



ITEMS WHICH ARE REQUIRED TO PROCESS YOUR ENERGY ASSISTANCE PROGRAM APPLICATION

1. **How many people are in your household?** _____ We must have a copy of social security cards for each member of your household. (Other possible forms are social security award letters that have your entire social security number listed and a photo id, Medicare card that includes your full social security number with a valid photo id, or W-2 tax document with your social security number listed and a photo id)

2. **Is there a household member who does not have a social security card?**

YES – Reasons someone does not have a social security card and acceptable documentation:

- a. If it is a child under the age of 1 whom does not have a social security card yet then we can accept verification of birth from the hospital.
- b. We can also accept proof of pregnancy as an additional household member. (for winter program born before May 2016 summer cool born before August 2016)
- c. If it is an adult whom does not have proof of social security number: they must be included on the application and provide all other documentation (income), but will not be counted in household size.

NO – disregard this question

3. **How many people are 18 years of age and older are working?** _____

a. Have those individuals had the same job for the past 12 months?

YES – Then we need the most recent paystub from that employer.

NO – Then we will need the last pay stub from all jobs in the last 12 months and a wage transcript/voucher history from the Work One Office. (See below for Work One locations)

b. Have any of those individuals been self-employed?

YES – then we will need a copy of the most recent tax return

NO – disregard this question

c. Have any of those individuals not received any income in the last 12 months?

YES – complete the **Zero Income Form** and get a wage transcript/voucher history from the Work One Office. (See below for Work One locations)

NO – disregard this question (throw away Zero Income Form)

d. If individual is 18 and in high school, please include most recent report card or proof of school enrollment.

***** DO NOT RETURN! INSTRUCTIONS ONLY! *****

4. **Unearned Income** - If an individual receives Social Security, SSI, Disability, TANF, receives retirement/ pension benefits, unemployment, short/long term disability, foster care or adoption stipend; we must have the current award letters or benefit letters stating the amount the individual receives. (If these payments are direct deposited into your bank and a clearly labeled whom they came from then we can use a bank statement as verification)

5. **We need your most recent utility bills - such as gas, electric, wood, etc...** (This bill must be in a household member's name who is 18 years of age or older or in the Landlord's name)

6. **Do you rent your home/ apartment/ mobile home?**

YES – have your landlord complete the *Landlord Affidavit*.

NO – then you own or are buying your home so we will need a copy of 1 of the following: your property tax records, mortgage statement, homeowner insurance statement, or a copy of your land contract.

7. **Take a look at the documents you are providing me** – Do any of them have someone's name listed that does not live in your household? (Example: friend, family member, power of attorney, or deceased family member)

YES – then we will need proof of that person's physical address

NO – disregard this question

8. **Do you have custody/guardianship of your grandchild or another relative?**

YES – then we need custody/guardianship papers showing proof.

NO – disregard this question

9. **Has anyone's name changed from last year's application or is there a last name that differs from what is on a form that you are providing me?** (Example: married, divorced, or legal name change)

YES - we need a copy of your marriage license or divorce decree.

NO – disregard this question

10. **If someone in your home is incarcerated, we will need proof of incarceration, approximately how long they will be incarcerated, and when they became incarcerated.**

11. **PLEASE HAVE EVERYONE 18 YEARS OF AGE OR OLDER SIGN THE APPLICATION!**

12. **Complete and return the enclosed Energy Education Survey. You must view the video online, in our office, or ask for your copy to take home!**

If you have any questions please call 812-265-5882 and ask for Angela, Hilliary or Jennifer!

Mail Apps to: OVO, P.O. Box 625, Madison, In 47250 or Fax to: 812-273-2604

Work One Locations:

Jennings County – Education Training Center -1200 W O&M Ave, North Vernon IN 47265 – 812-346-6030

Scott County – Life Long Learning Center 1092 W Community Way, Scottsburg IN 47170 – 812-752-3886

Jefferson County – Clearinghouse 100 E 2nd Street Suite F, Madison IN 47250 - 812-265-3734



OVO ENERGY ASSISTANCE

November 2, 2015 through May 13, 2016 Application

*** MUST RETURN! ***

APPLICANT RESIDENCE

Street Address: _____ **City:** _____ **Zip Code:** _____

Mailing Address (if different than listed above): _____

County of Residence: Jefferson Jennings Scott **Phone Number:** _____ **Message Number:** _____

