

Did you include the following?

- ___ Income for all household members current pay stub **with year to date information.**
- ___ 18 years of age and still in school? Provide the current school schedule. Others NOT in school with even one month with NO income **complete and sign the Income Verification Affidavit.**
- ___ **IF utilities are included in rent,** completed the Applicant Section of the Landlord Affidavit, then give to the landlord for completion of Landlord Section.
- ___ **Current** Gas/Fuel and Electric bills – furnace not working, tell us.
Remember to **continue paying on gas and electric bills.** Payment delayed and you cannot make a payment? Establish a payment arrangement to keep the utilities on, until benefits can be determined and applied, if approved.
- ___ Community Resource List provides **other available services** at Area Five.
- ___ Energy Education Survey– **access our education online** at www.areafive.com, click on Energy Assistance and look for Energy Education Presentation. View the education online OR at your local office. **Return completed signed form with your application packet to be eligible for Energy Saving items after approval.**

If you need crisis help, please DO NOT mail your application. Call us!

Contact (800) 654-9421, your local Area Five Agency office.



Area Five Agency on Aging &
Community Services, Inc.
1-800-654-9421
EAP@AREAFIVE.COM

ASSISTANCE APPLICATION PACKET FOR 2024-2025

Enclosed is the mail-in application – please **COMPLETE** and **SIGN** the application. Provide **ALL** required documents and return them with your signed application to your local Area Five Agency by mail, email, or drop them off. Please note that **INCOMPLETE** applications will delay your potential assistance. A checklist is enclosed to help you submit a complete application to avoid delays.

**CONTINUE TO PAY ON YOUR BILLS TO AVOID DISCONNECTION.
REPORT CHANGES IN YOUR CONTACT INFORMATION IMMEDIATELY.**

Once your application is submitted **and processed**, the utility payments may take up to **60 days** to show on your bill. **Your application during this time is subject to a quality assurance review that could change the benefits received on or after November 1, 2024.**

Please remember that you **CAN BE** disconnected if you stop paying your bills.

Moratorium protection can **ONLY** cover eligible households in good standing with a regulated utility vendor – **December 1 through March 15.**

**IF you have a DISCONNECTION NOTICE or are DISCONNECTED,
DO NOT MAIL YOUR APPLICATION, CALL FOR AN APPOINTMENT**

**CRISIS ASSISTANCE is by appointment, starting November 1, 2024
FOR AFTER HOURS ENERGY EMERGENCIES, PLEASE DIAL 211.**

REMINDERS:

- **Please continue to pay your bills.** It is your responsibility to inform us of your utility situation. **If you get disconnected, you are responsible for all fees required to restore services.** We can help request a temporary extension during application processing; however, **vendors may deny the request if extensions have been used, previous arrangements have been made and not kept, or payment has not been received as agreed.**
- Applications are processed on a ***FIRST COME, FIRST SERVE BASIS.***
- Remember to **SEND COPIES ONLY** of **ORIGINAL DOCUMENTS** for bills and proof of income.
- Check that **all the required documents** are included **BEFORE** returning, as incomplete applications create delays in processing.

For energy saving tips and ideas, go to **www.areafive.com**, click on **Energy Assistance under the Financial & Housing tab**, then click **play** on **“Energy Education Presentation.”**

Let us help you learn how to start saving money now!



Area Five Agency on Aging & Community Service

Energy Assistance Program

IS YOUR APPLICATION COMPLETE???



Your application cannot be processed without being complete. Please provide ALL required documents.

Use this checklist to make sure your application is complete to avoid processing delays.

We reserve the right to request additional information, as needed, to assess household eligibility properly.

COMPLETE APPLICATION has all members listed, and the application is **SIGNED**. Failure to include all members in the household intentionally is fraud. **Fraud may result in a denial and other potential legal actions.**

Although undocumented citizens cannot provide social security numbers, **their income is required** for the household. They are not deemed eligible members, but the citizens in the household may still qualify.

Provide **ALL INCOME** from the last 3 months by **providing current pay stubs with year-to-date information PRIOR** to the submission of your application for **ALL** members. Provide proof of unemployment, if received.

