



ITEMS WHICH ARE REQUIRED TO PROCESS YOUR ENERGY ASSISTANCE PROGRAM APPLICATION

1. **How many people are in your household?** _____ We must have a copy of social security cards for each member of your household. (Other possible forms are social security award letters that have your entire social security number listed and a photo id, Medicare card that includes your full social security number with a valid photo id, or W-2 tax document with your social security number listed and a photo id)

2. **Is there a household member who does not have a social security card?**

YES – Reasons someone does not have a social security card and acceptable documentation:

- a. If it is a child under the age of 1 whom does not have a social security card yet then we can accept verification of birth from the hospital.
- b. We can also accept proof of pregnancy as an additional household member. (for winter program born before May 2016 summer cool born before August 2016)
- c. If it is an adult whom does not have proof of social security number: they must be included on the application and provide all other documentation (income), but will not be counted in household size.

NO – disregard this question

3. **How many people are 18 years of age and older are working?** _____

- a. Have those individuals had the same job for the past 12 months?

YES – Then we need the most recent paystub from that employer.

NO – Then we will need the last pay stub from all jobs in the last 12 months and we will request a Wage Transcript and Voucher history from the WorkOne (make sure you sign the application giving us permission)

- b. Have any of those individuals been self-employed?

YES – then we will need a copy of the most recent tax return

NO – disregard this question

- c. Have any of those individuals not received any income in the last 12 months?

YES – complete the **Zero Income Form** and we will request a Wage Transcript and Voucher history from the WorkOne (make sure you sign the application giving us permission)

NO – disregard this question (throw away Zero Income Form)

- d. If individual is 18 and in high school, please include most recent report card or proof of school enrollment.

4. **Unearned Income** - If an individual receives Social Security, SSI, Disability, TANF, receives retirement/ pension benefits, unemployment, short/long term disability, foster care or adoption stipend; we must have the current award letters or benefit letters stating the amount the individual receives. (If these payments are direct deposited into your bank and a clearly labeled whom they came from then we can use a bank statement as verification)

5. **We need your most recent utility bills - such as gas, electric, wood, etc...** (This bill must be in a household member's name who is 18 years of age or older or in the Landlord's name)

6. **Do you rent your home/ apartment/ mobile home?**

YES – have your landlord complete the *Landlord Affidavit*.

NO – then you own or are buying your home so we will need a copy of 1 of the following: your property tax records, mortgage statement, homeowner insurance statement, or a copy of your land contract.

7. **Take a look at the documents you are providing me** – Do any of them have someone's name listed that does not live in your household? (Example: friend, family member, power of attorney, or deceased family member)

YES – then we will need proof of that person's physical address

NO – disregard this question

8. **Has anyone's name changed from last year's application or is there a last name that differs from what is on a form that you are providing me?** (Example: married, divorced, or legal name change)

YES - we need a copy of your marriage license or divorce decree.

NO – disregard this question

9. **If someone in your home is incarcerated, we will need proof of incarceration, approximately how long they will be incarcerated, and when they became incarcerated.**

10. **PLEASE HAVE EVERYONE 18 YEARS OF AGE OR OLDER SIGN THE APPLICATION!**

11. **Complete and return the enclosed Energy Education Survey.**

If you have any questions please call 812-265-5882

Mail Apps to: OVO, P.O. Box 625, Madison, In 47250 or Fax to: 812-273-2604

Locations to fax from outside of Jefferson County – (for **free**)

Jennings –

United Way, 707 N State Street, North Vernon IN

Head Start Center, 3040 N Hwy 3, North Vernon IN

Scott -

United Way, 60 N Main Street, Scottsburg IN

Head Start Center, 1172 Community Way, Scottsburg IN

Scottsburg Utilities, 2 E McClain Ave, Scottsburg IN



OVO ENERGY ASSISTANCE

MUST RETURN WITH APPLICATION

November 1, 2016 through May 12, 2017 (winter program) July 1, 2017 – August 11, 2017 (summer program)

