

# WICAA

Western Indiana Community Action Agency, Inc.  
*Serving Our Community Since 1964*

## Did you include the following?

Community Services Block Grant  
•  
Energy Assistance Program  
•  
Foster Grandparent Program  
•  
Medical Assistance Program  
•  
Retired and Senior Volunteer Program  
•  
Family Development Program  
•  
Head Start and Early Head Start Programs  
•  
Weatherization Program  
•  
Women, Infants & Children Program

\_\_\_\_\_ State issued Driver's license for the applicant signing the applicant.

\_\_\_\_\_ Copies of Social Security cards for **ALL** household members.

\_\_\_\_\_ Most recent paystub with start date written on check stub if not employed all year.

\_\_\_\_\_ 18 Years of age? If in school, provide the current class schedule. Others not in school, if you have any month without income, completely fill out and sign the Income Verification Affidavit.

\_\_\_\_\_ If your utilities are included in your rent, **LANDLORD MUST** complete a Landlord Affidavit.

\_\_\_\_\_ Current Gas/fuel and electric bill. If your furnace is not working, make sure you tell us.

**\*\*\*\*\*Remember to continue paying your utility bills\*\*\*\*\***

**Phone Number: 812-234-3517**

**Email: EAP@WICAA.org**

705 South Fifth Street • Terre Haute, Indiana 47807  
Phone 812-232-1264 • Fax 812-232-9634 • www.wicaa.org

*An Equal Opportunity Provider*

*All services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, familial status, or status as a veteran.*



Western Indiana Community Action Agency, Inc.  
*Serving Our Community Since 1964*

**Energy Assistance Program Overview**

Please read this entire letter and review included checklist to ensure that you are submitting **all required documents**. There may be documents in this packet that do not apply to you, those DO NOT need to be submitted.

The Energy Assistance Program will operate from **Nov 1, 2023** through **May 15, 2024**.

There will **NOT** be any recertifications this program year. All forms of income must be submitted.

**Submitting your Application**

- The fastest and most accurate way to apply is to use the on-line system, EAPCONNECT. You can access that site at [www.eap.ihcda.in.gov](http://www.eap.ihcda.in.gov) or through WICAA’s website [www.wicaa.org](http://www.wicaa.org)
- To print applications and other forms on-line go to our website at [www.wicaa.org](http://www.wicaa.org)
- To return an application by mail, please mail to the Terre Haute office:  
 WICAA  
 Energy Assistance Program  
 705 S 5<sup>th</sup> St  
 Terre Haute, IN 47807
- Fax applications to 812-242-6148 – ID and Social Security cards will not be accepted by fax.
- **If a disconnection notice was received, service has been disconnected, or you are within 10 days of not having heat/electricity due to LP fuel or a prepaid utility, contact our office to schedule an appointment.**

**WICAA Office Location**

**Vigo County:**

705 S 5<sup>th</sup> St  
Terre Haute, IN 47807  
812-234-3517

**Clay County:**

859 W Jackson St  
Suite A  
Brazil IN, 47834  
812-443-0122

**Putnam County:**

620 Tennessee St  
Greencastle, IN 46135  
765-653-4017

Office hours are Mon- Fri 9:00 a.m. – 12:00 p.m. and 1:00 p.m. -3:30 p.m.

**Offices will remain closed to the public, see instructions on the door when returning applications to Clay or Putman County offices. In Vigo County, applications can be deposited in the mail slot at the 5<sup>th</sup> St entrance located by Head Start.**

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- Community Services Block Grant
- 
- Energy Assistance Program
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- Foster Grandparent Program
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- Medical Assistance Program
- 
- Retired and Senior Volunteer Program
- 
- Family Development Program
- 
- Head Start and Early Head Start Program
- 
- Weatherization Program
- 
- Women, Infants & Children Program

## **PY 2024 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.
- 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.

### **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 or non-cash benefit assistance 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.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

### **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.
- **If there are more than four persons in your household (five on the large print form), 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, employment status, education level, Health Insurance, and Military status for each household member.
- 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 define your household type according to the options provided.

### **Part V: Certification**

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

## Submitting your application

- **Please submit your application to the local service provider administering EAP for your county**, not to IHCD.
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
  1. Photo ID for the person completing and signing the application.
  2. Proof of SSN for each member of the household. This may be:
    - Copy of Social Security card.
    - Copy of a valid U.S. passport.
    - Copy of a valid state-issued REAL ID.
    - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person's name and full, unredacted SSN.
  3. **Current** documentation of income for all household members age 18 or over. This may include:
    - Employment/wages
      - **Most recent** paystub
      - Request for Earnings information form – contact Local Service Provider
    - Social Security/SSI/VA benefits
      - Most recent **complete** award letter (may be downloaded from online)
      - **Complete** bank statement
    - Pension/retirement
      - Award letter
    - Self-Employment
      - Most recent Form 1040 tax return, with all appropriate self-employment schedules.
    - Unemployment Benefits
      - Completed release of information form for DWD.
      - **Full** print-out of your most current Uplink statement.
    - Alimony/spousal support/Worker's Compensation/Private disability
      - Any documentation of payments received.
    - Odd Jobs/irregular income/No Income
      - Completed Income Verification form – contact Local Service Provider
    - If you have any questions about acceptable documentation, contact your local service provider.
  4. **Current, complete bills** for your electric and heating utilities.
    - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
    - If utilities are included in your rent, please provide completed Landlord Affidavit.
    - Please ensure you are providing the **full and complete** billing statement!
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.

