



## 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](http://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 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.

# 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) 273-2604



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

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

**Dropping off** at 421 Walnut Street, Madison 500 Hayden Pike, North Vernon 714 Morning Glory Drive, Scottsburg There are outside mailboxes at each of these locations.

# Indiana Energy Assistance and Water Assistance Program Application

## Program Year 2023

 	<b>Ohio Valley Opportunities</b> 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>		
		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				
<b>What kind of assistance are you applying for?</b> <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both				
<input type="checkbox"/> <b>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.</b>				
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.				
<b>Part I: Contact Information</b>				
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 - <b>check box to give consent for us to e-mail you.</b> <input type="checkbox"/>		
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> Consent to receive texts			
<b>Part II: Home and Utility Information</b>				
<b>Home Type (Please check one)</b>		<b>Utilities and Payment</b>		
<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		
<b>Home Ownership (Please check one)</b>				
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____				
<b>Primary Heating Source (please check one)</b>	<b>Primary Heating Fuel (please check one)</b>	<b>Do you have a secondary heating source installed?</b>		
<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: _____		
<b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<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				
<b>Part III: Income and Benefits</b>				
<b>Please indicate all types of income received by any member of the household in the past three months. Check all that apply.</b>				
<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: _____				
<b>Please indicate all sources of assistance received by any member of the household. Check all that apply.</b>				
<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: _____				
<b>Has anybody in the household paid child support in the past three months?</b>		<b>Is anybody in the household between the ages of 14-24 and neither working nor attending school?</b>		
<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	Edu-cation	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						

<b>Race Codes:</b> A - Asian; B - Black or African American; I - American Indiana or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White; M - Multi-race; O - Other	<b>Ethnicity Codes:</b> H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	<b>Employment Codes:</b> 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
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<b>Education codes:</b> 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	<b>Health Insurance Codes:</b> 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	<b>Military Codes:</b> A - Active-duty military V - Veteran N - No affiliation
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<b>Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	<b>Household Type (please check one)</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> Other: _____
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**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** **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>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.</i>	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):

**\*\*\*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: \_\_\_\_\_

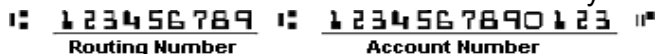
Financial Institution: \_\_\_\_\_

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

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

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



- 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.**

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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 (“IHCDA”) 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 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.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_