

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**
6. **Proof of Housing:**
 - a. *Renters:* Landlord Affidavit completed by your landlord or provide a current, active lease
 - 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

*****IMPORTANT: Remember when faxing your application that fax machines only fax one side. If you need both sides of your paper faxed, you will either have to send a 2nd fax for the back pages or make a copy of the pages so you have both sides ready to be sent!*****



MUST COMPLETE THIS PAGE



2017-2018 Indiana Energy Assistance Program Application

FOR AGENCY USE ONLY:		
<input type="checkbox"/>	Date Received:	_____
<input type="checkbox"/>	App Number:	_____
<input type="checkbox"/>	Mail-in	<input type="checkbox"/> Appointment <input type="checkbox"/> Other/Home visit

1. Personal Information

Your Name (First, MI, Last)		Social Security Number	Date of Birth (Month, Day, Year)
Current Home Address:			
Mailing address (if different from above):			
Street, Apt # or PO		City, State, Zip	
County:	Best Contact Phone Number:	Can we send you text notifications to this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language spoken at home:	Email address:	Can we send you email notification? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 2. Energy Emergency (Skip this section if you do not have an energy emergency.)

If your utility has been disconnected, is about to be disconnected, or you are out of fuel, you may send us your disconnect information below. *Calling your local service provider will resolve the energy emergency faster than mailing in this application.* Call your energy provider for faster service or if you are experiencing a life-threatening situation. If you don't know who your local service provider is, please call 211.

If you mail this application with an energy emergency, please include disconnect notice(s).

- Already disconnected. Company: _____ Disconnect Date: _____ Amount Owed: _____
- Received disconnect notice. Company: _____ Date Scheduled: _____ Amount Owed: _____
- In crisis Bulk/Biofuel/ pre-paid utility: You are in crisis if you have less than 25% of your fuel left in your tank or biofuels (wood, pellets etc.); or if you are within ten (10) days of running out of your primary heating source.
% of fuel in your tank today _____ Amount Owed: _____

You must self-declare that you are in crisis for bulk, biofuel or a pre-paid utility. Please fill out the Self-Declaration of Primary Fuel Source Level at the end of this application.

Part 3. Household Information

List **ALL** household members, starting with you. Attach a separate sheet for any additional household members.

First Name, MI, Last Name	Social Security Number	Date of Birth MM-DD-YYYY	Race	Hispanic Y/N	Sex M/F	Disability Y/N	Years of school / level of education attained (over 14 years only)	Military Status* : Active, Veteran, none	Health Insurance: Medicaid, Medicare, State Health Insurance, Military Insurance, Direct Pay, Employment based, none

*If anyone is a **Veteran**, please provide proof (DD-214, military ID card, military separation papers, etc.).

Race: B = Black or African American W = White A = Asian I = American Indian or Alaska Native
P = Native Hawaiian or Other Pacific Islander O = Other M = Multi Race

Number of individuals in your household aged 14-24 who are not working or in school? _____

Are you or is anyone in your household currently an employee or board member of this local service agency?
 No Yes If yes, please check one: Self Household Member Board Member

Part 4: Income, Benefits, and other Assistance:

Please list all income from all members of your household aged 18 and up. Income includes but is not limited to wages, supplemental social security (SSI), Social Security Disability Income (SSDI), retirement from Social Security, pension, veteran’s benefits, private disability insurance, alimony, unemployment Insurance, self-employment, workers comp etc. For a complete list of income see instructions at eap.ihcda.IN.gov. **You must send proof of income. Please send copies. Do not send originals. Originals will not be returned.**

Must complete one form for each household member over age 18 who has had zero income in any of the previous 5 months. You may have to make copies!



INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

***Please list all last names ever used:**

RELEASE OF INFORMATION

*NAME OF APPLICANT (PRINT) _____

*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

Phone Number: (812) 265-5858

***REQUIRED FIELDS:** For questions email EmployVerification@dwd.IN.gov

MUST COMPLETE THIS PAGE

How many people age 18 or up did not have any income the past 3 months? _____

(Each person with Zero Income must fill out a Zero Income Affidavit and an Indiana Workforce Development Release of Information. Please include a Photo ID for each person with Zero Income).

Other Income: Check any income from any of these sources. Proof of income from these sources is NOT necessary:

TANF	Y/N	SNAP (Food Stamps)	Y/N
Child Care Voucher	Y/N	Permanent Supportive Housing	Y/N
Child Support	Y/N	HUD VASH Voucher	Y/N
Earned Income (EITC)	Y/N	Section 8 (HCV)	Y/N
Tax Credit	Y/N	Public Housing	Y/N
Other _____		Affordable Care Act Subsidy	Y/N

Do you pay Child Support? Monthly amount Paid: _____ (include proof of payments)

Part 5. Housing Information

Please check the type of housing you live in:

Single Family House Multi-Unit (Apartment/ Condo) Mobile Home Other: _____

Are you a:

Homeowner: If you own your home, buying your home or have a Life Estate you are home owner. Please provide proof of ownership. (Property taxes, mortgage statement, Contract, Home owners insurance, etc..)

