



eap@gsnlive.org
12933 Parkside Dr, Fishers, IN 46038
317-842-2603, x205
www.gsnlive.org

NOVEMBER 1, 2020 THROUGH MAY 14, 2021



Please follow the instructions below (and on the other side of this sheet) so that your application can be processed as soon as possible. If any item is missing, it's likely your application will be put on hold!

eap@gsnlive.org
317-842-2603, x205

IF YOU HAVE A DISCONNECT NOTICE OR YOUR ELECTRICITY/GAS IS ALREADY OFF, PLEASE CALL 317.842.2603 x205 AND SCHEDULE AN APPOINTMENT WITH ENERGY ASSISTANCE .

APPOINTMENTS will be scheduled beginning November 1. All appointments will be curbside (remain in your vehicle and call in upon arrival).

If not in disconnect, applications will be processed on a first received basis. Please allow 55 days for processing.

Complete both pages of the application listing all household members. Failure to include all persons living in your household is considered fraud which can result in a denial of assistance or repayment of any assistance received.

Be sure to SIGN your application.

If you were divorced or separated within the 3 months prior to your application, then you will need to provide a divorce decree or complete a Declaration of Absent Household Members.

If any member of the household is a veteran, provide documentation such as a DD Form 214 or a Veterans Administration Identification Card (VIC) among other options.

Complete & sign the Energy Education Survey and return with the application.

Use the checklist on the next page to make certain you turn in all necessary documentation with your application. Please DO NOT MAIL ORIGINAL DOCUMENTS, SOCIAL SECURITY CARDS OR ID'S! ► COPIES ONLY.

Do You Qualify for Recertification?

Households with fixed income may recertify for EAP without providing documentation that is usually necessary for the application. To qualify for recertification, you must be able to answer yes to all three of these questions:

- **Did you send in a full EAP application (all documents) and receive an EAP benefit within the past two years?**

For example, you would be eligible for recertification for the 2020-2021 program year if you sent in a full application and received a benefit for the 2019-2020 program year or 2018-2019 program year.

- **Are the members in your household the same?**

You would be eligible for recertification if the members of your household are the same as the last time you sent in an application and were approved for EAP.

- **Is your only source of income Social Security, Veteran's Benefits, Supplemental Security Income (SSI) or Retirement Pension/Annuity?**

If you are 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, then you will qualify for recertification. No one in your household may be working. If there is a household member who has income from a job, self-employment, some other income source, or zero income, you will need to send in a complete application with all supporting documents.

If you can answer yes to all three (3) questions, you qualify for recertification for up to two (2) years. You must resubmit all your documents every third year. To recertify:

- Complete the EAP application, sign the application and return it to us. Be sure the application is signed and dated.
- Include current utility bills. This is to ensure that your benefit will be applied to the correct account.

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

COMPLETED APPLICATION CHECKLIST

Use this checklist to make sure your application includes all documents and will be accepted for processing.

1. SOCIAL SECURITY NUMBERS CONFIRMED

Copy of Social Security cards for all household members. *The following can also be submitted as SS# documentation: State Issued Real ID, Passport, Current W-2 or 1099, Social Security Benefit Statement. **MEDICARE CARDS DO NOT INCLUDE SOCIAL SECURITY NUMBER SO THESE ARE NOT ACCEPTABLE.***

2. PHOTO ID NECESSARY

FOR THE PERSON THAT SIGNED THE APPLICATION.

3. INCOME: We must have one or more of the following for all household members who are age 18 and older

Three months-gross income for the previous three months. **(check stubs for all jobs held during this time period).**

A letter from your employer (on Business Letterhead stating time period of employment and gross wages earned that is **signed** by the employer.

If receiving Unemployment Benefits, please complete a Dept. of Workforce Development release form so we can request a Last Known Employer report.

If neither of the first two items are available, (even if only missing one month) the Zero Income Verification Affidavit must be completely filled out and signed.

If an 18 yr. old in the household is still in school, please provide the school schedule.

If self-employed or have rental income etc., please submit your **2020 or 2021** 1040 Federal Tax Form, schedule 1, and schedule C or SE **(SIGNED)**.