If not available, one of the following:

_____ A letter from your employer (on **Business Letterhead**) stating the period of employment and gross wages earned. Letter must be **signed** by the employer and contain their contact information.

_____ Request for Earnings Information Form – available online or at your local Area Five Agency office.

_____ Students **18 -23 years of age WITH or WITHOUT income MUST** provide their school schedule to confirm full-time status. Once verified, income may not count.

_____ **Social Security (SSA) or Supplemental Security Income (SSI) is counted regardless of recipient age – ALL pages of the award notice are required.**

_____ Any member, 18 years or older, with even one month of zero income, must complete and **SIGN** an **Income Verification Affidavit** explaining how needs listed in Section 3 are met. Make copies as needed for additional members, download copies at www.areafive.com online, or contact your local Area Five Agency.

If Self-Employed, we will need a current tax transcript from the IRS or a recently **submitted/signed** 1040 Federal Tax Return with **all** supporting schedules. (Ex. Schedule 1, C, E, F, and SE)

Landlord/Housing Affidavit- for utilities included in your rent. Affidavits must be completed by the landlord with all their contact information. (**SIGNED**) If you have **utilities included in rent and want to be paid by direct deposit, request an ACH Authorization Form from us. Form is also available at www.areafive.com.**

If your **UTILITY BILL** is not in a household member's name that is 18 years or older, please request a Utility Affidavit and complete and submit this with your application. Power of Attorney (POA) on a utility account requires the **submission of POA paperwork.** **Continue to pay your bills so you do not get disconnected.**

_____ Gas

_____ Electric

COMMUNITY RESOURCE LIST - please review services, check those needed, **SIGN** & return.

ENERGY EDUCATION – Please review, complete, and **SIGN** the enclosed **Energy Education Survey**. Review our Energy Education Presentation online at www.areafive.com; click on Energy Assistance, then **Click** on the presentation to view our video. You may contact us for one-on-one assistance with this information.

MORATORIUM PROTECTION is only possible **AFTER DECEMBER 1st** if you are in good standing with your utility vendors **AND APPROVED** for the Energy Assistance Program.

PLEASE CONTINUE TO PAY ON YOUR BILLS. PLEASE DON'T RISK IT!

All applications are subject to a quality assurance review that could change the benefits within 60 days of the claim date.

PY 2025 Indiana Energy Assistance Program Application INSTRUCTIONS

- **Please note that Indiana's Energy Assistance Program provides a one-time benefit payment.** This is not recurring monthly assistance, and is not designed to cover all of your utility costs for a year.
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis.
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles.
- Please complete the application form **in its entirety**, including fields with yes/no options.

Part I: Contact Information

- **Please fill in all information completely**, including the full name and last four digits of SSN for the person completing the application for the household. If you do not fully complete the information or provide good methods of contact, it may delay application processing or lead to a denial.
- If you do not have an alternate mailing address from your home address, please leave that field blank.

Part II: Home and Utility Information

- Please complete all fields completely.
- Please submit your **current** electricity and heating bills or account statements with your application.

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- If anybody in your household has **paid** child support in the past three months, submit proof of payments to have child support deducted from household income.

Part IV: Household Members and Demographics

- **Please include yourself as household member number 1.**
- **You must list all persons residing at the address of application as of the date of application.**
- You must complete **all fields** for **all individuals**. Failure to complete demographic information will delay your application processing as the local service provider will need to contact you to gather this information. We require full Social Security Numbers for all members of the household.
- **If there are more than eight persons in your household you will require an attachment to list the other members.** Please contact your local service provider for the attachment and check the box to notify the intake processing your application that there are more than four people present.
- Please use the codes provided to identify race, ethnicity, and Military status for each household member.

Part V: Certification

- **Failure to sign and date the certification statement will invalidate your application.**

Submitting your application



Privacy Notice and Your Rights and Responsibilities

Privacy Act Provisions: Federal laws require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3).

Please read this *Privacy Notice* carefully before completing and signing the *Indiana Energy Assistance Program application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP) and the Weatherization Assistance Program (WAP).

Why do we collect the information on the application?

