



# Mandatory Referral & Recertification Form

**You MUST sign and return with your application!**

## Recertification

You may recertify this year ONLY if EVERY adult in the household over the age of 18 receives a fixed income (ie: social security, pension or retirement benefits) AND the members in the household have NOT changed since last year's application.

If anyone over 18 has NO income or earned income you CAN NOT recertify and must turn in ALL required documents.

\*If you are able to recertify this year, please check below, sign, and return with pages 3 & 5 along with current electric and gas bills.\*

YES \_\_\_\_ NO \_\_\_\_

To be referred for Weatherization or Head Start ✓ below:

☒ **Energy Education Video**

OVO provides Energy Education to participants to teach them ways in which to increase energy efficiency within their homes and decrease their energy costs.

☐ **Weatherization Assistance Program**

Reduce energy cost & to improve health & safety regardless of whether you rent or own. An initial energy audit is conducted. Work is done by skilled contractors that can add insulation, replace or clean & tune heating systems, air seal & more. A final inspection of all work is performed. (Apartment complexes are excluded)

☐ **Head Start**

Comprehensive early childhood education, health, nutrition, and parental involvement services for children ages 3-5 from income eligible families.

The **Housing Choice Voucher Program (Section 8)** waiting list is currently closed. We encourage you to watch our website and like our Facebook for updates.

For other referral information available in your area dial 211 from any phone or text 898-211

*By Signing this form you are giving OVO permission to provide your contact information to the selected programs.*

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

# THINGS TO RETURN WITH YOUR APPLICATION!!

**PLEASE READ THIS THOROUGHLY!!**

1. **Completed 2-Page Application:** Read instructions carefully, and complete all forms that apply to your household!
2. **Photo I.D.** for all adults over age 18
3. **Social Security card** for each individual living in the household
4. Most recent **Electric Bill** \*If the bill is not in a household member's name, please write who it is and why it is not in a household members name on the bill.
5. Most recent **Gas Bill** or recent LP delivery ticket \*If the bill is not in a household member's name, please write who it is and why it is not in a household members name on the bill.
6. **Landlord Affidavit:**
  - a. **Renter with either utility included in rent:** Landlord Affidavit must be completed by your landlord or provide a current, active lease. **\*\*No other documents needed for all other renters or homeowners\*\***
7. If you **pay child support**, provide proof of payments for the last 3 months
8. **Proof of income** including (but not limited to):
  - **Wages:** most recent paystub showing YTD earnings and how long you have been employed there for all jobs in the last 3 months
  - **Social Security:** recent award letter or bank statement showing the deposit amount (only 1 month needed)
  - **SSI:** recent award letter or bank statement showing the deposit amount (only 1 month needed)
  - **Self-employment:** most recent taxes (1040 and schedule C, SE, E, or F)
  - **Cash from odd jobs:** self-declare on "Income Verification Affidavit" Section 1 for each adult with income not documented on a paystub in the last 3 months **(you may need to make copies of this form)**
  - **Zero Income:** complete the "Zero Income Verification Affidavit" Sections 2 & 3 for each adult with no income in any of the last 3 months **(you may need to make copies of this form)**

This is a basic list and applies to *most* households. However, there may be additional forms needed on a case by case basis. The more you can provide with your initial application will help us process your application faster.

## **You can return your application by:**

**Fax to (812) 273-2604**

**Mail to OVO EAP, P.O. Box 625, Madison, IN 47250**

**Email [ovoeap@ovoinc.org](mailto:ovoeap@ovoinc.org)**


**Drop Boxes :** Madison Office - 421 Walnut Street

North Vernon - Corner of Brownstown & Hayden Pike

Scottsburg - 714 Morning Glory Drive

**For immediate Disconnect Notices AFTER November 1st,  
you must call 812-265-5858, Option 1**

# Energy Assistance Program Application - Program Year 2021

	421 Walnut Street P.O. Box 625 Madison, IN 47250 P- 812-265-5858 option 1 F- 812-273-2604 Email- ovoeap@ovoinc.org	<b>For Provider/Agency Use Only</b>									
		<b>Date Received:</b>									
		<b>Application Number:</b>									
		<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											
<b>Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 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/community action agency listed above to check the availability of crisis appointments. <b>If you need other emergency options, please call 211.</b>											
<b>Physical Address with Apartment Number</b>				<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>County</b>	
						IN					
<b>Alternate Mailing Address (only complete if different from physical address above)</b>								<b>Last four digits of SSN</b>			
								xxx-xx-			
<b>Phone number</b>			<b>May we text you?</b>		<b>E-Mail Address</b>				<b>May we e-mail you?</b>		
<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 <b>all</b> people residing at this address, including yourself. Attach a separate sheet if necessary.											
<b>Name</b> (Last, First, Middle Initial)		<b>Date of birth</b> (MM/DD/YYYY)		<b>Gen-der</b>	<b>Race</b>	<b>Military Status</b>	<b>Health Insurance</b>	<b>Employment Status</b>	<b>His-panic?</b>	<b>Disa-bled?</b>	<b>School Years Completed</b>
				F / M					Y / N	Y / N	
				F / M					Y / N	Y / N	
				F / M					Y / N	Y / N	
				F / M					Y / N	Y / N	
				F / M					Y / N	Y / N	
				F / M					Y / N	Y / N	
				F / M					Y / N	Y / N	
				F / M					Y / N	Y / N	
<b>Race Codes:</b> 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 -				<b>Military Codes:</b> A - Active; V - Veteran; N - No Affiliation		<b>Health Insurance Codes:</b> A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None			<b>Employment Status Codes:</b> A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired		
<b>Home Type (please check one)</b> <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home				<b>Ownership (please check one)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____				<b>Utility Payment</b> Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Electric vendor:</b> _____			
<b>Heating Source (please check one)</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____				<b>Primary Heating Fuel (please check one)</b> <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: _____ <b>Heat vendor:</b> _____				<b>Cooling Source (please check one)</b> <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please complete and sign page 2 - Application is not valid without signature and date.