APPLICANT RESIDENCE

Street Address: _____ City: _____ Zip Code: _____

Mailing Address (if different than listed above): _____

County of Residence: ☐ Jefferson ☐ Jennings ☐ Scott Phone Number: _____ Message Number: _____

APPLICANT INFORMATION

Marital Status:

- A. Single
- B. Married
- C. Separated
- D. Divorced
- E. Widowed

Ethnicity Codes:

- A. Hispanic or Latino
- B. Not Hispanic or Latino

Race Codes:

- A. Black or African American
- B. White
- C. Other (Asian, Native Hawaiian or other Pacific Islanders and all others)
- D. Multi-Race
- E. Native American

Health Insurance Codes:

- A. Medicare
- B. Medicaid
- C. Hoosier Healthwise
- D. Medicaid Select
- E. Other Private Ins.
- F. None

Household Members First, Middle Initial, Last Name	Date of Birth xx/xx/xxxx	Relationship to you (I.E. son, daughter, wife, etc.)	Social Security Number **Last 4 digits only**	Marital Status Code	Gender Male / Female	Ethnicity Code	Race Code	Disabled Y/N	Veteran Y/N	Last Grade Completed In School	Health Insurance Code
1.		SELF	XXX-XX-								
2.			XXX-XX-								
3.			XXX-XX-								
4.			XXX-XX-								
5.			XXX-XX-								
6.			XXX-XX-								

Please list additional household members on a separate sheet or another application form

HOUSEHOLD INCOME CODES

- | | | | | | |
|--------------------------|-------------------------------|------------------|------------------------|--------------------|---------|
| A. Employment | B. Social Security | C. TANF | D. Unemployment Income | E. SSI | |
| F. Veteran's Benefits | G. Pension/Retirement | H. Child Support | I. Interest/Dividends | J. Self-Employment | |
| K. Worker's Compensation | L. Short/Long Term Disability | M. Rental Income | N. Black Lung Payments | O. Severance Pay | Q. None |

FAMILY INCOME: Complete section below for ALL household members 18 years of age and older. Income codes are listed above.

Name of Person with Income	Income #1	Income #2	Income #3	Income #4
Sample: Household members name	Income Code: choose from above Monthly Amount: \$ write amount	Income Code: choose from above Monthly Amount: \$ write amount		
	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$
	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$
	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$
	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$

HOUSING DEMOGRAPHICS AND OTHER INFORMATION			
1. What type of housing do you live in? (Check One) <input type="checkbox"/> House <input type="checkbox"/> Mobile Home (Trailer) <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> RV			
2. Ownership: (Check One) <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent <input type="checkbox"/> Family Owned (pay no rent) <input type="checkbox"/> Other (please specify):			
3. Is your rent based on income? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check One: <input type="checkbox"/> OVO Section 8 <input type="checkbox"/> Assistance is through Apartment Complex			
4. What type of furnace do you have? (Check One) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> No furnace (Have baseboard heat) <input type="checkbox"/> No furnace (Have ceiling heat) <input type="checkbox"/> No furnace or furnace not working (Use space heaters) <input type="checkbox"/> No furnace (Heat with wood)			
5. Has your home been weatherized by OVO? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, would you like to apply for Weatherization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Have you received Food Stamps in the past 12 months? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you received TANF in the past 12 months? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, MUST SUBMIT 12 MONTH PRINTOUT SHOWING MONTHLY AMOUNT!</small>
7. Are you an employee of OVO? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your title? _____			
8. Are you related to any OVO staff or Board of Directors members? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who and what is your relationship? _____			
Y or N or N/A: Household does not have service because they are disconnected Y or N or N/A: Household does not have service because they are out of fuel Y or N or N/A: Household does not have service because they have inoperable equipment E-mail address: _____			
APPLICATION CERTIFICATION/AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION			

ALL household members 18 years of age and older must sign.