We will use your information to research, evaluate and administer the EAP and WAP programs. We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

Do you have to give us the information?

You have the right to not give us the information we ask for.

What happens if you give or do not give us the information?

If you give us the information requested on the application, your application will be processed. If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

Who may see this information?

The following persons may receive information contained in your application if: (i) they need access to the application information to do their jobs in connection with the EAP and WAP, or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with IHCDA.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- United States Social Security Administration.
- Other agencies or entities as allowed by federal or state law.

Why do we collect Social Security Numbers?

We use Social Security Numbers in the administration of the EAP and WAP to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i).

Why do we ask for information about your race?

This information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting.. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

Indiana Energy Assistance Program Application
Program Year 2025

 ihcda	Area Five Agency on Aging & Community Services 1801 Smith Street Logansport, IN 46947 800-654-9421 www.areafive.com Email when complete to: EAP@AREAFIVE.COM	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Household has d/c notice or less than 25% fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No Household heat source is inoperable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of a prepaid, bulk deliverable fuel, contact your local service provider listed above to request a crisis appointment. If you need other emergency options, please call 2-1-1. <input type="checkbox"/> Check here if your electric or heating utility is disconnected or scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity.		
Is any person in this household affiliated with the above-named agency as: an employee or staff member, volunteer, board member, or subcontractor, <u>or</u> related to any employee, staff member, volunteer, board member, or subcontractor? Relatives include parent, child, grandparent, grandchild, sibling, spouse, aunt, uncle, niece, nephew, parent-in-law, child-in-law, sibling-in-law, grandparent-in-law, or grandchild-in-law. <input type="checkbox"/> No <input type="checkbox"/> Yes (please identify member and relationship): _____		
Part I: Contact Information		
Applicant Name	Last four digits of SSN	County
	xxx-xx-	
Physical Address (including Apartment/Lot/Trailer Number, if applicable)	City	State Zip
		IN
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.		
Please provide <u>at least one</u> form of contact information. Failure to provide accurate contact information may delay application processing. It is your responsibility to monitor your e-mail, postal mail, voicemail, and SMS/MMS for messages concerning your application and to reply in a timely manner. Failure to respond in a timely manner to requests for additional information or documentation will result in the denial of your application.		
Telephone number	Mobile phone carrier	E-mail Address - check box if you would not like to receive e-mail notification <input type="checkbox"/>
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> I do not wish to receive text notifications	
Part II: Home and Utility Information		
Home Type (Please check one)		Utilities and Payment
<input type="checkbox"/> Site-built single family house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____		Electricity Vendor: _____ <input type="checkbox"/> Included in rent
Home Ownership (Please check one)		Heating Vendor: _____ <input type="checkbox"/> Included in rent
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		
Primary Heating Source (please check one)	Primary Heating Fuel (please check one)	Do you have a secondary heating source installed?
<input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe: _____
The Weatherization program provides energy conservation measures to reduce the utility bills of eligible Hoosiers across the state. <input type="checkbox"/> Yes <input type="checkbox"/> No Would your Household be interested in a referral to the Weatherization program?		
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.		
<input type="checkbox"/> Employment/wages (include current paystub with YTD gross) <input type="checkbox"/> Pension/Retirement (include award letter, bank statement or pay stub) <input type="checkbox"/> Social Security Retirement/ Disability/SSI (include current award letter or bank statement) <input type="checkbox"/> Odd jobs/irregular income (include completed Income Verification Affidavit) <input type="checkbox"/> VA Disability/Pension (Include current award letter or bank statement) <input type="checkbox"/> No income (include completed Income Verification Affidavit) <input type="checkbox"/> Self-Employment (include most recent full 1040 tax return) <input type="checkbox"/> Unemployment Benefits (include current Uplink statement or complete DWD release) <input type="checkbox"/> Other: _____ (contact agency for guidance on documentation)		
Does any member of the household receive any of the assistance types listed below? Check all that apply.		Has anybody in the household paid child support in the past three months?
<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)		<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)

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: <input type="checkbox"/>										
	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Gender	Disabled?	Race	Military Status
									Please use codes listed below	
Applicant					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> 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										
<p>Disclaimer: By typing my name, I intend to sign this statement and understand that signing and submitting this statement through electronic signature is the legal equivalent as my handwritten signature. 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. 4/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.</p> <p>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.</p>										
Signature of applicant (required)								Date (required)		

Indiana Energy Assistance Program Application Program Year 2025

Please complete and return with your application if household is larger than eight members.
This form is not necessary if household is eight people or smaller.
Please provide address and applicant information so that we may match this attachment to the main application.

