
	xxx-xx-		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 - Other	Military Status 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
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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 included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____
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: _____ Heat 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: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

Please complete and sign page 2

Please complete in blue or black ink only

<p>Please indicate all 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 <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Self-Employment <input type="checkbox"/> Interest <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Zero Income </p>	<p>Does anybody in the household <u>pay</u> child support?</p> <p> <input type="checkbox"/> Yes <i>Monthly amount paid: \$ _____</i> <i>(please include proof of payments)</i> <input type="checkbox"/> No </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 <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 <input type="checkbox"/> Yes <i>please list:</i> _____ </p>
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Is anybody in the household a seasonal migrant farmer?

No Yes *please list:* _____

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 both sides of this application in its entirety.

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

- Copies of Social Security cards for all household members, or other official document with Social Security number. REAL IDs or US Passports may be used in place of Social Security Cards.
- 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 gas or bulk fuel bill or delivery/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 agency.

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.

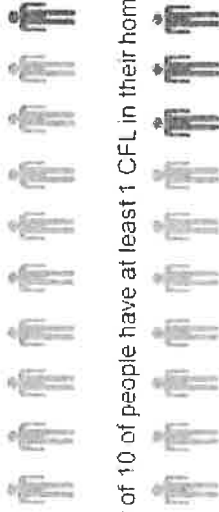
Signature of Zero Income Applicant

____/____/____
Date

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 _____

WHY SAVE ENERGY?

- Did you know?
 - 9 out of 10 people have taken action in their home to save energy
 - 7 out of 10 of people have at least 1 CFL in their home.
- Why?



ihcda

Illinois Housing & Community Development Authority

HOW MUCH MONEY CAN I SAVE?



Air dry your clothes: \$10/month



Use fans instead of AC: \$100/month



Turn your console all the way off: \$6/month

ihcda

Illinois Housing & Community Development Authority

WHY SAVE ENERGY?

- Saving energy means saving money
- You can then use that money for something else.
- How would you use an extra \$10 a month?
- What about \$30, \$50?
- If you work hard at it, these results are very achievable.
- Saving \$30 a month means you'll save over \$300 in a year!



ihcda

Illinois Housing & Community Development Authority

WHAT TO LOOK FOR ON YOUR BILL

Page 1 of 3

Name: Service Address:	For Inquiries Call:	Account Number:
	Duke Energy 1-800-621-2232	

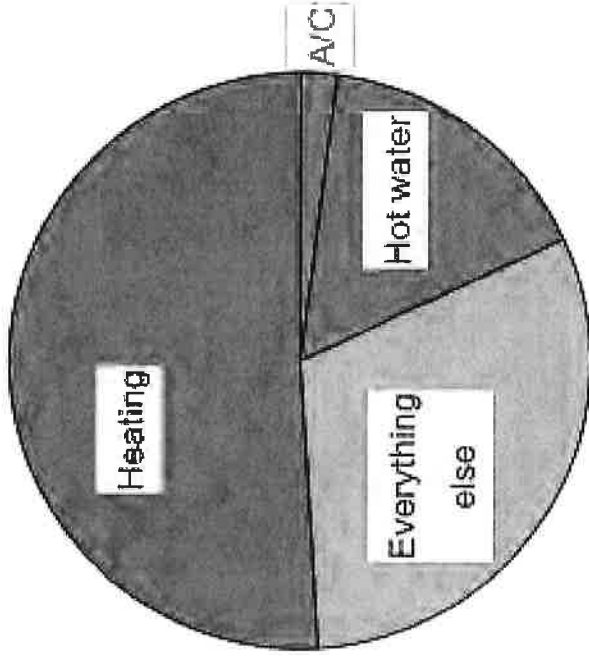
Mail Payments To:	Account Information:
P.O. Box 13806 Charlotte, NC 28201-1326	Payments after Jun 04 will be reduced Last payment received May 06

