

# THINGS TO RETURN WITH YOUR APPLICATION!!

## PLEASE READ THIS THOROUGHLY!!

1. **Completed Application:** Read instructions carefully, and complete all forms that apply to your household!
2. **Photo I.D.** for all adults over age 18
3. **Social Security card** for each individual living in the household
4. Most recent **Electric Bill**
5. Most recent **Gas Bill** or recent LP delivery ticket
6. **Proof of Housing:**
  - a. *Renters whose utilities are included in rent:* Landlord Affidavit completed by your landlord or provide a current, active lease. **\*\*No other documents needed for all other renters\*\***
  - b. *Homeowners:* Must submit proof of home ownership (property taxes, homeowner's insurance, mortgage statement, MH title, or property deed)
7. If you **pay child support**, provide proof of payments
8. **Proof of income for past 3 months** including (but not limited to):
  - *Wages:* most recent paystub showing YTD earnings and how long you have been employed there
  - *Social Security:* recent award letter **or** bank statement showing the deposit amount
  - *SSI:* recent award letter or bank statement showing the deposit amount
  - *Self-employment:* most recent taxes (1040 and schedule C, SE, E, or F)
  - *Cash from odd jobs:* self-declare on "Zero Income Verification Affidavit" Sections 1 & 3 **and** complete the "DWD Release of Information" for each adult with unearned income in any of the last 3 months (**you may need to make copies of those forms**)
  - *Zero Income:* complete the "Zero Income Verification Affidavit" Sections 2 & 3 **and** the "DWD Release of Information" for each adult with no income in any of the last 3 months (**you may need to make copies of those forms**)


This is a basic list and applies to *most* households. However, there may be additional forms needed on a case by case basis. The more you can provide with your initial application will help us process your application faster.

You can return your application by: **Fax** to (812) 273-2604; **Mail** to OVO EAP, P.O. Box 625, Madison, IN 47250; or **Dropping off** at our Madison Office at 425 Walnut Street.

Places to fax for **free** from outside counties:

**Jennings County:** United Way Office or OVO Head Start

**Scott County:** United Way Office, Scottsburg Utilities, or OVO Head Start

	Energy Assistance Program Application for 2018-2019	For Office Use Only								
		Date Received _____ Application Number _____ Mail-in - Appointment - Outreach/Home Visit/Other _____ Household is disconnected or out of fuel: Y or N _____ Household has disconnect notice or fuel left is less than 25%: Y or N _____ Household heat source is inoperable: Y or N _____								
Please select if any of these situations apply and include any notices or bills you may have received. If you have a disconnect date, include that with the amount owed.										
Already Disconnected or Out of Fuel - Utility Company: _____						Date: _____		Amount Owed: _____		
Fuel tank below 25% or Disconnect Notice Received - Utility Company: _____						Date: _____		Amount Owed: _____		
What is your primary heat source? Furnace - Space Heater - Wood Stove - Baseboard Heater - Other: _____								Is it working? Y or N _____		
What is your primary cooling source? Central Air - Window Unit - Fans - None - Other: _____								Is it working? Y or N _____		
If your utility has been or is about to be disconnected, contact your local service agency to check the availability of crisis appointments. If you are out or almost out of fuel, contact your local service agency to check the availability of crisis appointments. <b>If you are unsure of your local agency or need other emergency options, please call 211.</b>										
Please be sure you attach and include the necessary supporting documents needed for the application. These include, but are not limited to: <ul style="list-style-type: none"> <li>Copies of Social Security Cards for ALL HOUSEHOLD MEMBERS, or other official document with SS#. REAL IDs can be used in place of social security cards.</li> <li>Proof of Income for the past 3 months from each household member over 18. If a member has been unemployed during this period, please include a copy of the zero income affidavit.</li> <li>Recent electric bill that includes your name, address and account number.</li> <li>Recent gas bill, that includes your name, address and account number if you heat with gas.</li> <li>A delivery statement from your fuel dealer if you use heating fuel, other than electric or natural gas.</li> <li>A copy of your rental lease if you have heating and/or electric included in rent, all pages, signed, less than 24 months old</li> <li>Proof of homeownership (mortgage or tax statement, or another official document)</li> </ul> If you have any questions regarding documentation to include, please contact your local service agency.										
Physical Address _____				Apt # _____		City, State, Zip _____			County _____	
Mailing Address (if different from physical) _____										
Email Address _____				May we email you? _____		Phone _____			May we text you? Y / N _____	
Please circle <b>one</b> for each category: Rent - Own - Other _____				Single Unit Site (House) - Mobile Home - Multiplex (Apartment Building or Townhome) _____						
Last Name, First Name, Middle Initial		Last Four Digits of Social Security Number	Date of Birth (MM/DD/YY)	Gender F/M	Hispanic Y/N	See Codes Below			Disabled Y/N	School Years Completed
						Race	Military Status	Health Insurance		
		xxx - xx -								
		xxx - xx -								
		xxx - xx -								
		xxx - xx -								
		xxx - xx -								
		xxx - xx -								
Attach a separate sheet if necessary for additional household members. Please use the following codes for the above sections:										
<b>Race:</b> A - Asian; B - Black or African American; I - American Indian or Alaska Native; M - Multiracial; O - Other; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian				<b>Military Status:</b> A - Active; N - No Affiliation; V - Veteran		<b>Health Insurance:</b> A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; N - None; O - Other; S - State				