4. IF YOU ARE RENTING AND ONE OR BOTH OF YOUR UTILITIES ARE INCLUDED IN YOUR RENT, ONE OF THE FOLLOWING IS NECESSARY:

A Landlord/Housing Affidavit must be completed by the landlord.

A current, signed lease will be accepted if the landlord is not able/willing to complete the Landlord Affidavit.


5. CURRENT UTILITY BILLS:

Gas

Electric

Bulk fuel statement


Energy Assistance Program Application - Program Year 2021

	12933 Parkside Dr Fishers, IN 46038 317-842-2603, x205 EAP@gsnlive.org www.gsnlive.org	For Provider/Agency Use Only																	
		Date Received:																	
		Application Number:																	
		<input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/ Home Visit/Other																	
		Household is disconnected or out of fuel: Y / N																	
Household has disconnect notice or less than 25% fuel left: Y / N																			
Household heat source is inoperable: Y / N																			
Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric? <input type="checkbox"/> Yes <input type="checkbox"/> No If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider/community action agency listed above to check the availability of crisis appointments. If you need other emergency options, please call 211.																			
Physical Address with Apartment Number				City		State		Zip Code		County									
						IN													
Alternate Mailing Address (only complete if different from physical address above)								Last four digits of SSN											
								xxx-xx-											
Phone number			May we text you?		E-Mail Address				May we e-mail you?										
<input type="checkbox"/> home <input type="checkbox"/> cell			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No										
Please list all people residing at this address, including yourself. Attach a separate sheet if necessary.																			
Name (Last, First, Middle Initial)		Date of birth (MM/DD/YYYY)		Gen-der		Race		Military Status		Health Insurance		Employment Status		His-panic?		Disa-bled?		School Years Completed	
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
				F / M										Y / N		Y / N			
Race Codes: A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O -				Military Codes: A - Active; V - Veteran; N - No Affiliation		Health Insurance Codes: A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None				Employment Status Codes: A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired									
Home Type (please check one) <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home				Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____				Utility Payment Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____											
Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____				Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____ Heat vendor: _____				Cooling Source (please check one) <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No											

Please complete and sign page 2 - Application is not valid without signature and date.

<p>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</p> <p> <input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security/SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Self-Employment <input type="checkbox"/> Interest <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> No income <input type="checkbox"/> Other: _____ </p>	<p>Has anybody in the household <u>paid</u> child support in the past three months?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes Monthly amount paid: \$ _____ (please include proof of payments) </p>
<p>Please indicate <u>all</u> sources of assistance received by the household (please check all that apply):</p> <p> <input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD VASH Voucher <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Healthcare Subsidy <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None </p>	
<p>Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes please list: _____ </p>	<p>Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes please list: _____ </p>
<p>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 a referral to the Weatherization program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Please be sure to complete <u>each page</u> of this application in its entirety.</p> <p>Please be sure you attach and include <u>all</u> required supporting documents. These include, but are not limited to:</p> <p> <input type="checkbox"/> Copy of Social Security card for each household member. REAL ID or US Passport may be used in lieu of Social Security card. <input type="checkbox"/> State or federally-issued photo ID for the individual signing this application. <input type="checkbox"/> Proof of income for the past three (3) months for each household member age 18 or over. <input type="checkbox"/> Most recent full electric bill, including name, service address, and account number. <input type="checkbox"/> Most recent full gas or bulk fuel bill or account statement, including name, service or delivery address, and account number. <input type="checkbox"/> If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form. <input type="checkbox"/> Your local service provider's referral form. </p> <p>If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.</p>	
<p>Disclaimer: 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. 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.</p> <p>Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.</p>	
<p>Signature of person completing this form (required)</p>	<p>Date (required)</p>