APPLICANT INFORMATION

Marital Status: A. Single B. Married C. Separated D. Divorced E. Widowed	Ethnicity Codes: A. Hispanic or Latino B. Not Hispanic or Latino	Race Codes: A. Black or African American B. White C. Other (Asian, Native Hawaiian or other Pacific Islanders and all others) D. Multi-Race E. Native American	Health Insurance Codes: A. Medicare B. Medicaid C. Hoosier Healthwise D. Medicaid Select E. Other Private Ins. F. None
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Household Members First, Middle Initial, Last Name	Date of Birth xx/xx/xxxx	Relationship to you (I.E. son, daughter, wife, etc.)	Social Security Number	Marital Status Code	Gender Male / Female	Ethnicity Code	Race Code	Disabled Y/N	Veteran Y/N	Last Grade Completed In School	Health Insurance Code
1.		SELF									
2.											
3.											
4.											
5.											
6.											

Please list additional household members on a separate sheet or another application form

HOUSEHOLD INCOME CODES

- | | | | | |
|--------------------------|-------------------------------|------------------|------------------------|--------------------|
| A. Employment | B. Social Security | C. TANF | D. Unemployment Income | E. SSI |
| F. Veteran's Benefits | G. Pension/Retirement | H. Child Support | I. Interest/Dividends | J. Self-Employment |
| K. Worker's Compensation | L. Short/Long Term Disability | M. Rental Income | N. Black Lung Payments | O. Severance Pay |
| | | | | Q. None |

FAMILY INCOME: Complete section below for ALL household members 18 years of age and older. Income codes are listed above.

Name of Person with Income	Income #1	Income #2	Income #3	Income #4
Sample: Household members name	Income Code: choose from above Monthly Amount: \$ write amount	Income Code: choose from above Monthly Amount: \$ write amount		
	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$
	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$
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	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$	Income Code: Monthly Amount: \$

HOUSING DEMOGRAPHICS AND OTHER INFORMATION	
1. What type of housing do you live in? <input type="checkbox"/> House <input type="checkbox"/> Mobile Home (Trailer) <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> RV (Check One)	
2. Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent <input type="checkbox"/> Family Owned (pay no rent) <input type="checkbox"/> Other (please specify): (Check One)	
3. Is your rent based on income? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check One: <input type="checkbox"/> OVO Section 8 <input type="checkbox"/> Assistance is through Apartment Complex (Check One)	
4. What type of furnace do you have? <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> No furnace (Have baseboard heat) <input type="checkbox"/> No furnace (Have ceiling heat) (Check One) <input type="checkbox"/> No furnace or furnace not working (Use space heaters) <input type="checkbox"/> No furnace (Heat with wood)	
5. Has your home been weatherized by OVO? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, would you like to apply for Weatherization? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)	
6. Have you received Food Stamps in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)	Have you received TANF in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, MUST SUBMIT 12 MONTH PRINTOUT SHOWING MONTHLY AMOUNT!</small>
7. Are you an employee of OVO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your title? _____	
8. Are you related to any OVO staff or Board of Directors members? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who and what is your relationship? _____	
APPLICATION CERTIFICATION/AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION	

ALL household members 18 years of age and older must sign.

"I/we certify that the above information provided is correct and true to the best of my/our knowledge. I/we understand that I/we may be required to verify these statements and give my/our consent to the agency from which I/we are requesting assistance to make any necessary contacts to verify these statements. I/we have read (or have had read to me/us) our rights and obligations and understand them. I/we are resident of Indiana and I/we agree to have the services specified herein provided. I/we further acknowledge that services and materials are being provided to my/our household without consideration or payment by me as a gift. I hereby release the State of Indiana, the Community Action Agency or other entity from any liability whatsoever resulting from the provision of services. I/we have received no expressed or implied warranties concerning my/our receipt of services from these entities."

Appeal Information: If you are denied and do not agree with the reasons stated, or if your application for services is not processed in a timely manner, you may appeal the decision to the Community Action Agency for review. If you are not satisfied with the CAA determination, you may request further review from the State of Indiana by submitting an Applicant Notification form to the Indiana Housing Community Development Association.