"I/we certify that the above information provided is correct and true to the best of my/our knowledge. I/we understand that I/we may be required to verify these statements and give my/our consent to the agency from which I/we are requesting assistance to make any necessary contacts to verify these statements. I/we have read (or have had read to me/us) our rights and obligations and understand them. I/we are resident of Indiana and I/we agree to have the services specified herein provided. I/we further acknowledge that services and materials are being provided to my/our household without consideration or payment by me as a gift. I hereby release the State of Indiana, the Community Action Agency or other entity from any liability whatsoever resulting from the provision of services. I/we have received no expressed or implied warranties concerning my/our receipt of services from these entities."

Appeal Information: If you are denied and do not agree with the reasons stated, or if your application for services is not processed in a timely manner, you may appeal the decision to the Community Action Agency for review. If you are not satisfied with the CAA determination, you may request further review from the State of Indiana by submitting an Applicant Notification form to the Indiana Housing Community Development Association.

Social Security Disclosure Statement: This Agency is requesting disclosure of your Social Security number in order to expedite processing of your application. Disclosure is mandatory. IC 4-1-8-1 (1996 Supplement)

Privacy Notice Statement: This Agency is requesting disclosure of personal information that is necessary to accomplish statutory purpose. IC 4-1-6-2(a)

I hereby authorize release of information to Ohio Valley Opportunities (OVO) to enable staff to provide EAP and/or WX services. By signing this form, I am giving OVO permission to obtain/use/disclose information about by specific needs in order to provide service. Information shared may be shared by verbal, mail and fax communications. OVO may obtain/disclose the necessary documentation from the following entities to determine eligibility for EAP and/or WX:

<input checked="" type="checkbox"/> Current/Former Employers (Wages, Hire/Term Date) <input checked="" type="checkbox"/> Landlords <input checked="" type="checkbox"/> County Courts (Child Support) <input checked="" type="checkbox"/> Family & Social Services Admin (FSSA) <input checked="" type="checkbox"/> Work One Office (Unemployment/Wage History)	<input checked="" type="checkbox"/> Utilities/ Fuel Company (Status and Bills) <input checked="" type="checkbox"/> Social SecurityAdministration (SS/SSI/SSDI) <input checked="" type="checkbox"/> Caseworkers <input checked="" type="checkbox"/> Financial Institutions (Banks) <input checked="" type="checkbox"/> Worker's Compensation Companies	<input checked="" type="checkbox"/> Assests <input checked="" type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input checked="" type="checkbox"/> Pension/Retirement Companies (Pension) <input checked="" type="checkbox"/> Section 8 Housing Program <input checked="" type="checkbox"/> Other: _____
--	---	--

***BY SIGNING THIS APPLICATION, I ALSO VERIFY THAT I HAVE RECEIVED A COPY OF THE ENERGY EDUCATION INFORMATION OFFERED BY OHIO VALLEY OPPORTUNITIES, INC.**

Household Member Signature: _____ Date: _____ Household Member Signature: _____ Date: _____

Household Member Signature: _____ Date: _____ Household Member Signature: _____ Date: _____

Household Member Signature: _____ Date: _____ Household Member Signature: _____ Date: _____

ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD/HOUSING 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 Ink.**

APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City: State: IN Zip Code:	Renter: _____ Life Estate: _____

UTILITY INFORMATION (to be completed by the Landlord; Check appropriate lines)

Heating costs are:	Electric costs are:
____ Responsibility of the Landlord, included in the monthly rent payment	____ Responsibility of the Landlord, included in the monthly rent payment
____ Responsibility of the Renter, but in the Landlords name	____ Responsibility of the Renter, but in the Landlords name
PROVIDE UTILITY STATEMENT COPY-if checked above	PROVIDE UTILITY STATEMENT COPY-if checked above
____ Responsibility of the Renter	____ Responsibility of the Renter
____ Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known)	____ 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)

Rental Assistance (from a government funded program):

____ Yes _____ No
If yes, which program: _____

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.	
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.

