

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 in their entirety at a minimum. The others you will need to read to see if they apply to you.
2. Most recent **Electric Bill (all pages)** *If the bill is not in a household member's name, please complete the **NON-Household Member Declaration Form** in the application packet. (Page 4 in the packet)
3. Most recent **Gas Bill (all pages)** 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. (Page 4 in the packet)
4. **Tenant Verification Statement-** (Page 7 in the packet) **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 date of 1st pay on each 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, must supply **all pages** for most recent SS letter or bank statement)
 - SSI: recent award letter or bank statement showing the deposit amount (only 1 month needed, must supply **all pages** for most recent SSI letter or bank statement)
 - Retirement or Pension: recent award letter, check copy, check stub, bank statement, or copy of the check (only 1 month needed, must supply **all pages** for most recent award letter or bank statement)
 - Self-employment: most recent taxes (1040 and schedule C, SE, E, or F)
 - Cash from odd jobs: self-declare on "**Undocumented Income Verification**" (page 6) 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**" (page 6) for each adult with no income in any of the last 3 months (**you may need to make copies of this form**)
 - Gig Work: provide print out from (Uber, Lyft, Doordash, etc.) for each of the 3 preceding months. Or most recent taxes if you filed self employment on your last income taxes. *see self employment above.

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 allows your application to be processed in a timely manner.

You can return your application by:

Fax New Albany (812) 913-6745 or Madison (812) 273-2604

Mail

New Albany - OVO EAP, 201 E 15th Street, Jeffersonville IN 47130

Madison – OVO EAP P.O. Box 625, Madison, IN 47250

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

Drop Boxes: are located outside of our offices and -

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

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

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

MANDATORY

Program Year 2027

	Ohio Valley Opportunities P.O. Box 625 Madison IN 47250 812-265-5858 / 812-913-6740 www.ovoinc.org ovoeap@ovoinc.org / eap@ovoinc.org	For Provider/Agency Use Only
		Date received: _____ Application number: _____ ☐ Mail-in ☐ Telephone ☐ In-Person ☐ Outreach/Home Visit/Other
		Household is disconnected or out of fuel: ☐ Yes ☐ No
		Household has d/c notice or less than 25% fuel: ☐ Yes ☐ No
		Household heat source is inoperable: ☐ Yes ☐ No
If your utility is disconnected or scheduled for imminent disconnection, or if you are very low or out of prepaid or deliverable fuel, contact this agency directly. If you need other emergency options, please call 2-1-1.		
☐ My electric or heating is disconnected or scheduled for disconnection, or I am low or out of deliverable heating fuel/prepaid electricity. ☐ A member of this household has a life-threatening medical condition that requires home utility service for treatment.		
Is <u>any person</u> in your household affiliated with this agency as an employee or staff member, volunteer, board member, or subcontractor, or related to any employee, staff member, volunteer, board member, or subcontractor? ☐ No ☐ Yes (please identify member and relationship): _____		
Part I: Contact Information		
Applicant Name	Last 4 digits of SSN	County
	xxx-xx-	
Physical Address <i>(Including Apartment/Lot/Trailer Number, if applicable)</i>	City	Zip
		IN
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.		
Telephone number	E-mail Address	Would you like to receive application notices via e-mail? ☐ Yes ☐ No
Part II: Home and Utility Information		
Home Type (Please check one) ☐ Site-built single-family home ☐ Multi-unit 2-4 units (duplex/triplex/quadplex/condo/townhouse) ☐ Mobile Home ☐ Multi-unit 5+ units (apartment/condo) ☐ Other: _____	Utilities and Payment Electricity Vendor: _____ Account number: _____ Heating Vendor: _____ Account Number: _____ ☐ Electricity included in rent ☐ Heat included in rent	
Home Ownership (Please check one) ☐ Own ☐ Rent ☐ Other: _____		
Primary Installed Heating Equipment (please check one) ☐ Furnace/Heat Pump ☐ Baseboard/Wall Unit ☐ Wood Stove/Fireplace ☐ Other: _____	Primary Heating Fuel (please check one) ☐ Electricity ☐ Natural Gas ☐ Propane ☐ Fuel Oil ☐ Firewood/Corn/Pellets	
Is it working? ☐ Yes ☐ No		
The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligible Hoosiers.		
Are you interested in a referral to the Weatherization program? ☐ Yes ☐ No		
Part III: Income and Benefits		
Please indicate <u>all</u> types of income received by any member of the household in the <u>past three months</u> . Check all that apply.		
☐ Employment/wages (include current paystub with YTD gross or work statement with previous 13 weeks for gig work) ☐ Social Security/Disability/SSI/VA disability/VA pension (include current award letter) ☐ Self-Employment (include most recent full 1040 tax return) ☐ Unemployment (include current Uplink or DWD release form)		
☐ Pension/Retirement (include award letter or unredacted bank statement) ☐ Odd Jobs/irregular income (include completed Income Verification Statement) ☐ No income (include completed Income Verification Statement) ☐ Other: _____ (contact agency for guidance)		
If Employment/wages selected, please complete for each job held during past three months:		
Wage Earner: _____	Wage Earner: _____	Wage Earner: _____
Employer: _____	Employer: _____	Employer: _____
First pay date: _____	First pay date: _____	First pay date: _____
Still working? ☐ Yes ☐ No	Still working? ☐ Yes ☐ No	Still working? ☐ Yes ☐ No

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.