Aplicación para el programa de asistencia de energía - Programa para el año 2021

	12933 Parkside Dr Fishers, IN 46038 317-842-2603, x205 EAP@gsnlive.org www.gsnlive.org		For Provider/Agency Use Only							
			Date Received:							
			Application Number:							
			<input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/ Home Visit/Other							
			Household is disconnected or out of fuel: Y / N							
			Household has disconnect notice or less than 25% fuel left: Y / N							
			Household heat source is inoperable: Y / N							
¿Está su servicio eléctrico/calefacción desconectado o programado para desconexión o con poco propano/petróleo/leña o electricidad prepagada? <input type="checkbox"/> Sí <input type="checkbox"/> No Si su servicio lo van a desconectar o ya está desconectado, o casi no tiene combustible, contacte a su proveedor de servicios local/agencia de acción comunitaria mencionada arriba para consultar la disponibilidad de citas de crisis. Si necesita otras opciones de emergencia, por favor llame al 211.										
Dirección física con el número del apartamento			Ciudad		Estado	Código postal		Condado		
					IN					
Dirección de correo alterna (rellenar solo si es diferente a la dirección física anterior)						Últimos 4 dígitos del Seguro Social				
						XXX-XX-				
Número de teléfono		¿Mensaje de texto?		Dirección de correo electrónico (email)			¿Podemos enviarle un email?			
<input type="checkbox"/> casa <input type="checkbox"/> celular		<input type="checkbox"/> Sí <input type="checkbox"/> No					<input type="checkbox"/> Sí <input type="checkbox"/> No			
Por favor mencione a todas las personas que residen en esta dirección y a usted mismo. Anexe una hoja separada si es necesario.										
Nombre (apellido, nombre, inicial del segundo nombre)		Fecha de nac. (DD/ MM/AAAA)	Género	Raza	Estatus militar	Seguro de salud	Estatus de empleo	¿Hispano?	¿Discapacitado?	Años de escolaridad finalizados
			F / M					Sí / No	Sí / No	
			F / M					Sí / No	Sí / No	
			F / M					Sí / No	Sí / No	
			F / M					Sí / No	Sí / No	
			F / M					Sí / No	Sí / No	
			F / M					Sí / No	Sí / No	
			F / M					Sí / No	Sí / No	
			F / M					Sí / No	Sí / No	
Códigos de la raza: A - Asiática; B - Negra o afroamericana; I - Indio americano o nativo de Alaska; P - Nativo de Hawái o de otra isla del Pacífico; W - Blanca o caucásica; M - Multirracial; O - Otra		Códigos militares: A - Activo; V - Veterano; N - No tiene afiliación		Códigos de seguro de salud: A - Medicaid; B - Medicare; D - Compra directa; E - Basado en el del empleador; M - Militar; S - Estatal; O - Otro; N - Ninguno			Códigos de estatus de empleo: A - A tiempo completo; B - A tiempo parcial; C - Trabajador agrícola temporal migrante; D - Desempleado (menos de 6 meses); E - Desempleado (más de 6 meses); F - No está en la fuerza laboral; G - Jubilado			
Tipo de vivienda (por favor marque una) <input type="checkbox"/> Unidad múltiple (apartamento, condominio, dúplex, etc.) <input type="checkbox"/> Casa unifamiliar construida en el sitio <input type="checkbox"/> Casa móvil		Propiedad (por favor marque una) <input type="checkbox"/> Propia <input type="checkbox"/> Alquilada <input type="checkbox"/> Otra: _____			Pagos de servicios públicos ¿Calefacción incluida en el alquiler? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> N/A ¿Electricidad incluida en el alquiler? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> N/A Proveedor de electricidad: _____					
Fuente de calefacción (por favor marque una) <input type="checkbox"/> Calentador central <input type="checkbox"/> Estufa de leña <input type="checkbox"/> Calentador de zócalo <input type="checkbox"/> Calentador <input type="checkbox"/> Otro: _____		Combustible de calefacción primaria (marque uno) <input type="checkbox"/> Eléctrico <input type="checkbox"/> Gas natural <input type="checkbox"/> Propano <input type="checkbox"/> Leña <input type="checkbox"/> Aceite <input type="checkbox"/> Querosén combustible <input type="checkbox"/> Otro: _____			Fuente de enfriamiento (por favor marque una) <input type="checkbox"/> AA central <input type="checkbox"/> Unidad de ventana <input type="checkbox"/> Ventilador <input type="checkbox"/> Ninguna <input type="checkbox"/> Otro: _____					
¿Está funcionando? <input type="checkbox"/> Sí <input type="checkbox"/> No		Proveedor de calefacción: _____			¿Está funcionando? <input type="checkbox"/> Sí <input type="checkbox"/> No					

Por favor rellene y firme la pág. 2 – La aplicación no es válida si no contiene la firma y la fecha.

