Indiana Energy Assistance Program Application

Program Year 2027

CoAction founded in 1965 ihcda	**Porter County Community Services** **1005 Campbell St.** **Valparaiso, In. 46385** **Phone: 219-464-9736** **Hours: 8:00am-4:00pm** **Website: portercountyacs.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 any person 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 (*Including Apartment/Lot/Trailer Number, if applicable*)	**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:

Home Ownership (Please check one)

☐ Own ☐ Rent ☐ Other: _____

Utilities and Payment

Electricity Vendor: _____

Account number: _____

Heating Vendor: _____

Account Number: _____

☐ Electricity included in rent ☐ Heat included in rent

Primary Installed Heating Equipment (please check one)

☐ Furnace/Heat Pump ☐ Baseboard/Wall Unit

☐ Wood Stove/Fireplace ☐ Other: _____

Is it working? ☐ Yes ☐ No

Primary Heating Fuel (please check one)

☐ Electricity ☐ Natural Gas

☐ Propane ☐ Fuel Oil

☐ Firewood/Corn/Pellets

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 all types of income received by any member of the household in the past three months. 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.

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)

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