

THINGS TO RETURN WITH YOUR APPLICATION!!

1. **Completed Application:** Read instructions carefully and complete all forms that apply to your household! Please note there are 3 forms noted "MANDATORY" in the upper right hand corner. You must complete these 3 at the bare minimum. The others you will need to read the highlighted section to see if they apply to you.
2. Most recent **Electric Bill** *If the bill is not in a household member's name, please complete the **NON-Household Member Declaration Form** in the application packet.
3. Most recent **Gas Bill** or recent **LP Account Statement** *If the bill is not in a household member's name, please complete the **NON-Household Member Declaration Form** in the application packet.
4. **Tenant Verification Statement - ONLY needed for renters with either their heat or electric included in rent:** This must be completed by your landlord or provide a current, active, signed lease.
5. If you **pay child support**, provide proof of payments for the last 3 months
6. **Proof of income** including (but not limited to):
 - Wages: most recent pay stub showing YTD earnings and write the dates of employment on the checkstub for all jobs in the last 3 months.
 - Social Security: recent award letter or bank statement showing the deposit amount (only 1 month needed, must supply the ENTIRE letter - all pages)
 - SSI: recent award letter or bank statement showing the deposit amount (only 1 month needed, must supply the ENTIRE letter - all pages)
 - 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 "Undocumented Income Verification" for each adult with income not documented on a pay stub in the last 3 months (you may need to make copies of this form)
 - Zero Income: complete the "Undocumented Income Verification" for each adult with no income in any of the last 3 months (you may need to make copies of this form)

Any Forms that say "Page 1 of _" we must have all pages! This includes Utility Bills, Bank Statements, Check Stubs, Pension/SS award letters, etc. Also note that you are not allowed to redact/black out any documents submitted to us. This will result in your application being Incomplete until you provide the original copy.

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, the better. Your application is a key to your future housing. Please make sure you have all the necessary documents.

You can return your application by:

Fax New Albany (812) 913-6745 or 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)

Or you can apply Online beginning October 1st by visiting our website

www.ovoinc.org or by scanning this QR code:

Please note you will still need to have all of the above documents available to scan and upload or return via mail.





Mandatory Referral Form

To be referred, check below: ✓

☐ Light Bulb Exchange Program

If you would be interested in exchanging all light bulbs in your home for energy efficient LED Bulbs, Please check this box. Then a member of our team will reach out soon to schedule a time to meet with you.

OVO also 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.

**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

☐ 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

☐ OVO Housing Choice Voucher Program (Section 8) waiting lists are currently open for Jefferson, Jennings, and Scott County INDIANA only. You can apply by visiting our website www.ovoinc.org. If you are interested in finding additional open waiting lists in Indiana, please visit: <https://www.waitlistcheck.com/IN1806> (This link will include Clark and Floyd Co)