Por favor indique todos los tipos de ingresos recibidos por el hogar en los últimos tres meses (por favor marque todos los que apliquen): <input type="checkbox"/> Empleo/Salarios <input type="checkbox"/> Seguro Social/SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Beneficios de VA <input type="checkbox"/> Pensión/Jubilación <input type="checkbox"/> Trabajo autónomo <input type="checkbox"/> Intereses <input type="checkbox"/> Trabajos eventuales/ingreso irregular <input type="checkbox"/> Prestaciones por desempleo <input type="checkbox"/> Sin ingresos <input type="checkbox"/> Otro: _____	¿Pagó alguien en hogar manutención infantil en los últ. 3 meses? <input type="checkbox"/> No <input type="checkbox"/> Sí Cantidad pagada cada mes: \$ _____ (incluya prueba de los pagos)
Por favor indique todas las fuentes de ayudas que recibe el hogar (por favor marque todos los que apliquen): <input type="checkbox"/> Bono de elección de vivienda (Sección 8) <input type="checkbox"/> Vivienda pública <input type="checkbox"/> Bono de HUD VASH <input type="checkbox"/> Vivienda de apoyo permanente <input type="checkbox"/> SNAP (Estampillas para comida) <input type="checkbox"/> Subsidio cuidado salud <input type="checkbox"/> Bono de cuidado infantil <input type="checkbox"/> Apoyo infantil <input type="checkbox"/> TANF <input type="checkbox"/> Crédito fiscal por ingresos devengados (EITC) <input type="checkbox"/> Otra: _____ <input type="checkbox"/> Ninguna	
¿Vive actualmente alguien en el hogar entre 14-24 años de edad que no trabaja ni va a la escuela? <input type="checkbox"/> No <input type="checkbox"/> Sí Por favor méncionelo(s): _____	¿Está alguien en el hogar actualmente afiliado con esta agencia como un miembro empleado/del personal, miembro de la junta o subcontratista, o relacionado con alguno de estos miembros? <input type="checkbox"/> No <input type="checkbox"/> Sí Por favor méncionelo(s): _____
El programa de climatización ofrece medidas de ahorro de energía para reducir los montos de las facturas de servicios públicos de los residentes de Indiana con bajos ingresos en el estado. ¿Estaría su hogar interesado en ser referido a este programa? <input type="checkbox"/> Sí <input type="checkbox"/> No	
<p align="center">Por favor cerciórese de rellenar totalmente cada página de esta solicitud.</p> <p align="center">Anexe e incluya todos los documentos de apoyo necesarios. Estos incluyen, pero no se limitan a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copia de la tarjeta del Seguro Social de cada miembro del hogar. Se puede usar una identificación real o un pasaporte de EE. UU. <input type="checkbox"/> Identificación con foto emitida por el estado/gobierno federal de la persona que firma esta solicitud. <input type="checkbox"/> Prueba de ingresos en los últimos (3) meses de cada miembro del hogar con 18 años de edad o más. <input type="checkbox"/> Factura eléctrica más reciente, con nombre, dirección del servicio y número de cuenta. <input type="checkbox"/> Factura completa más reciente de gas o combustible a granel, con nombre, dirección de servicio o entrega y número de cuenta. <input type="checkbox"/> Si vive alquilado y los servicios públicos de electricidad y/o calefacción están incluidos en su alquiler, por favor incluya una declaración jurada del propietario y firmada por su propietario o un designado autorizado o un contrato de alquiler completo firmado en los últimos 24 meses. Si desea que sus beneficios se le paguen en un depósito directo, por favor contacte a su agencia de servicios local para solicitar un formulario de autorización de ACH. <input type="checkbox"/> Formulario de referencia de su proveedor de servicios local. <p align="center">Si tiene preguntas sobre la documentación admisible, por favor contacte a su proveedor de servicios local, mencionado al frente de esta solicitud.</p>	
<p>Exención de responsabilidad: Certifico bajo pena de perjurio y fraude que la información provista en esta solicitud es correcta y verdadera. Entiendo que se me puede exigir que verifique estas declaraciones, y por la presente doy mi consentimiento a la agencia a la que solicito ayuda para que se ponga en contacto con las personas necesarias para verificar estas declaraciones. Soy un residente de Indiana y un solicitante del programa(s) de ayuda de energía y/o climatización. Reconozco que cualquiera de los servicios o materiales proporcionados a mi hogar serán donaciones sin consideración o pago de mi parte. Permiso al estado de Indiana y a la agencia donde solicito la ayuda obtener información de mi suplidor de energía, incluyendo aquella sobre mi uso de la energía e historial de pago. Entiendo que el estado de Indiana puede usar la información provista en este formulario para investigar, evaluar y analizar lo pertinente. También entiendo que el estado de Indiana puede usar la información provista en este formulario para ver si califico para otros programas de ayuda. Por la presente eximo al estado de Indiana, al proveedor de servicios local, u otra entidad, de cualquier responsabilidad que resulte en la ejecución de estas actividades. No he recibido ningunas garantías expresas o implícitas relacionadas con la recepción de estos servicios. También reconozco que si doy una información falsa o no divulgo cualquier información requerida en esta solicitud, puedo no ser elegible para recibir asistencia con la energía y/o climatización, y se me puede pedir que devuelva cualquier ayuda y/o beneficios recibidos en base a tal información falsa u omisión.</p> <p align="center">Los beneficios del Programa de ayuda de energía se otorgan sin distinción de raza, edad, color, religión, sexo, discapacidad, origen nacional, ancestros o estatus de veterano (exmiembro de las fuerzas armadas).</p>	
Firma de la persona que rellena este formulario (se requiere)	Fecha (se requiere)