Please complete in blue or black ink only and be sure to fully complete all fields

**ONLY REQUIRED FOR HOUSEHOLDS WITH EITHER UTILITY INCLUDED IN RENT OR THOSE THAT HEAT WITH FIRE WOOD OR PELLETS WHO WANT THEIR BENEFIT DIRECT DEPOSITED**



## ACH Authorization Form (Direct Deposit)

Application Key: \_\_\_\_\_

Please complete all areas and sign prior to returning. A voided check may be attached to this form.

Head of Household \_\_\_\_\_

Date \_\_\_\_\_

### Banking Information

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution)

☐ Checking Account    ☐ Savings Account    Name on account: \_\_\_\_\_

Financial Institution Routing Number: (9 Digits) \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

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

⋮ 1 2 3 4 5 6 7 8 9 ⋮ 1 2 3 4 5 6 7 8 9 0 1 2 3 ⋮  
Routing Number      Account Number

I hereby authorize the Indiana Housing and Community Development Authority (“IHCDA”) to initiate entries to: \_\_\_\_\_’s 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 IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA 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 IHCDA contained herein.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

<p><b>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</b></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 benefits    <input type="checkbox"/> No income    <input type="checkbox"/> Other: _____         </p>	<p><b>Has anybody in the household <u>paid</u> child support in the past three months?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>Monthly amount paid: \$ _____</i>  <i>(please include proof of payments)</i> </p>
<p><b>Please indicate <u>all</u> sources of assistance receive by the household (please check all that apply):</b></p> <p> <input type="checkbox"/> Housing Choice Voucher (Section 8)    <input type="checkbox"/> Public Housing    <input type="checkbox"/> HUD VASH Voucher    <input type="checkbox"/> Permanent Supportive Housing  <input type="checkbox"/> SNAP (Food Stamps)    <input type="checkbox"/> Healthcare Subsidy    <input type="checkbox"/> Child Care Voucher    <input type="checkbox"/> Child Support    <input type="checkbox"/> TANF  <input type="checkbox"/> Earned Income Tax Credit (EITC)    <input type="checkbox"/> Other: _____    <input type="checkbox"/> None         </p>	
<p><b>Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>please list: _____</i> </p>	<p><b>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?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>please list: _____</i> </p>
<p><b>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?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p><b>Please be sure to complete <u>each page</u> of this application in its entirety.</b></p> <p><b>Please be sure you attach and include <u>all</u> required supporting documents. These include, but are not limited to:</b></p> <p> <input type="checkbox"/> Copy of Social Security card for <b>each</b> household member. REAL ID or US Passport may be used in lieu of Social Security card.  <input type="checkbox"/> State or federally-issued photo ID for the individual signing this application.  <input type="checkbox"/> Proof of income for the past three (3) months for each household member age 18 or over.  <input type="checkbox"/> Most recent <b>full</b> electric bill, including name, service address, and account number.  <input type="checkbox"/> Most recent <b>full</b> gas or bulk fuel bill or account statement, including name, service or delivery address, and account number.  <input type="checkbox"/> 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. <b>If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.</b>  <input type="checkbox"/> Your local service provider's referral form.         </p> <p><b>If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.</b></p>	
<p><b>Disclaimer:</b> 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.</p> <p><b>Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.</b></p>	
<p><b>Signature of person completing this form (required)</b></p>	<p><b>Date (required)</b></p>

**ONLY REQUIRED FOR HOUSEHOLDS WITH EITHER UTILITY INCLUDED IN RENT**

**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**

Applicant Name:	Date:
Address:	Phone:
City:	State: <b>IN</b> Zip Code:

**UTILITY INFORMATION** (to be completed by the landlord, property owner, leasing agent, or authorized designee **only**. Please complete entirely.)

Heating costs are (check one):	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 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, but in the landlord's name
<input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Responsibility of the tenant

**Primary heating source (check one):**

- ☐ Electric (furnace, baseboard, or wall unit)  
☐ Natural gas  
☐ LP gas, fuel oil, wood, coal, pellets, kerosene

How much does the tenant pay each month in rent? \$ \_\_\_\_\_

Is the primary heating source operable?

☐ Yes ☐ No

*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 or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State:	Zip Code:
	Email (optional):

## 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. (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 \_\_\_\_\_

## **Privacy Notice: Privacy Notice and Your Rights and Responsibilities**

**Privacy Act Provisions:** Federal laws require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3).

Please read this *Privacy Notice* carefully before completing and signing the *Indiana Energy Assistance Program application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP) and the Weatherization Assistance Program (WAP).

### **Why do we collect the information on the application?**

We will use your information to research, evaluate and administer the EAP and WAP programs. We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

### **Do you have to give us the information?**

You have the right to not give us the information we ask for.

### **What happens if you give or do not give us the information?**

If you give us the information requested on the application, your application will be processed. If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

### **Who may see this information?**

The following persons may receive information contained in your application if: (i) they need access to the application information to do their jobs in connection with the EAP and WAP, or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with IHCD.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- United States Social Security Administration.
- Lifeline/Telephone Assistance Plan for verifying program eligibility.
- Other agencies or entities as allowed by federal or state law.

### **Why do we collect Social Security Numbers?**

We use Social Security Numbers in the administration of the EAP and WAP to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse.

AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i).

### **Why do we ask for information about your race?**

This is voluntary information. It is compiled and recorded for statistical purposes only. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.