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
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ 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.

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

☐ Account holder in temporarily in a correctional facility, nursing home, rehabilitation center, etc., but is my responsibility. | ☐ Unable to establish utilities due to credit issues, outstanding unpaid bills, etc., but utility bill is my responsibility.

☐ Utility is handled by a company or service due to disability 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 IHCD-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: _____

Application number: _____

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: ☐											
	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
									Use codes below		
Applicant					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
2					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
3					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
4					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
5					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
6					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
7					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ No			
8					☐ Yes ☐ No		☐ Male ☐ Female	☐ Yes ☐ 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											
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 also understand that the State of 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 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. 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. 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.											
Signature of applicant (required)								Date (required)			

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.

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 2026	June 2026	July 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	Apr 2027

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.**

☐ 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.)
☐ Housing Support/voucher ☐ Assistance program: _____ ☐ Have not paid/am behind ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: \$ _____	☐ Included in rent ☐ Assistance program: _____ ☐ Have not paid/am behind ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: \$ _____	☐ SNAP/WIC benefits ☐ Food bank/food pantry ☐ Assistance program: _____ ☐ Family/friend paid for me ☐ Family/friend gave me money: *Amount: \$ _____	☐ Assistance program: _____ ☐ Family/friend paid for me ☐ 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

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):
☐ Responsibility of the landlord, included in the tenant's monthly rent payment. ☐ Responsibility of the tenant, but in the landlord's name ☐ Responsibility of the tenant ☐ Paid to the landlord but not included in rent (Amount: \$_____)	☐ Responsibility of the landlord, included in the tenant's monthly rent payment. ☐ Responsibility of the tenant, but in the landlord's name ☐ Responsibility of the tenant ☐ Paid to the landlord but not included in rent (Amount: \$_____)	☐ Electric furnace ☐ Electric baseboard ☐ Electric wall unit ☐ Natural gas furnace ☐ Liquid propane furnace ☐ Fuel oil furnace ☐ Wood-burning stove ☐ Pellet Stove ☐ Other: _____
Is the primary heating source operable and working ? ☐ Yes ☐ No		How much is the <u>tenant</u> responsible to pay monthly in rent after subsidies ? \$_____

All contact information is required.

<i>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.</i>	
Landlord, property manager, or authorized designee name:	Landlord, property manager, or authorized designee signature:
Contact Address:	Date:
City:	Phone:
State: Zip Code:	Email:

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 and/or may be issued as a check 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

Important information, please read completely.

- Please note that Indiana's Energy Assistance Program provides a one-time benefit payment. **This is not recurring monthly assistance, and is not designed to cover all of your utility costs for a year.**
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis. (box is located on page 2)
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles. (box is located on page 2)
- Please complete the application forms in their entirety, including fields with yes/no options. If you choose "other" for home heating equipment or home ownership, you **MUST** explain what other is.
- You must list everyone who lives in the household. A good way to view this is ask yourself, do they use the same heat I use? If you can answer yes, they must be on the application. This is not like other programs that look at the individual person. We include the entire household.
- Please ensure you know what your heat source is (furnace, heat pump, wall unit, Baseboard, wood stove) and how it is fueled. If you apply and tell us electric and then later determine your heat is Natural gas, it is almost impossible to get this corrected. Ultimately if we can correct this, it will mean we are removing \$ from one utility to send to the other and this may cause an instant hardship for you on the 1st utility.
- We have up to 55 days to complete the eligibility process.
- Make sure you are monitoring your email in case we should have questions.
- Ensure you include a good working phone number on page 2. In the event we have additional questions, a phone call can sometimes eliminate waiting on a letter to be mailed to you.
- If you submit an application and **do not provide proof of income**, your application will instantly be denied and you will have 30 days to submit the income documents.
- Submitting an application does not instantly protect you from being disconnected outside of the moratorium window, which is December 1 -March 15.

If you should have additional questions that are not addressed above, please email us at ovoeap@ovoinc.org or eap@ovoinc.org. Or you can call 812-265-5858 (Madison) or 812-913-6740 (Jeffersonville) to reach a staff member. But please be aware that we have an extremely high call volume that will likely require you to leave a message and wait for a return call. Please leave a very clear message and someone will return your call ASAP.

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.