

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 complete the **Utility Affidavit** in the application packet.
5. Most recent **Gas Bill** or recent **LP Account Statement** *If the bill is not in a household member's name, please complete the **Utility Affidavit** in the application packet.
6. **Landlord Affidavit:** - **ONLY** needed for **renters with either utility included in rent:** Landlord Affidavit must be completed by your landlord or provide a current, active lease.
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** write the dates of employment on the check stub 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)
 - **Retirement or Pension:** recent award letter, check copy, check stub, or copy of the check (we can no longer accept a bank statement to verify this income)
 - **Self-employment:** most recent taxes (1040 and schedule C, SE, E, or F)
 - **Cash from odd jobs:** self-declare on “**Income Verification Affidavit**” 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**” 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 New Albany (812) 913-6745 Madison (812)273-2604

Mail

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

Madison – OVO EAP P.O. Box 625 Madison In 47250

Email New Albany: eap@ovoinc.org Madison: ovoeap@ovoinc.org

Drop Boxes:

Madison - 421 Walnut Street (Admin building)

New Albany - 5150 Charlestown Road Suite 4 (New Albany Office)

North Vernon - Corner of Brownstown Road & Hayden Pike (Valley Court Apartments)



Scottsburg - 714 Morning Glory Drive (Scott Valley Court Apartments)

Charlestown - 200 Jennings Street (Charlestown Housing Authority)

New Albany - 215 Erni Avenue (New Albany Housing Authority)

Indiana Energy Assistance Program Application

Program Year 2024

 	Ohio Valley Opportunities P.O. Box 625, Madison IN 47250 5150 Charlestown Rd Suite 4, New Albany Madison - 812-265-5858 New Albany - 812-913-6740 www.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
<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 XXX-XX-____	County _____
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 _____ <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	Mobile phone carrier _____ <input type="checkbox"/> Consent to receive texts	E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>
Part II: Home and Utility Information		
Home Type (Please check one) <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: _____		Utilities and Payment Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating 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) <input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Other: _____	Do you have a secondary heating source installed? <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 all 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)		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 list): _____

Please complete and sign page 2 - 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 DemographicsList 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
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
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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
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Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	Household Type (please check one) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <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 certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. 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, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, 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 applicant (required)	Date (required)

ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone who does not reside in the household

Head of Household's Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Utility in non-household member's name (Check all that apply):

☐ Electric ☐ Heating

Name and current address of person listed on utility bill(s):

Name: _____

Address: _____

City/State/Zip: _____

Relationship of the individual on the above-indicated utility bill(s) to the household member (check one):

☐ Spouse or significant other
☐ Parent
☐ Child

☐ Landlord
☐ Deceased family member
☐ Other: _____

**Please explain barriers to placing the above utility/utilities in the name of a current household member:
(you must complete this section):** _____

Certification Statement

I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the overall household income. I also certify that I have received consent from the above-named account holder to release or allow to be released utility data and information for the purposes of eligibility determination and reporting.

I understand that falsifying this information may result in disqualifying my household for IHCD-administered assistance program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.

Signature of Head of Household: _____ Date: _____

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 their 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.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating source (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"/> Electric furnace <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Electric wall unit <input type="checkbox"/> Natural gas furnace <input type="checkbox"/> Liquid propane furnace <input type="checkbox"/> Fuel oil furnace <input type="checkbox"/> Wood-burning stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other: _____

Is the primary heating source operable?
☐ Yes ☐ No

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

All contact information is required.

I grant IHCDCA 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:



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:

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 ("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



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.

**Clark and Floyd county is performed by Community Action of Southern Indiana (CASI) you can reach them by calling 812-288-6451 - ask for Weatherization (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 in Jefferson, Jennings, and Scott County Indiana. For Clark and Floyd County please call CASI @ 812-288-6451

☐ **The Housing Choice Voucher Program (Section 8)** waiting list is currently open for Jefferson, Jennings, and Scott County INDIANA only. You can apply by visiting our website www.ovoinc.org

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: _____

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any of the three months preceding application. This form must be completed in its entirety.

Household Member: _____ Application Key: _____ Application
Date: _____

Section 1: Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the **gross** income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. **If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

The source of the above income is: _____
(Income includes but is not limited to: wages, self-employment, 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: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses
<input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$_____

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 Household Member

____/____/____
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 _____

Request for Earnings Information

Applicant name:			Application date:
Address:			Phone:
City:	State: IN	Zip:	Employer:

I hereby authorize my employer to release the information below to the requesting agency.

Applicant Signature

Date

To be Completed by Employer ONLY

Has the applicant listed above been in your employ as a full-time employee, part-time employee, or contractor within the most immediate three months preceding the above application date? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date: ____/____/____
Is the applicant listed above still an active employee/contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, type of termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff	
Employee's base pay rate/salary:	Average hours per pay period:	Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other: _____
Gross wages for 3 months preceding application date:	Tips received for 3 months preceding application date:	Bonuses received for 3 months preceding application date:

All Contact Information for employer **REQUIRED**

Printed name of individual completing form:	Job title of individual completing form:
Signature of individual completing form:	Date:
Business telephone:	Business e-mail:

Please return this completed form to the requesting agency: _____

Address: _____

E-mail address: _____ or Fax number: _____