***MUST RETURN WITH APPLICATION FOR EACH ADULT WITH NO INCOME IN LAST 12 MONTHS
OR WHO HAS RECEIVED CASH MONEY***



Indiana Housing & Community Development Authority

Energy Assistance Program Zero Income Affidavit

Household Member Name: _____

SSN: XXX-XX-_____

Section 1: I received income in the following amount: \$ _____ during the following month(s), but there is NO documentation. (Circle all that apply and write the year above the month).

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

Section 2: I received **NO** income (See * below for examples) during the following months.
(Circle all that apply and write the year above the month).

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

Section 3: State, federal or other assistance (List ALL sources and approximate amounts that you received to help you meet your living expenses over the past 12 months)
(e.g. Section 8 housing, money from relatives, other household member, Township Trustee, food pantry, etc.).

Housing: _____
Utility: _____
Food: _____
Other: _____

I certify under the penalties for perjury and fraud that the information provided above in this Zero Income Affidavit is true and accurate. I acknowledge that pursuant to 18 U.S.C. 1001 and 31 U.S.C 3729, false or fraudulent statements or claims are subject to up to five (5) years imprisonment and civil penalties up to \$10, 0000.00. I also acknowledge that **any misrepresentation of information or failure to disclose information requested on this Zero Income Affidavit 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 or any other assistance, such as weatherization, that I receive based on this fraud or omission. 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 Applicant, Reporting Any Zero Income

Date: ____/____/____

*Examples of different types of income: gross wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, tips, income received in installments from the sale of property, profits or gains from the sale of assets, Black Lung Pension Disability payments, disability payments from insurance, dividends, interest, gambling winnings, pensions, railroad retirement benefits, military allotments, regular life insurance payments, workers compensation, veterans benefits, unemployment compensation, TANF, strike benefits, social security benefits, and royalties

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this ____ day of _____ 201__.

My County of Residence: _____

Notary Public -Signature

My Commission Expires: _____

Notary Public -Printed Name

LSP INTERNAL USE ONLY

LSP Representative Signature

Date: ____/____/____ Application#: _____

{00025616-1}

*****MUST RETURN WITH APPLICATION*****



Energy Education Pre-Survey



Please complete this page and return as part of your Energy Assistance application.

1. What do you think uses the most energy in your home?
A) Hot water heater B) Furnace C) Microwave D) Clothes Dryer
2. Appliances turned off do not use energy while plugged in.
A) True B) False
3. What is the ideal temperature for your hot water heater?
A) 120 degrees B) 15 degrees C) 110 degrees D) 100 degrees
4. Upgrading your lightbulbs to CFLs will save you money on your utility bill.
A) True B) False
5. Washing clothes in cold water saves money.
A) True B) False
6. How often should you service your furnace?
A) Monthly B) Quarterly C) Yearly D) Every Five Years
7. Microwaves use less energy than ovens.
A) True B) False

Printed Name: _____

Signature: _____

Date: _____

*****After completing this Pre-Survey, please review the Energy Education Materials provided. Afterwards, please complete the Post-Survey at the back of this packet and make sure to print, sign, and date that form.*****



Energy Education



Energy Education is a component of our Energy Assistance Program. Conserving energy is not only good for the environment, but helps lower your monthly utility bill. The following pages provide information on how to lower your energy consumption and lower your monthly utility bills.

How much money do you want to save?

- | | |
|--|-----------------------------|
| • Lowering your water heater by 10 degrees | Save \$20.00 / year |
| • Adjust your thermostat up 5 degrees in summer and 5 degrees down in winter | Save \$240.00 / year |
| • Install water aerators in kitchen and bath | Save \$30.00 / year |
| • Install an energy-efficient shower head | Save \$50.00 / year |
| • Replace 10-75 watt bulbs with CFLs | Save \$110.00 / year |
| • Turn off gaming units when not in use | Save \$100 / year |



Think about it.....

What could you do with an extra \$550.00 a year????