Social Security Disclosure Statement: This Agency is requesting disclosure of your Social Security number in order to expedite processing of your application. Disclosure is mandatory. IC 4-1-8-1 (1996 Supplement)

Privacy Notice Statement: This Agency is requesting disclosure of personal information that is necessary to accomplish statutory purpose. IC 4-1-6-2(a)

I hereby authorize release of information to Ohio Valley Opportunities (OVO) to enable staff to provide EAP and/or WX services. By signing this form, I am giving OVO permission to obtain/use/disclose information about by specific needs in order to provide service. Information shared may be shared by verbal, mail and fax communications. OVO may obtain/disclose the necessary documentation from the following entities to determine eligibility for EAP and/or WX:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Current/Former Employers (Wages, Hire/Term Date) | <input checked="" type="checkbox"/> Utilities/ Fuel Company (Status and Bills) | <input checked="" type="checkbox"/> Assests |
| <input checked="" type="checkbox"/> Landlords | <input checked="" type="checkbox"/> Social Security Administration (SS/SSI/SSDI) | <input checked="" type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input checked="" type="checkbox"/> County Courts (Child Support) | <input checked="" type="checkbox"/> Caseworkers | <input checked="" type="checkbox"/> Pension/Retirement Companies (Pension) |
| <input checked="" type="checkbox"/> Family & Social Services Admin (FSSA) | <input checked="" type="checkbox"/> Financial Institutions (Banks) | <input checked="" type="checkbox"/> Section 8 Housing Program |
| <input checked="" type="checkbox"/> Work One Office (Unemployment/Wage History) | <input checked="" type="checkbox"/> Worker's Compensation Companies | <input checked="" type="checkbox"/> Other: _____ |

***BY SIGNING THIS APPLICATION, I ALSO VERIFY THAT I HAVE RECEIVED A COPY OF THE ENERGY EDUCATION INFORMATION OFFERED BY OHIO VALLEY OPPORTUNITIES, INC.**

Household Member Signature: _____	Date: _____	Household Member Signature: _____	Date: _____
Household Member Signature: _____	Date: _____	Household Member Signature: _____	Date: _____
Household Member Signature: _____	Date: _____	Household Member Signature: _____	Date: _____

**ENERGY ASSISTANCE PROGRAM (EAP)
LANDLORD/HOUSING AFFIDAVIT**

Landlord: Please complete this affidavit on behalf 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 Ink.**

APPLICANT INFORMATION (to be completed by the LSP)

Applicant Name:	Date:
Address:	Phone:
City: State: IN Zip Code:	Renter: ____ Life Estate: ____

UTILITY INFORMATION (to be completed by the Landlord)

Heating costs are:	Electric costs are:
<input type="checkbox"/> Included in the monthly rent payment <input type="checkbox"/> Are the responsibility of the renter , but in the Landlord's name <input type="checkbox"/> Are the responsibility of the renter. In the name of _____ who lives in the household or is a legal power of attorney (if known) Special Arrangements: _____	<input type="checkbox"/> Included in the monthly rent payment <input type="checkbox"/> Are the responsibility of the renter, but in the Landlord's name <input type="checkbox"/> Are the responsibility of the renter. In the name of _____ who lives in the household or is a legal power of attorney (if known) Special Arrangements: _____

Primary Heat Source:

- Electric (furnace or baseboard)
- Natural Gas
- Kerosene, LP Gas, Oil, Wood, Pellets (wood or corn) or Coal
- Primary Heat Source is not working (in-operable)

Number of Household Members:

Adults: ____ Children: ____

Dwelling Type:

- Mobile home
- Single site
- Multi-unit (duplex to apartment complex)

Rental Assistance (from a government funded program):

Yes No
if yes, which program: _____

<i>I grant IHEDA permission to obtain utility information on this property for the purpose of data consumption tracking.</i>	
Landlord Name (printed)	Landlord Name(Signature)
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):

LSP: The information on this document must include the landlord's complete address and telephone number. A copy of this affidavit must be filed with the EAP application.

Revised
07/2015

This form is mandated by Indiana Housing and Community Development Authority. Failure to sign this form may disqualify your renter from further LIHEAP (Energy) benefits.