Applicant Name			County		
Physical Address (Including Apartment/Lot/Trailer Number)			City	State	Zip
			IN		

Part IV: Household Members (continued)

Please list all people residing in this household not already listed on the main application form.

#	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Gender	Disabled?	Race	Ethnicity	Military Status
									Please use codes listed below		
9					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No			
11					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No			
14					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No			
15					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> 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			

Application number: _____

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income for any of the three months preceding application. This form must be completed in its entirety.

Household Member: _____ Application Key: _____ Application Date: _____

Section 1: Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the gross income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. **If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025

The source of the above income is: _____
(Income includes but is not limited to: wages, self-employment, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, and royalties.)

Section 2: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if all below needs were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage	Utilities	Food	Other Household Expenses (hygiene/personal care, medical needs, cleaning, etc.)
<input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	<input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____

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 Household Member

____/____/____
 Date

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 their utility costs. The information provided is confidential and will not be shared with any other organization or government agency. Complete in blue or black ink only.

SECTION I: APPLICANT INFORMATION (may be completed by applicant, intake, or landlord)

Applicant Name:	Date:
Address (including apartment/lot number):	Phone:
City:	State: IN Zip Code:

SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating source (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant <input type="checkbox"/> Paid to the landlord but not included in rent (Amount: \$ _____)	<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant <input type="checkbox"/> Paid to the landlord but not included in rent (Amount: \$ _____)	<input type="checkbox"/> Electric furnace <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Electric wall unit <input type="checkbox"/> Natural gas furnace <input type="checkbox"/> Liquid propane furnace <input type="checkbox"/> Fuel oil furnace <input type="checkbox"/> Wood-burning stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other: _____

Is the primary heating source operable?
 Yes No

How much is the tenant responsible to pay out of pocket monthly in rent **after subsidies**? \$ _____

All contact information is required.

<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 or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email:

ENERGY EDUCATION SURVEY

APPLICANT: _____

Application Key: _____

PRE-QUIZ: How do you use Energy?? – Review and Answer questions **BEFORE** viewing Energy Education detail online at <https://www.areafive.com/financial-and-housing/energy-assistance> :

Home Space Heating

1) **Thinking about your home: What uses the most energy within a typical home?**

- a. Water Heating b. Lighting c. Heating Device d. Air Conditioning

Heating your space (For every ten (10) degrees you turn down the temperature on your furnace, you can save \$20 a year – Ideal Temperatures are 68° in the Winter and 78° in the Summer.)

2) **True or False:** When figuring actual use of energy, you must consider size of the home, temperature settings, age of home, condition of home, and how good is the heat appliance being used to heat the home.

3) **If there's a big difference between a thermostat and the temperature in your home, you may need to:**

- a. Have a furnace tune-up c. Have your thermostat checked
 b. Change your furnace filter d. All the above

Water Heating **SAFETY ALERT: Water Heater set at 140°F can create 3rd degree burns in seconds.**

4) **What is the ideal/optimal temperature of a water heater for health and safety?**

- a. 160° b. 100° c. 98.6° d. 120°

5) **True or False:** There is no such thing as an energy efficient shower head or faucet aerator.

Lighting

6) **True or False:** LED bulbs use less energy than the CFL bulbs or the incandescent light bulb.

Appliances – (Remember to look for **ENERGY STAR** items to make the best use of your electricity – Refrigerators should be kept between 36° and 38°. Freezers should be kept between 0° and 5°)

7) **True or False:** You can check the seal on your refrigerator or freezer with a paper towel.