Meter:	Number:	Reading:	Rate:	Days:	Meter Reading:	Present:	Usage:
EQ 0427175	Apr 30	Jun 02	313	509507	309458		651

Electric Bill:	Current Billing:
Usage: 651 kWh Duke Energy Basic ES&S Current Electric Charges	April Usage Previous Bill \$ 70.51 Payments Received \$ 70.51 Balance Forward 0.00 Current Electric Charges 82.85 Other Credits/Charges 4.50 Taxes 0.16
Taxes:	Current Amount Due
	\$ 97.37

Protect yourself from scams and fraudulent activity. Learn how at dukeenergy.com/protect

What uses the most energy in your home?



RULE 1: CONTROL YOUR THERMOSTAT

- Heating and cooling the most energy in your home.
- To save the most energy, avoid using your furnace and AC - wear sweaters or use fans instead.
- To save the most energy when you must heat and cool your home, use the following guidelines:

	Summer	Winter
At home	78°	65°
Not home/sleeping	85°	55°

ihcda

Indiana Home Comfort & Energy Conservation Authority

RULE 2: CONSERVE HOT WATER

- Your water heater is the second largest user of energy in your home.
- Turn the temperature on your water heater down to 120 degrees
- Take short showers: get a shower timer
- Wash clothes in cold water
- Take showers instead of baths
- Consider the military shower: get wet, turn off the water, soap up, then rinse



ihcda

Indiana Heating & Cooling Conservation Authority

RULE 3: TURN IT ALL THE WAY OFF

- Devices in sleep or standby mode still use energy!
- Turn off devices at a power strip
- Unplug charging electronics AND chargers when full
- Turn off TVs, computers, and gaming systems
- Don't let faucets run



ihcda

Indiana Heating & Cooling Conservation Authority

RULE 4: UPGRADE OLD ENERGY HOGS



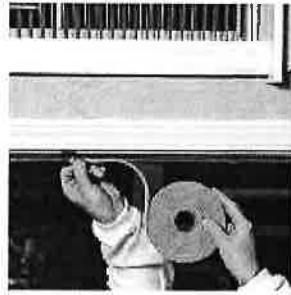
- Replace your most used light bulbs with compact fluorescents (CFLs)
- Replace appliances with newer models that have the Energy Star label
- Though upgrades like this can come with a cost, they often pay themselves back over time
- Consult your energy assistance agency to see if you qualify for weatherization



Indiana Housing & Community Development Authority

RULE 5: KEEP THINGS SEALED UP

- If your furnace or air conditioning is on, close your windows
- Make sure doors and windows are air tight
- Seal leaky ductwork
- Keep your oven closed
- Open your fridge as little as possible



Indiana Housing & Community Development Authority

5 SIMPLE STEPS TO SAVE ENERGY

during the Winter and Summer months

The "usage" on your utility bill is very important. Not only does it tell you how much electricity you used but it is directly related to how much you pay. If you are using more than 500 kWh a month chances are there are things you can do to save energy.



1

CONTROL YOUR THERMOSTAT.

Heating and cooling uses the most energy in your home. By controlling your thermostat you can lower your utility bills. That means setting the thermostat at 65° in the winter and 78° in the summer

2



CONSERVE HOT WATER.

By lowering the temperature on your water heater to 120°F and taking short showers you can conserve water and save money.



3

IF YOU AREN'T USING IT, TURN IT OFF.

Turn items off the way off if you aren't using them. Unplug if possible

4



UPGRADE YOUR LIGHTBULBS.

Compact fluorescent light bulbs (CFLs) may cost more than an old fashioned incandescent. But, over the lifetime of the bulb using a CFL will save you money. Check with your utility company to see if they will provide CFLs for free.



5

CLOSE YOUR WINDOWS.

When running your air conditioner or heat make sure to close your windows.



For more information and ways to control your energy costs visit www.in.gov/ihcda.