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: _____

Indiana Energy Assistance Program Application

Program Year 2026

	Ohio Valley Opportunities P.O. Box 625 Madison, IN 47250 Phone: 812-265-5858 / 812-913-6740 Email: ovoeap@ovo-inc.org Fax: 812-273-2604 / 812-913-6745		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	
	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. <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. <input type="checkbox"/> Check here if any household member has a life-threatening medical condition that requires home utility service for treatment.			
Is <u>any person</u> in this household affiliated with the above-named agency as: an employee or staff member, volunteer, board member, or subcontractor, <u>or</u> related to any employee, staff member, volunteer, board member, or subcontractor? Relatives include parent, child, grandparent, grandchild, sibling, spouse, aunt, uncle, niece, nephew, parent-in-law, child-in-law, sibling-in-law, grandparent-in-law, or grandchild-in-law. <input type="checkbox"/> No <input type="checkbox"/> Yes (please identify member and relationship): _____				
Part I: Contact Information				
Applicant Name		Last four digits of SSN	County	
		XXX-XX-		
Physical Address (Including Apartment/Lot/Trailer Number, if applicable)		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 <u>at least one</u> form of contact information. Failure to provide accurate contact information may delay application processing. It is your responsibility to monitor your e-mail, postal mail, voicemail, and SMS/MMS for messages concerning your application and to reply in a timely manner. Failure to respond in a timely manner to requests for additional information or documentation will result in the denial of your application.				
Telephone number	Mobile phone carrier - check box to opt of text notification <input type="checkbox"/>	E-mail Address - check box if you would not like to receive e-mail notification <input type="checkbox"/>		
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile				
Part II: Home and Utility Information				
Home Type (Please check one)		Utilities and Payment		
<input type="checkbox"/> Site-built single family house <input type="checkbox"/> Multi-unit 2-4 units (duplex, triplex, quadplex, townhouse, condo) <input type="checkbox"/> Mobile home <input type="checkbox"/> Multi-unit 5 or more units (apartment, condo) <input type="checkbox"/> Other: _____		Electricity Vendor: _____ <input type="checkbox"/> Included in rent		
Home Ownership (Please check one)		Heating Vendor: _____ <input type="checkbox"/> Included in rent		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____ (must specify)				
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: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligible Hoosiers. <input type="checkbox"/> Yes <input type="checkbox"/> No Would your Household be interested in a referral to the Weatherization program?				
Part III: Income and Benefits				
Please indicate <u>all</u> types of income received by any member of the household in the past three months. Check all that apply.				
<input type="checkbox"/> Employment/wages (include current paystub with YTD gross) <input type="checkbox"/> Pension/Retirement (include award letter, bank statement or pay stub) <input type="checkbox"/> Social Security Retirement/ Disability/SSI (include current award letter or bank statement) <input type="checkbox"/> Odd jobs/irregular income (include completed Income Verification Affidavit) <input type="checkbox"/> VA Disability/Pension (include current award letter or bank statement) <input type="checkbox"/> No income (include completed Income Verification Affidavit) <input type="checkbox"/> Self-Employment (include most recent full 1040 tax return) <input type="checkbox"/> Unemployment Benefits (include current Uplink statement or complete DWD release) <input type="checkbox"/> Other: _____ (contact agency for guidance on)				
Does any member of the household receive any of the assistance types listed below?		Has anybody in the household paid child support in the past three months?		
Check all that apply. <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)		<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments for last 3 months)		

Please complete and sign page 5 - 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.

Only complete if your utility bill is in the name of someone who does not live with you. Example: relative, friend, ex-spouse, Landlord, deceased household member, etc.



Application Key: _____

Non-Household Member Declaration Form

Applicant name: _____

Address: _____

City: _____ State: IN Zip: _____

The individuals below appear on supporting documentation for my Energy Assistance Program application but do not reside in the household as of the date of application:

Document	Name	Person's current location/contact information
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		

If any **utilities** are in a non-household member's name, please indicate barriers to placing utility in the name of a current household member (check all that apply):

- ☐ Utility is listed in landlord, property owner, or third-party billing service name, but is my responsibility

☐ Unable to establish utilities due to credit issues, outstanding unpaid bills, etc., but utility bill is my responsibility.

☐ Utility is listed in the name of legal guardian or power of attorney but is my responsibility.

☐ Utility is handled by a company or service due to disability but is my responsibility.

☐ Account holder in temporarily in a correctional facility, nursing home, rehabilitation center, etc., but is my responsibility.

☐ Other: _____

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in IHCDA-administered assistance programs and may be grounds for termination of my assistance and/or repayment of the assistance that I receive based on this misrepresentation or omission.**