Renter: Please provide lease, or Landlord Affidavit

Is heat included in your rent? Yes No

Is electricity included in your rent? Yes No

If heat or electricity is included in the rent, we may pay you directly. You will have to provide a lease or Landlord affidavit showing that utilities are in the Landlord's name. Please provide your Direct Deposit information on the ACH/Direct Deposit form which is included or can be found at eap.IHCDA.in.gov

Part 6. What is your Primary Heat?

Bulk Fuels (Kerosene, LP Gas, Oil, Wood, Coal, Pellets) Electric Furnace Natural Gas

What energy company-(s) supply heat and electricity to your home?

	Primary Heating Source Vendor	Electric Vendor
Company Name		
Name on Account		
Account Number		

Send a copy of your last heat and electric bill. For bulk fuel, send a fuel receipt. If the name or one of your household members name is not the name on the account, call your local service provider. If your bills are in your landlord's name, include a lease or a Landlord Affidavit.

DO NOT RETURN THIS PAGE

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

MUST COMPLETE THIS PAGE

If eligible, would you like to be referred to the Weatherization Program? Yes No

Part 7. Consent and Signature

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.

Print Name: _____

Signature _____ Today's Date: _____

This section is only for clients who use bio-fuel or pre-paid utility service who will have an energy crisis within ten days.

Self-Declaration of Primary Fuel Source Level

I, _____ (print name), being of sound mind and at least 18 years of age, affirm that I have personal knowledge of the facts described in this form. (Check the appropriate box)

I am a person who is within 10 days of having no heat due to low fuel source or a prepaid utility.

NOTE: Benefits will not be provided to individuals who move out of the State of Indiana or on behalf of individuals who are deceased.

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 the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this fraud or omission.**

Signature: _____

Date: ____/____/____

ONLY COMPLETE THIS PAGE IF SOMEONE'S NAME THAT NO LONGER RESIDES IN YOUR HOME APPEARS ON A BILL, LEASE, CONTRACT, ETC.



Indiana Housing & Community Development Authority

Declaration of Household Members

Application Key: _____

I, _____ (name),
being of sound mind and at least 18 years of age, affirm that I have personal knowledge of the facts described in this form.

APPLICATION ADDRESS:

Address _____

City _____ IN _____ State _____ Zip Code _____

Household Size _____

The only individuals who will reside at the address listed above are listed below:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 the Energy Assistance Program (“EAP”) and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this misrepresentation or omission.**

Signature: _____ Date: ____/____/____

Telephone Number: (____) _____ - _____
(IHCDA follow up may be required, while your request for assistance is being processed or thereafter.)

ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD AFFIDAVIT

ONLY COMPLETE THIS PAGE IF YOU ARE A RENTER.

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: IN 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 Renter, but in the Landlords name <i>PROVIDE UTILITY STATEMENT COPY-if checked above</i> <input type="checkbox"/> Responsibility of the Renter <input type="checkbox"/> Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known)	<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 <i>PROVIDE UTILITY STATEMENT COPY-if checked above</i> <input type="checkbox"/> Responsibility of the Renter <input type="checkbox"/> Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known)

Primary Heat Source:

- Electric (furnace or baseboard- no space heaters)
 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)

<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 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.

Must complete form for each adult with no income in any of the previous 5 months or who has received cash money. You may have to make copies!

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 12 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 12 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

No Signature Required

Date: ___/___/___

Application#: _____

LSP Representative Signature





Energy Education Pre-Survey

1. What is the ideal freezer temp?
A) 3 – 5 degrees B) 7 – 10 degrees C) 0-5 degrees D) -2 – 3 degrees
2. Cords and appliances left plugged in still use electricity?
A) True B) False
3. Microwaves use ___ % less energy than ovens?
A) 60% B) 70% C) 75% D) 80%
4. What is the 2nd largest energy user in most homes?
A) furnace B) hot water heater C) oven D) small appliances
5. How often should you check a furnace filter?
A) every 4 months B) monthly C) daily D) every 6 months

****Now watch the enclosed DVD and then take the Energy Education Post-Survey** If you are unable to watch the DVD, please disregard this form.**



Energy Education Post-Survey

6. What is the ideal freezer temp?
A) 3 – 5 degrees B) 7 – 10 degrees C) 0-5 degrees D) -2 – 3 degrees
7. Cords and appliances left plugged in still use electricity?
A) True B) False
8. Microwaves use ___ % less energy than ovens?
A) 60% B) 70% C) 75% D) 80%
9. What is the 2nd largest energy user in most homes?
A) furnace B) hot water heater C) oven D) small appliances
10. How often should you check a furnace filter?
A) every 4 months B) monthly C) daily D) every 6 months

(internal use only _____/_____)