



Energy Assistance Program

ITEMS WHICH ARE REQUIRED TO PROCESS APPLICATION

DOCUMENTATION EVERY HOUSEHOLD WILL NEED TO APPLY:

- Social Security Cards for ALL household members (metal cards are not acceptable)
- Proof of All household income – See chart below for examples
 - Wage Transcript from Work One for all household members 18 and older with zero income or has had several jobs in past 12 months.
 - Zero Income Form/Income Verification form completed by household members 18 and older with no income or scattered income. Form does NOT need to be notarized – disregard that section.
- Gas & Electric Bill (Bills must show name, address & account number and be within 60 days)
LP GAS/OIL customers must call vendor for most recent statement
- Valid Indiana ID

HOMEOWNERS:

- All of the above documentation plus.....
- Proof of ownership (property tax statement, mortgage statement, deed or title)

RENTERS:

- All of the above documentation plus.....
- Landlord Affidavit (**Do Not** send Lease)

DIVORCED OR SEPARATED HOUSEHOLDS:

- All of the above documentation plus.....
- Divorce or separation papers, or absent spouse's income must be counted.
(If no legal papers, the following may be accepted: Absent spouse's current lease, utility bill, or a mortgage statement)

ADDITIONAL DOCUMENTS IF APPLIES TO YOUR HOME:

- Guardianship papers
- Report Card for household member 18 years of age or older and still in High School.
- Food Stamp Letter (Do Not copy Food Stamp Card)

INCOME LIMITS	
Size of Family	Yearly Income
1	\$17,655
2	\$23,895
3	\$30,135
4	\$36,375
5	\$42,615
6	\$48,855

Forms of Income Documentation

Employment	Date of hire and current paystub showing your gross year to date.
Social Security, SSI, SSDI	Award letter or recent check or bank statement
TANF	Printout for last 12 months
Pension, Retirement, VA	Award letter or check stub or bank statement
Workman's Comp.	12 month check stubs
Self-Employment	Current Tax Forms 1040, schedule, C, F, E & SE
Unemployment	Voucher History Printout from Work One Office
Black Lung Payments	Award letter, recent check, bank statement
Alimony	Divorce Decree, recent check or bank statement
Rental Income	Tax papers, copy of current lease or rental agreement between you and tenant.
Short/Long Term Disability	12 month check stubs
Interest/Dividends	Bank statement
Zero Income Individuals	Anyone 18 years of Age & older with no income or gaps in employment must get Wage Transcript and Voucher History Printout from Work One Office and complete Zero Income Form.
Foster Care/Adoption Stipend	Recent Check or bank statement
Odd Jobs	Complete Income Verification Form(odd jobs: scrapping, cleaning homes, babysitting etc...)
Other:	Submit documentation of other income not mentioned above.

RETURN COMPLETED APPLICATION AND DOCUMENTATION LISTED ABOVE TO ONE OF THE FOLLOWING:

- **Mail: OVO – EAP, P.O. Box 625, Madison, IN 47250**
- **Fax: 812-273-2604**

If you have any questions please contact 1-877-782-5882 or 812-265-5882. Lines are VERY BUSY! Please be patient.

You DO NOT need to schedule an appointment if you are completing mail-in application. Just mail or fax application back to OVO.



OVO ENERGY ASSISTANCE

October 2014 through May 2015 Assistance Application

APPLICANT RESIDENCE		
Street Address: _____	City: _____	Zip Code: _____
Mailing Address (if different than listed above): _____		
County of Residence: <input type="checkbox"/> Jefferson <input type="checkbox"/> Jennings <input type="checkbox"/> 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/African American B. White C. Asian D. Multi-Race E. Native Hawaiian/Other Pacific Island F. American Indian/Alaska Native G. Other/Don't Know H. Refused	Health Insurance Codes: A. Medicare B. Medicaid C. Hoosier Healthwise D. Medicaid Select E. Other Private Ins. F. None