Tips for Your Furnace

- **Change furnace filters monthly.** Furnace works harder if filters are dirty.
- **Clean the area around your furnace.** Removing trash and anything that can catch fire will keep your family safe. It can also improve the air flow to your furnace.
- **Clean furnace and ducts.** Hire professionals to inspect and tune your furnace yearly.
- **Keep air registers and vents clear** to allow air flow freely throughout the room.

Tips for Cooking

- **Use microwaves, toaster ovens and crock pots instead of a regular oven.** Microwaves use **70-80%** less electric than an oven.
- **Don't preheat oven.**
- **Keep oven door closed.** Use your oven light. Peeking can lower the temperature in the oven by **25 degrees**.
- **Use proper size burners.** Using an 6" pot on a 8" burner wastes over 40% of burner heat.
- **Keep lids on pots & pans** to keep in heat. You will use 1/3 as much energy as cooking without a lid. It also reduces cooking time.

WHY SAVE ENERGY?

- Did you know?
 - 9 out of 10 people have taken action in their home to save energy.



- 7 out of 10 people have at least 1 CFL in their home.



- Why?



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?
- Whatabout \$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!



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: \$5/month



WHAT TO LOOK FOR ON YOUR BILL

Page 1 of 3

Name / Service Address	For Inquiries Call	Account Number
	Duke Energy 1-800-521-2232	

Mail Payments To	Account Information
PO Box 1326 Charlotte NC 28201-1326	Payments after Jun 04 not included Last payment received May 05 Bill prepared on Jun 04, 2015 Next meter reading Jun 30, 2015

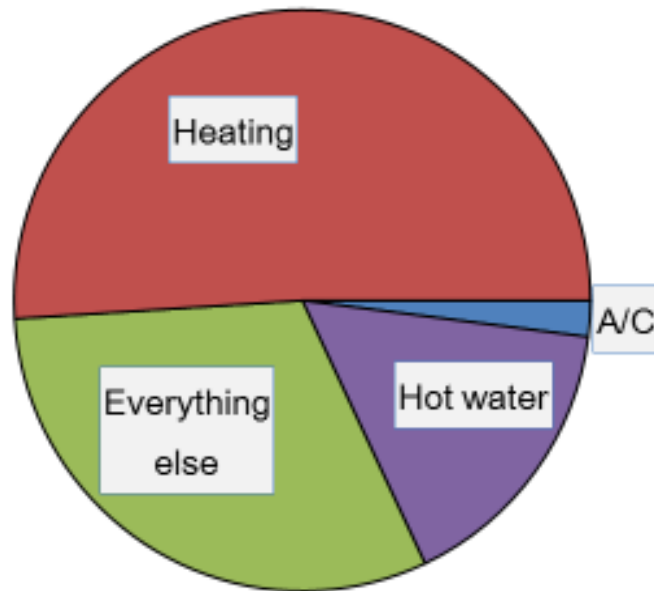
Meter	Number	Reading From	Date To	Days	Meter Reading Previous	Reading Present	Usage
Elec	015427178	Apr 30	Jun 02	33	50307	50958	651

Electric - Residential	
Usage - 651 kWh	\$ 82.85
Duke Energy Base Rate	\$ 82.85
Current Electric Charges	\$ 82.85
Taxes	\$ 6.12

Current Billing	
Amt Due - Previous Bill	\$ 70.51
Payments / Received	70.51
Balance Forward	0.00
Current Electric Charges	82.85
Other Credits/Charges	4.50
Taxes	6.12
Current Amount Due	\$ 93.47

Protect yourself from scams and fraudulent activity. Learn how at duke-energy.com/stopfraud.

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°

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



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



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



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



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 68° in the winter and 78° in the summer.

CONSERVE HOT WATER.

2



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

UPGRADE YOUR LIGHTBULBS.

4



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.

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

MUST RETURN WITH APPLICATION



Energy Education Post-Survey



How well did you do on the Pre-Survey? Check your answers below.