Signature: _____

Date: _____

Telephone Number: (____) _____

E-mail: _____

MANDATORY

Part IV: Household Members											
List all people residing in household, including yourself. Check here and attach additional sheet if more than eight people are in household: <input type="checkbox"/>											
	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
Applicant					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Race Codes					Ethnicity Codes			Military Status 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					H - Hispanic, Latino, or Spanish origins; N - Not Hispanic, Latino, or Spanish origins			A - Active-duty military V - Veteran N - No affiliation			
Part V: Certification											
<p>Disclaimer: I certify under the penalties for perjury and fraud that the information, upon reasonable investigation, provided in this application is correct and true to the best of my knowledge and belief. I understand that I may be required to verify these statements and hereby give my consent to the State of Indiana, including the Indiana Housing and Community Development Authority (the "State of Indiana"), and the agency from which I am requesting assistance to contact 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 certify that I am currently a resident of Indiana, I have been a resident of Indiana for at least thirty (30) days, and I am an applicant for the Energy Assistance and/or Weatherization Assistance Program(s) (the "Program"). I certify that all members of my household are United States citizens, United States nationals, or qualified non-citizens under 8 U.S.C §1641(b) and are eligible to receive federal taxpayer-funded benefits except as identified in this application. 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 fail to comply with the Program, 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. I understand that I am solely responsible for providing my correct contact information to the State of Indiana or the agency from which I am requesting assistance and for checking my voicemail, e-mail, SMS/MMS messages, or physical mailbox for communication and notifications regarding the Program.</p> <p>Energy Assistance Program benefits are provided without regard to race, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.</p> <p>Fraud Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.</p>											
Signature of applicant (required)							Date (required)				

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.
- 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 information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting.. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation, or political affiliation.

Appeal Rights

You have the right to appeal the determination of your eligibility if you do not agree with any aspect of it. All appeals of eligibility determination must be submitted in writing or through the online portal at <http://eap.ihcda.in.gov>. All eligibility determination letters include appeal instructions on them. Appeals must be submitted within thirty (30) days of eligibility determination.

You also have the right to appeal an agency not taking timely action on your application. Please be advised of the current guidelines set for determination of your application:

- Most applications should be processed and have eligibility determined within fifty-five (55) days of receipt of your application.
-

Crisis applications (applications for which a metered utility has been issued a disconnection notice or already disconnected, or a bulk deliverable fuel is within ten (10) days of being depleted or already depleted, or in which fuel is within 21 days of funds being depleted or already depleted or prepaid metered energy is within 10 days of being depleted) should be addressed in a way that offers mitigation of the crisis within forty-eight (48) hours of the LSP being made aware of the crisis.

Life-threatening crisis applications (applications for which metered utility service is shut off and/or the deliverable bulk fuel is completely out and the household either: (1) qualifies as a vulnerable population household, (2) has a documented medical need with an extreme safety concern, or (3) requires a deliverable fuel tank safety inspection) should be addressed in a way that offers mitigation of the crisis within eighteen (18) hours of the LSP being made aware of the crisis.

Considering these timelines, if you feel your application is not being addressed in a timely manner, you may appeal by sending a written communication to the Local Service Provider. You may obtain the Local Service Provider's information by going to <http://eap.ihcda.in.gov>. You may also reach out to IHCD, who will forward your appeal to the Local Service Provider to address. IHCD may be reached at:

Indiana Housing and Community Development Authority
30 S Meridian Street
Suite 900
Indianapolis, IN 46204

Attn: Energy Assistance Program
e-mail: eap@ihcda.in.gov

Someone from the Local Service Provider will respond to your appeal.

ENERGY ASSISTANCE PROGRAM (EAP) TENANT VERIFICATION STATEMENT

Landlord/property manager/designee: *Please complete this verification on behalf of your tenant, who is applying to receive benefits to assist with their utility costs. The information provided will be kept confidential and will not be used for any other purposes, nor shared with any other government agency.*
Complete in blue or black ink only.

SECTION I: APPLICANT INFORMATION

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. Completion by an unauthorized third party may result in denial of application. All fields are required.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating device and fuel (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"/> Paid to the landlord but not included in rent (Amount: \$_____)	<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"/> Paid to the landlord but not included in rent (Amount: \$_____)	<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 ? <input type="checkbox"/> Yes <input type="checkbox"/> No		How much is the <u>tenant</u> responsible to pay out of pocket monthly in rent after subsidies ? \$_____

All contact information is required.

I grant IHEDA 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 (choose from drop down or 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:

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 _____

Energy Assistance Program Undocumented Income Verification

This form is to be completed by anyone claiming undocumented income or zero 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 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026

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 (hygiene/personal care, medical needs, cleaning, etc.)
<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. I also authorize the release of income information by any employer who may have issued me payment for earnings within the 91-day period preceding the date of application listed above.

Signature of Household Member

____/____/____
Date