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income

Household Member: _____ Application Key: _____

Section 1: I verify that I have received income as defined below, by the month but I have **NO** documentation for this income. Please write the year below the month. **Source of my income is:** _____

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Jan 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 20__

(Income sources may include but are not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, cashed vacation or sick pay, tips, pensions, disability payments from any source, dividends, interest, gambling winnings, railroad retirement benefits, military allotments, life insurance payments, workers compensation, unemployment or strike benefits, social security benefits for any age, and royalties.)

Section 2: I received **NO** income during the following months. *Check all that apply and write the year below the month.*

Jan 20__	Feb 20__	Mar 20__	Apr 20__	May 20__	June 20__	July 20__	Aug 20__	Sept 20__	Oct 20__	Nov 20__	Dec 20__

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months. (For example: Section 8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)

Rent/Mortgage:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____ From Whom: _____ Paid to me <input type="checkbox"/> Paid directly to store/retailer <input type="checkbox"/>

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**

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this _____ day of _____ 20__.

County of Residence: _____ Notary Public – Signature _____

Commission Expires: _____ Notary Public -Printed Name _____

Reduce Your Energy Bills

Contact your electric utility & find out if you qualify for a home energy assessment. That's the quickest way to find steps to save energy & money around the home. The following tips can help, too.

1. Throughout the Home

- Unplug cell phone chargers, electronics, & small appliances when you're not using them. Advanced power strips can help greatly.
- An electricity usage monitor will show how much energy a device or appliance is using, including standby power.
- Set your water heater at 120 degrees. Insulate hot water pipes if you need to.
- On really hot days (90 degrees or more), wait until after dark to do laundry or use the stove or oven. Cook with your microwave.
- Look for the Energy Star label and do your homework when shopping for new windows.
- Keep energy efficiency in mind with any landscaping. Plant deciduous trees to the west & south of the home, & evergreens to the north.

2. Insulation is Critical

- Make sure your attic, exterior walls, & any crawl spaces are properly insulated. Your attic insulation should be rated at R-38 or higher in southern Indiana, & R-49 or higher in northern Indiana.
- You may need to add attic insulation if you haven't in a few years. It can settle over time, becoming less effective.
- Check weather stripping, caulking, & seals around doors/windows. Several small holes or cracks can let as much air out as an open window.
- Use plastic or foam gaskets to insulate drafty electrical outlets.
- Close the fireplace damper when not using it.