***** COMPLETE 1 FOR EACH PERSON WHO HAD NO INCOME IN LAST 12 MONTHS OR WHO HAS RECEIVED CASH MONEY! *****

Energy Assistance Program Zero Income Verification Affidavit

Household Member: _____

SSN: ____ - ____ - ____

Are you the Head of Household (HOH): ____ YES ____ NO

Section 1: I received \$ _____ during the following month(s), but there is no documentation. (Circle all that apply and write the year above the month).

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

Section 2: I received **NO** income* from any source for the following months. (Circle all that apply and write the year above the month).

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

Section 3: Assistance (List ALL sources of assistance to meet household living expenses over the past 12 months).

Housing: _____ Utility: _____

Food: _____ Other: _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

Signature of Zero Income Applicant

Date: ____/____/____

*Examples of different types of income: gross wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, tips, income received in installments from the sale of property, profits or gains from the sale of assets, Black Lung Pension Disability payments, disability payments from insurance, dividends, interest, gambling winnings, pensions, railroad retirement benefits, military allotments, regular life insurance payments, workers compensation, veterans benefits, unemployment compensation, TANF, strike benefits, social security benefits, and royalties.

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this ____ day of _____ 201__.

County of Residence: _____ Notary Public -Signature _____

Commission Expires: _____ Notary Public -Printed Name _____

LSP INTERNAL USE ONLY

LSP Representative Signature

Date: ____/____/____ Application#: _____

*** DO NOT RETURN! ***

OVO WEATHERIZATION ASSISTANCE PROGRAM



Weatherization Assistance Program: Increases the energy efficiency of dwellings owned or occupied by low-income persons. Reduces total residential expenditures & improves health & safety.

What can the Weatherization Assistance Program do?

- Add Insulation
- Clean & Tune Heating Systems & possibly replace
- Blower Door Testing
- Air Sealing
- Services are at no cost
- Note: All dwellings eligible will be audited but not guaranteed weatherization benefits.
(Unfortunately, apartment complexes are ineligible.)
- Note: Weatherization can only be provided by OVO to the same dwelling once every **15 years**

To be referred to the Weatherization Assistance Program, simply check the box on the enclosed Energy Assistance Application.

OHIO VALLEY OPPORTUNITIES

421 Walnut Street, Madison, IN 47250

812.265.5858 | jrowlett@ovoinc.org | ovoinc.org

***** DO NOT RETURN! *****

ENERGY ASSISTANCE PROGRAM (EAP)

Things for YOU to Remember

- ◆ EAP will only offer benefits if the utility is in the name of an adult household resident, age 18 and over, unless otherwise specified by the local service provider.
- ◆ Utility vendor will be contacted to supply your energy cost and consumption information; if your bill is in another name you will need to inform the party of this.
- ◆ All EAP benefits are not final until submitted to the utility vendor for payment. Benefit amounts are subject to change pending review by the local service provider.
- ◆ Actual payment of your EAP benefits may take up to 120 days from the application date. Your award letter will explain the benefit amounts you will receive.
- ◆ Even though you are getting help with your utility bills, EAP benefits will not cover them completely. **YOU** must keep paying on your bills throughout the year.
- ◆ Once you are approved for EAP, **some** utility companies are regulated by a state law that says you can't be disconnected from December 1st through March 15th. However, you **may** be disconnected before December 1st or after March 15th if your financial obligation with utility vendor exceeds the amount of your EAP benefit.
- ◆ Remember that EAP is only helping you with your heating or cooling bills. **YOU** still need to keep your water, sewage, rent, and phone bills current.
- ◆ If you are having trouble keeping your bills current, **talk to a case manager** at the Local service provider for other resources.
- ◆ If your utilities are currently past due, **talk with your utility company** to see if you qualify for a payment arrangement that will bring the bill current over time.
- ◆ Ask what you can do to conserve energy and how the Weatherization Program might help you reduce your energy consumption.
- ◆ You have the right to appeal the EAP process or the decision of your application.

This form is mandated by Indiana Housing and Community Development Authority.

Energy Education Survey

1. Did you view the energy education video that was provided in your application or view it online at www.ovoinc.org? _____

If No – Please do so now

2. Name 1 thing that you learned from the Energy education information that was provided to you: _____

3. Do you have an energy saving tip that you would like to share with us? _____

I _____ completed the Energy Education information that was provided to me by Ohio Valley Opportunities, Inc.

(Sign) _____

(Date) _____

(This form must be returned with you application)