1. **Answer: B) Furnace.** *Your furnace and heating uses the most energy in your home.*
2. **Answer: B) False.** *Even though an appliance is turned off, it is still using energy. Unplug to save – be sure to unplug all appliances and surge protectors, when not in use!*
3. **Answer: A) 120 degrees.** *You should set your water heater to 120 degrees to save energy.*
4. **Answer: A) True.** *Upgrading your lightbulbs to CFLs can save you up to \$110 per year!*
5. **Answer: A) True.** *Washing your clothes in cold water instead of hot water is a way to cut cost. Remember, it's the detergent that cleans your clothes, not the water temperature!*
6. **Answer: C) Yearly.** *Have a professional service your furnace once a year to save energy.*
7. **Answer: A) True.** *Microwaves use up to 80% less energy than cooking with an oven.*

-
1. How many questions did you answer correctly? _____
 2. Have you tried using any of these energy savings tips in your home? Yes No
 3. How much did you learn about energy savings? Not at all A little A lot
-

MAKE SURE TO PRINT, SIGN AND DATE ON THE BOTTOM OF THIS SHEET.

Printed Name: _____

Signature: _____

Date: _____

DO NOT RETURN THIS FORM!

OVO WEATHERIZATION ASSISTANCE PROGRAM



Weatherization Assistance Program: Increases the energy efficiency of dwellings owned or occupied by low-income persons. Reduces total residential expenditures & improves health & safety.

What can the Weatherization Assistance Program do?

- Add Insulation
- Clean & Tune Heating Systems & possibly replace
- Blower Door Testing
- Air Sealing
- Services are at no cost
- Note: All dwellings eligible will be audited but not guaranteed weatherization benefits.
(Unfortunately, apartment complexes are ineligible.)
- Note: Weatherization can only be provided by OVO to the same dwelling once every **15 years**

To be referred to the Weatherization Assistance Program, simply check the box on the enclosed Energy Assistance Application.

OHIO VALLEY OPPORTUNITIES

421 Walnut Street, Madison, IN 47250

812.265.5858 | jrowlett@ovoinc.org | ovoinc.org

Do not return this form – It is yours to keep!!



ENERGY ASSISTANCE PROGRAM (EAP)

Things for YOU to Remember!

- ◆ EAP benefits are paid directly to the utility vendor. Checks are not provided directly to you.
- ◆ Your utility vendor will be asked to provide us information regarding your account status and your energy cost and consumption data; if your bill is in another person's name you will need to make sure that the other person is aware that this information will be shared for the purposes stated above.
- ◆ Your award letter will explain the amount of EAP benefits that you are eligible to receive. Benefit amounts are subject to change pending review by the local service provider.
- ◆ If you receive an award letter the EAP benefit will be applied to your utility account. The actual payment may not be applied to your account until up to 120 days after the date your application was submitted. Please do not call the service provider or IHCDA regarding the status of your application.
- ◆ Even though you are receiving assistance from EAP to pay utility costs, this assistance will not likely cover the entire amount owed to your utility provider. Therefore, **YOU** must keep paying on your bills throughout the year.
- ◆ Once you are approved to receive EAP assistance there is an Indiana law that states you can't be disconnected from residential electric or gas services between December 1st through March 15th. However, you *may* be disconnected before December 1st or after March 15th if your financial obligation with utility vendor exceeds the amount of your EAP benefit. This law applies to utility companies that are considered "regulated utilities".
- ◆ Remember that EAP is only helping you with your heating or cooling bills. **YOU** still need to keep your water, sewage, rent, and phone and other accounts current. If you are having trouble keeping your bills current, ***talk to a case manager*** at the local service provider and ask about other community resources that may assist you.
- ◆ If your utilities are currently past due, ***talk with your utility company*** to see if you qualify for a payment plan that will bring the bill current over time.
- ◆ Ask what you can do to conserve energy. If you are a homeowner ask how the Weatherization Program might help you reduce your energy consumption.
- ◆ You have the right to appeal the EAP process or the decision made regarding the amount of EAP Benefit that you are found eligible to receive.
- ◆ If you receive a disconnect notice after you submit an application but before you are awarded EAP benefits, contact the local service provider immediately.