POST-QUIZ REVIEW:

What will you change at home to conserve energy? _____

Did you find this information helpful? (Circle a number below)

- 1 2 3 4 5 6 7 8 9 10
Not helpful Good Reminder Helpful Very Helpful

Let's see how you did:

- Excellent (Got all 7 right) 1-C, 2-True, 3-D, 4-D, 5-False, 6-True, 7-True
Good (4-5 right) I could use help (1-3 right)

Is there additional information you would like send to you? _____

I confirm that I have completed an Energy Education opportunity with Area Five Agency. I have been provided an opportunity to receive valuable energy saving kit for use in my home, which also contains additional resources to help me understand more ways to conserve energy. If I am unable to pick up my kit, I authorize the following individual _____ to pick it up for me. (I.D. must be provided prior to obtaining any energy saving kit)

X: _____
Applicants Signature Telephone Number Date

TO BE COMPLETED BY AGENCY PERSONNEL DURING PROCESSING:

Kit Received? Y or N Staff Initials: Date: Approved? Y or N



Area Five Agency on Aging and Community Services - Community Resource List



We have knowledgeable, caring staff available to assist you. Our main office hours are Monday through Friday from 8:00 am to 4:30 pm. Please check all programs you would like a program specialist to provide more information on. Please include your name, address, and contact number, for our staff to contact you. Thank you!

Energy Assistance Program: Provides eligible families with a one-time heating and electric benefit to help reduce winter costs and keep households warm. Approved clients are eligible for moratorium protection between December 1 and March 15. Contact us to find out more or apply today! Call 211 for an after-hours energy emergency or to seek additional community resources outside of office hours.

Information and Assistance: (800) 654-9421 ext. 1530, via email at info@areafive.com or visit us online for additional program information or resources at www.areafive.com.

Vaccine Equity & Access Program: Provides individuals and families information/access to vaccines, specifically Influenza and COVID-19.

¿Hablamos Español?: La Agencia de Área Cinco De Servicios Comunitarios Con El Centro de Recursos para Discapacidades y Ancianos al 1-800-654-9421 ext 1530. ¿Tiene usted preguntas y no sabe dónde empezar? ¡Llame a nuestro centro de recursos para personas mayores y con discapacidades para información y asistencia!

Indiana Minority Health Coalition: Works to eliminate health disparities through research, education, advocacy, and access to health care services for minority populations.

Covering Kids & Families of Indiana: Advocates and enrolls eligible participants in low cost health insurance.

Healthy Families: Services are available for prenatal and new parents within 90 days of child's birth. The primary focus is on the parent/child interactions and the target child's developmental milestones.

Head Start: Family centered child development program for preschool aged children, between 3-5 years of age. Staff work to prepare children with the necessary tools needed in primary education.

Options Counseling/Aging & Disability Resource Center (ADRC): Options Counseling is a free service that helps older adults, people with disabilities, and family caregivers think through the options for long-term services and supports. Options Counseling may include a review of long-term services and supports, assessments for home and community based services, or community resource referrals. ADRC is a coordinated system of information. It is the entry access point for individuals seeking long-term services and supports.

Case Management, Family Caregiver, and In-Home Services: Services may include respite services, support groups for Moms, Caregivers, and Grandparents, caregiver training, other in-home assistance services. **Case Management** is a primary service focused on those with medical necessity to enable them to remain at home.

Nutrition and Health Promotion Programs: Senior Nutrition Programs provide those 60 years and older with access to hot meals regularly. Senior Farmers Market Vouchers provide access to fresh Indiana grown produce. Evidence based health education programs help those with chronic afflictions manage those conditions. Senior Open encourages those 60 years and over to maintain an active, engaged lifestyle.

Senior Medicare Patrol (SMP): Works to assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud and abuse through outreach, counseling, and education.

State Health Insurance Assistance Program (SHIP): Free and impartial counseling program for people with Medicare.

Individual Development Accounts (IDA): Savings and match opportunity for up to \$1500 with a 3 to 1 match rate. Funds can help one go to school, start or expand a business & more. Contact us for more information!

Other asset development tools we have available include, but are not limited to: Small Business Development, Legal Inquiry, Ombudsman, and Housing & Development opportunities. Ask us about these programs and more!

Client Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Address: _____ City: _____