Household Members First, Middle Initial, Last Name	Date of Birth xx/xx/xxxx	Relationship to you <small>(I.E. son, daughter, wife, etc.)</small>	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: Jane Doe	Income Code: C Monthly Amount: \$ 139	Income Code: A Monthly Amount: \$ 1150	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: \$	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):	
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 If Yes, MUST SUBMIT 12 MONTH PRINTOUT SHOWING MONTHLY AMOUNT!
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? _____	
9. Do you wish to receive notification of benefit payments and other information? Email: _____ Text: (Standard text rates apply) _____ Mobile Carrier: <input type="checkbox"/> Alltel <input type="checkbox"/> AT&T <input type="checkbox"/> Boost Mobile <input type="checkbox"/> Centennial Wireless <input type="checkbox"/> Cricket <input type="checkbox"/> Metro PCS <input type="checkbox"/> Nextel <input type="checkbox"/> Sprint <input type="checkbox"/> T-Mobile <input type="checkbox"/> Verizon <input type="checkbox"/> Virgin Mobile	

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: _____ |

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 LANDLORD AFFIDAVIT

Landlord: *This applicant has indicated that he or she does not have a copy of a written lease agreement **that meets all requirements below**. Please complete this affidavit on behalf of the applicant and confirm the following information below. **OVO requires Landlord Affidavit for renters. Lease will NOT be accepted!***

APPLICANT INFORMATION (to be completed by the agency)

Applicant Name:	Date:
Address:	Phone:

LANDLORD INFORMATION (to be completed by the Landlord)

Heating costs are:	Electric costs are:
<input type="checkbox"/> Included in this applicant's rent	<input type="checkbox"/> Included in this applicant's rent
<input type="checkbox"/> Are the responsibility of the applicant, but in the Landlord's name	<input type="checkbox"/> Are the responsibility of the applicant, but in the Landlord's name
<input type="checkbox"/> Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney	<input type="checkbox"/> Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney

Primary Heat Source:

Kerosene, LP Gas, Oil, Wood, or Coal
 Natural Gas
 Electric Heat

Number of Household Members

Adults
 Children

Dwelling Type:

Mobile Home
 Single site
 Multi-unit

Rental Assistance:

The applicant receives rental assistance from a government funded program.

Landlord Name (printed)	Landlord (Signature)
Address	Date: Phone:

AGENCY: *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 if the applicant is renting their dwelling and does not have a current lease **that meets all requirements above**.*

Revised
08/2011

This form is mandated by Indiana Housing and Community Development Authority if a copy of a written lease agreement is not available. Failure to sign this form may disqualify your household from further LIHEAP benefits.

INCOME VERIFICATION FORM

Household Member _____ SSN _____ Date _____

Head of Household Name _____ SSN _____ Date _____

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.

Section 1: I hereby certify that 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

My household living expenses (housing, utility, food, other personal necessities) have been met over months with no income by: _____

Section 2: I hereby certify that I have received \$ _____ during the following month(s) for which there is no documentation. I received this income from the following source (s): _____.

(Examples: Scrapping, Babysitting, Cleaning Houses, Any other Odd Jobs, Yard Sales, Selling/Sale of Personal Items, Cash received from family and friends)

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

Section 3: I hereby certify that I received the following earned and unearned income for which there is documentation.

	Income Type #1 _____	Income Type #2 _____	Income Type #3 _____
_____ Jan			
_____ Feb			
_____ Mar			
_____ Apr			
_____ May			
_____ June			
_____ July			
_____ Aug			
_____ Sept			
_____ Oct			
_____ Nov			
_____ Dec			
Totals			

_____ Household Member

_____ Date

_____ Agency Representative

_____ Date

IHEDA Energy Assistance Program Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income¹ in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, 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. My household living expenses have been met over the past twelve (12) months as follows:

Housing Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Utility Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Food Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Cash or Other Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

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.

Signature of Zero Income Claimant Date: _____

NOTARY ACKNOWLEDGEMENT

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

My County of Residence: _____
Notary Public -Signature

My Commission Expires: _____
Notary Public -Printed Name

HEAD OF HOUSEHOLD AND AGENCY SIGNATURES

Head of Household Signature Date: _____

Agency Representative Signature Date: _____

¹ Examples of different types of income: gross wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, and tips of an employee, 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, worker's compensation, veterans benefits, unemployment compensation, TANF, strike benefits, social security benefits, and royalties.