3. Maintain Your Heating & Cooling System

- Change your filter regularly. A dirty filter makes the unit work harder than it should, using more energy & costing you more money.
- Follow the manufacturer's recommendations & have the unit serviced regularly by a professional.
- If your furnace has a built in humidifier, use it during the winter to help make the air feel warmer.
- Check ductwork regularly to ensure there are no leaks. Clean the vents regularly & keep them unblocked.
- Adjust the thermostat to use less energy when going to bed at night or leaving home for more than 5 hours. A programmable or "smart" thermostat can do this automatically.

4. Lights & Fans

- Don't wait for old lightbulbs to burn out. Change them out now to start saving money. Light emitting diodes (LEDs) use much less power than traditional incandescent bulbs & last much longer.
- Look at lumens - rather than watts - when selecting bulbs. Lumens measure a bulb's brightness.
- Turn the lights off when leaving a room. Use a timer for lights when you're on vacation.
- Set ceiling fans to turn clockwise in winter & counterclockwise in summer. Turn them off when leaving the room.
- Use exhaust fans as little as possible. They can quickly pull large amounts of heated or cooled air out of your home.

5. Appliances

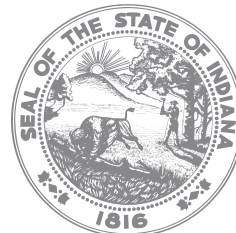
- Clean or vacuum your refrigerator's coils at least twice a year.
- Close your refrigerator door on a dollar bill. If the bill slips out easily, it's time to replace the gaskets.
- Reconsider that extra refrigerator or freezer in the garage. It's likely to use more power than it should.
- Wash only full loads of clothes, but don't overload the washer. Wash with cold water and use energy-saving settings.
- Make sure your clothes dryer's venting system is unclogged & working properly. Air dry clothing & dishes when possible.
- Buying a new appliance? Look for Energy Star products & read the EnergyGuide labels. Be aware of any rebates your utilities may offer.

For more information on utility issues, subscribe to our monthly newsletter at IN.gov/OUCC/2877.htm



Indiana Office of Utility
Consumer Counselor

115 West Washington Street, Suite 1500 South, Indianapolis, Indiana 46204
Phone: 317.232.2494 • www.IN.gov/OUCC • Toll-free: 1.888.441.2494



Confirmation of Energy Education Training

By changing the energy habits of my entire household and following simple energy saving practices, I understand I will be able to save money on my energy bill.

The answers to following questions can be found on the Reduce Your Energy Bills handout:

1) Exhaust fans quickly pull large amounts of heated or cooled air out of your home.

☐ True

☐ False

2) When selecting light bulbs, look at what to measure brightness?

☐ Voltage

☐ Ohms

☐ Lumens

☐ All of the above

3) Which items can help to increase your home's warmth around windows?

☐ Weather stripping

☐ Seals

☐ Caulking

☐ All of the above

4) What is the temperature that your hot water heater should be set at?

☐ 98 degrees

☐ 120 degrees

☐ 140 degrees

☐ 80 degrees

5) Refrigerator coils should be vacuumed how often?

☐ Every year

☐ Twice per year

☐ Never

☐ Every month

6) Adjusting the thermostat (lower in winter/higher in summer) during the night will save energy?

☐ True

☐ False

I have learned new ways to save money on my utility bills and will do my best to conserve energy.

Signature of Head of Household

Date

Print Name

Address

Signature of EAP Intake Worker

Date



**IN ADDITION TO
REGULAR ENERGY
ASSISTANCE
BENEFITS, YOU MAY
ALSO BE ELIGIBLE
FOR THE \$350
COVID RELIEF
BENEFIT.**

If an adult in the household lost employment or experienced a reduction in work hours due to COVID-19, please provide a letter from the employer stating this and the effective date. This is a ONE-TIME benefit so if you received last year, you are not eligible this year.