



Great News!

1. OVO is the new Energy Assistance Program service provider in Clark and Floyd Counties in Indiana.

(These counties were previously served by Community Action of Southern Indiana. You will no longer go to them for Energy Assistance. Please call our office with questions 812-913-6740)

This gives us a total of 5 counties we serve that now include: Clark, Floyd, Jefferson, Jennings, and Scott counties.

We look forward to providing all 5 counties with the highest standard of customer service this upcoming season.

Ways in which we hope to facilitate this are:

- a. We included a Self-Addressed Stamped Envelope with your paper application to make it easier to return your documents this year.
- b. We have provided staff with work cell phones. In the event you need to text a missing document to us please ask for that number.
- c. We have drop boxes located across all 5 counties for easy access.
- d. You can return your application and supporting documents to ANY OVO location.
- e. You can also choose to apply online by visiting our website at www.ovoinc.org.
Click on the Energy Assistance link and then follow the prompts.

Please see the next page for instructions on what to include with your application and ways in which to return them to us.

- Please note that additional drop box locations will be added in Clark and Floyd county as the season progresses.
- Clark and Floyd County residents will need to send in ALL new supporting documents such as Photo ID and SS Card this season. We do NOT have access to your old information.

2. Everyone can apply for water assistance this year. You do NOT need to be behind on your water and/or wastewater bill.

****some water/wastewater providers have chosen not to participate****



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 IHCDA.
- 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.

THINGS TO RETURN WITH YOUR APPLICATION!!

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 Account Statement** *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. Most recent **Water/Wastewater 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.
7. **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****
8. If you **pay child support**, provide proof of payments for the last 3 months
9. **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 "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) 913-6745


Mail to OVO EAP, 5150 Charlestown Road, Suite 4, New Albany, IN 47150

Email eap@ovoinc.org

Dropping off at 5150 Charlestown Road, Suite 4, New Albany, IN 47150 in the mail slot on the front door.

Indiana Energy Assistance and Water Assistance Program Application

Program Year 2023

	Ohio Valley Opportunities 5150 Charlestown Road Suite 4 New Albany, IN 47150 P- 812 913-6740 F- 812 913-6745 Email- eap@ovoinc.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 <input type="checkbox"/> No			
		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			
What kind of assistance are you applying for? <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both					
<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 request a crisis appointment. If you need other emergency options, please call 2-1-1.					
Part I: Contact Information					
Applicant Name			Last four digits of SSN		County
			xxx-xx-		
Physical Address (Including Apartment/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. Failure to provide accurate contact information may delay application processing.					
Telephone number		Mobile phone carrier		E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>	
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile		<input type="checkbox"/> Consent to receive texts			
Part II: Home and Utility Information					
Home Type (Please check one)			Utilities and Payment		
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____			Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent Water Vendor: _____ <input type="checkbox"/> Included in rent Wastewater Vendor: _____ <input type="checkbox"/> Included in rent		
Home Ownership (Please check one)					
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____					
Primary Heating Source (please check one)		Primary Heating Fuel (please check one)		Do you have a secondary heating source installed?	
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____		<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No					
The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your Household be interested in a referral to the Weatherization program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Part III: Income and Benefits					
Please indicate all types of income received by any member of the household in the past three months. Check all that apply.					
<input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____					
Please indicate <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"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____					
Has anybody in the household paid child support in the past three months?			Is anybody in the household between the ages of 14-24 and neither working nor attending school?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)			<input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____		

Application is not valid without signature and date.

Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.

Part IV: Household Members and Demographics

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

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
	Please use codes listed below											
Applicant					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Race Codes:

A - Asian; **B** - Black or African American;
I - American Indian or Alaska Native;
P - Native Hawaiian or other Pacific Islander;
W - White; **M** - Multi-race; **O** - Other

Ethnicity Codes:

H - Hispanic, Latino, or Spanish origins
N - Not Hispanic, Latino, or Spanish origins

Employment Codes:

FT - Employed full-time; **PT** - Employed part time; **R** - Retired;
US - Unemployed six months or less;
UL - Unemployed longer than six months; **NL** - Not in labor force;
M - Migrant Seasonal farm worker

Education codes:

A - Grades 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

Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?

☐ No
☐ Yes (please list): _____

Household Type (please check one)

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

Part V: Certification

Disclaimer: I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I am a resident of Indiana and an applicant for the Energy Assistance, Water Assistance, and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Energy Assistance, Water Assistance, and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that I have received based on any such misrepresentation or omission.

Energy Assistance Program and Low Income Home Water 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)



Mandatory Referral Form

You MUST sign and return with your application!

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. You can view the video on YouTube on the following link: <https://youtu.be/pkplI-GMYyY>

☐ **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. You can also visit <https://www.in.gov/ihcda/homeowners-and-renters/section-8-housing-choice-vouchers-hcv/housing-choice-vouchers/> to view all open waiting list in the state of Indiana.

For other referral information available in your area dial 2-1-1 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: _____

OVO provides all of its services without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any month

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 includes but is not limited to: wages, 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: I received **NO** income during the following months. *Check all that apply and write the year below the month.*

Jan 20____	Feb 20____	Mar 20____	Apr 20____	May 20____	June 20____	July 20____	Aug 20____	Sept 20____	Oct 20____	Nov 20____	Dec 20____

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

YOU MUST COMPLETE THIS SECTION IN FULL IF YOU INDICATED ANY MONTHS OF ZERO INCOME IN SECTION 2.

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

_____/____/____
Page 6 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 _____

ENERGY ASSISTANCE PROGRAM (EAP)

LANDLORDAFFIDAVIT

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.**

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.

Heating costs are (check one):	Electric costs are (check one):	Water/Wastewater costs are (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant	<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

Primary installed heating source (check one):

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

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

Is the primary heating source operable?

☐ Yes ☐ No

All contact information is required unless otherwise noted.

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:	Email (optional):
Zip Code:	

***If you would like direct deposit complete the back of this page.



Application Key: _____

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:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
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