Please indicate your main heating fuel source:		Please check any assistance received by the household:				Please name anyone in your household currently affiliated with this local agency as:	
Electric	Natural Gas	Child Care Voucher	Healthcare Subsidy	Public Housing	TANF	Board Member	
Fuel Oil	Propane	Permanent Supportive Housing	HUD VASH Voucher	Section 8 (HCV)	Other:	Employee	
Kerosene	Wood	Earned Income Tax Credit (EITC)	Child Support	SNAP (Food Stamps)		Sub-contractor	
Other:		Please list any household member between the ages of 14-24 that are not working <u>and</u> are not in school:					
Do you pay child support?      Monthly amount paid: _____ (include proof of payments)							
The Weatherization Program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your household be interested in being referred to the Weatherization Program?						Yes      No	
If you are a renter...							
Is heat included in your rent?		Yes	No				
Is electricity included in your rent?		Yes	No				
If you answered yes to either of these, we may pay you directly. You must provide a lease or Landlord affidavit that shows that the utilities are in the landlord's name. Please fill out the Landlord Affidavit, which can be obtained from your Local Service Provider. If you'd like your benefit as a direct deposit, please complete the next section.							
<b><u>DIRECT DEPOSIT FOR UTILITIES INCLUDED IN RENT ONLY</u></b>							
Bank Name				Bank Address			
Checking or Savings?		Financial Institution Routing Number (9 Digits)		Checking/Savings Account Number			
<b>Disclaimer:</b> I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I am a resident of Indiana and an applicant for the Energy Assistance and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. However, I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that I have received based on any such misrepresentation or omission.							
Signature						Date	

Do you plan to recertify this year?      Yes      No  
**\*\*see next page to see if you qualify\*\***

# ***Do I Qualify for Recertification?***

Households with fixed incomes may recertify for EAP this year without providing documentation that is usually necessary for the application. To qualify for recertification, you must answer **yes** to all of these questions:

- 1. Did you send in a full EAP application (all documents) and receive an EAP benefit within the past two years? \_\_\_\_\_**
- 2. Are the members in your household the same? \_\_\_\_\_**
- 3. Is your only income Social Security, Veteran's Benefits, Supplemental Security Income (SSI) or Retirement Pension/Annuity? \_\_\_\_\_**

*If you answered **YES** to **ALL** of these questions then you are eligible to recertify this program year.*

*\*\*Remember you must be on a fixed income and have only Social security, Veterans Benefits, SSI or retirement income, and you have had only small or cost-of-living changes in your income since the last time you sent in an application and were approved for EAP. Only then will you qualify for recertification.*

*\*\* **No one in your household may be working.***

*If there is a household member who has income from a job, you will need to send in a complete application with all supporting documents.*

So if you are able to answer YES to all three questions then you can recertify this year by providing **ONLY**:

- The completed 2 page application and current utility bills. (This is to ensure that your benefit will be applied to the correct account.) Please remember to be sure the application is signed and dated.

(If you are recertifying this year you do not need to complete any additional forms unless your utilities are included in your rent – if this is the case for you then you will need to complete the Landlord Affidavit.)

As usual, you will receive confirmation of your approval or denial through the mail for this process.

**\*\*Must complete form for each adult with no income in the previous 3 months\*\***

**Energy Assistance Program Zero Income Verification Affidavit**  
**This form is to be completed by anyone claiming zero income**

Household Member: \_\_\_\_\_

**Section 1:** I received income in the following amount: \$\_\_\_\_\_ 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

What is the source of this income?

**Section 2:** I received **NO** income (See \* below for examples) during 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:** State, Federal or other assistance. (List ALL sources and approximate amounts that you received to help you meet your living expenses over the past 3 months). (For example: Section 8 Housing, money from relatives or other household member, Township Trustee, food pantry, churches, etc.)

Please explain how you are able to pay the following expenses if claiming zero income for the past 3 months. (i.e., child support, Housing Authority, odd jobs, spouse works, etc.) Include the amount of assistance received for each category and source.

Rent/Mortgage:	
Utilities:	
Food:	
Other Household Expenses:	

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.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Zero Income Applicant**

\*Examples of types of income: wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, tips, 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, 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 THIS FORM!**

## **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



### **RELEASE OF INFORMATION**

**\*NAME OF APPLICAN (PRINT)** \_\_\_\_\_

**List all other last names:**

**\*SOCIAL SECURITY:** \_\_\_\_\_

**\*CURRENT DATE:** \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

\_\_\_\_\_  
**\*SIGNATURE OF APPLICANT**

☐ Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

**\*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

**\*Signature of Requestor:** \_\_\_\_\_

**Requesting Agency:** Ohio Valley Opportunities, Inc.

**Fax Number:** (812) 273-2604

**\*REQUIRED FIELDS:** For questions email [EmployVerification@dwd.IN.gov](mailto:EmployVerification@dwd.IN.gov)

**\*\*Only needed if either utility is included in rent\*\***

## ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD AFFIDAVIT

**Landlord:** Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in Ink.**

### APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City:	State: <b>IN</b> Zip Code:

### UTILITY INFORMATION (to be completed by the Landlord; Check appropriate lines)

Heating costs are:	Electric costs are:
<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment.	<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment.
<input type="checkbox"/> Responsibility of the Renter, but in the Landlords name	<input type="checkbox"/> Responsibility of the Renter, but in the Landlords name.
<input type="checkbox"/> Responsibility of the Renter	<input type="checkbox"/> Responsibility of the Renter

#### Primary Heat Source:

- ☐ Electric (furnace or baseboard-no space heaters)  
☐ Natural Gas  
☐ Kerosene, LP Gas, Oil, Wood, Coal, Pellets  
☐ Primary Heat Source is not working (in-operable)

How much does the tenant pay each month in rent? \_\_\_\_\_

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 Name (printed)	Landlord Name(Signature)
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):