## 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 2024

 Western Indiana Community Action Agency, Inc. <i>Serving Our Community Since 1964</i>   Indiana Housing & Community Development Authority	<b>Western Indiana Community Action Agency</b> 705 S 5th St Terre Haute, IN 47807 <b>www.wicaa.org</b> Phone: 812-234-3517 Fax: 812-242-6148 Email: eap@wicaa.org	<b>For Provider/Agency Use Only</b>
	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		
<input type="checkbox"/> <b>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.</b> 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.		
<b>Part I: Contact Information</b>		
<b>Applicant Name</b>	<b>Last four digits of SSN</b> xxx-xx-	<b>County</b>
<b>Physical Address (Including Apartment/Lot/Trailer Number)</b>		<b>City</b>
		<b>State</b> <b>Zip</b> IN
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.		
Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.		
<b>Telephone number</b>	<b>Mobile phone carrier</b>	<b>E-mail Address - check box to give consent for us to e-mail you.</b> <input type="checkbox"/>
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> Consent to receive texts	
<b>Part II: Home and Utility Information</b>		
<b>Home Type (Please check one)</b>		<b>Utilities and Payment</b>
<input type="checkbox"/> Site-built single 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
<b>Home Ownership (Please check one)</b>		Heating Vendor: _____ <input type="checkbox"/> Included in rent
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		
<b>Primary Heating Source (please check one)</b>	<b>Primary Heating Fuel (please check one)</b>	<b>Do you have a secondary heating source installed?</b>
<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"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
<b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. <b>Would your Household be interested in a referral to the Weatherization program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Part III: Income and Benefits</b>		
Please indicate all types of income received by any member of the household in the past three months. <b>Check all that apply.</b>		
<input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____		
Please indicate all sources of assistance received by any member of the household. <b>Check all that apply.</b>		
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<b>Has anybody in the household paid child support in the past three months?</b>	<b>Is anybody in the household between the ages of 14-24 and neither working nor attending school?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	

**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.**

**Part IV: Household Members and Demographics**

List all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household:

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Edu- cation	Health Insurance	Military Status
							Please use codes listed below					
Applicant					<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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3					<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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>Race Codes:</b> 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	<b>Ethnicity Codes:</b> H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	<b>Employment Codes:</b> FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker
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<b>Education codes:</b> A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate	<b>Health Insurance Codes:</b> A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None	<b>Military Codes:</b> A - Active-duty military V - Veteran N - No affiliation
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<b>Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	<b>Household Type (please check one)</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> Other: _____
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**Part V: Certification**

**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 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 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, 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.

Energy Assistance Program and Low Income Home Water Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

Signature of applicant (required)	Date (required)

## 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 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024

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 <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
<b>Rent/Mortgage</b> <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: \$ _____	<b>Utilities</b> <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: \$ _____	<b>Food</b> <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: \$ _____	<b>Other Household Expenses</b> <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**

**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 \_\_\_\_\_



**Energy Assistance Program Direct Benefit Payment Election Form**

Head of Household \_\_\_\_\_

Please choose a fulfillment option below for your direct Energy Assistance Program (EAP) benefit payment. **Please check one.**

- I would like to waive my direct EAP benefit payment to be applied directly to my electricity/heating (**circle one**) utility, which I pay separately. I understand that the full benefit will be paid to my vendor within sixty (60) days and **I will not receive a direct payment.**
- I would like to receive my direct EAP benefit payment as an Electronic Funds Transfer (direct deposit). **I understand that this may take up to 120 days to receive**, and is subject to further delays if I have provided inaccurate banking information. I have provided my banking information below.

Checking Account     Savings Account    Account holder name: \_\_\_\_\_


Financial Institution: \_\_\_\_\_

Financial Institution Routing Number:  
**(must be nine digits)**

--	--	--	--	--	--	--	--	--

Checking/Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

  
 Routing Number                      Account Number

- I would like to receive my direct EAP benefit payment as a check mailed to my primary residence or mailing address. **I understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations. **If you do not return this form with your application, your benefit will be issued as a check.**

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I hereby certify that the information provided above 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 understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

**If I have elected to receive benefit payment by electronic funds transfer**, I hereby authorize the Indiana Housing and Community Development Authority (“IHCD”) to initiate entries to the above identified checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCD is notified by an authorized individual in writing to cancel it in such time as to afford IHCD and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCD contained herein.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**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: <b>IN</b> 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"/> 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"/> 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:

# Program Referral

## Western Indiana Community Action Agency, Inc.

We have many programs to help individuals and families in our community. Please check any programs you feel may be of help to you or your family and include it with your Energy Assistance application.

\_\_\_ **Head Start/Early Head Start** are national programs that provide comprehensive educational, nutritional, and social services to children (infant to 5 yrs. old) and pregnant mothers, whose families meet income guidelines.

\_\_\_ **Family Development** helps families and individuals improve their lives by setting goals, overcoming barriers and offering supportive services to help provide for their families and contribute to the local economy. (If interested- please complete survey on reverse.)

\_\_\_ **Foster Grandparents** are volunteers who meet income guidelines and work with children with exceptional needs in local schools and day care centers. A stipend is paid for volunteer hours.

\_\_\_ **Women, Infants & Children (WIC)** is a program that helps income eligible pregnant women, new mothers, infants, newborns and young children eat well, learn about nutrition and stay healthy. Participants receive supplemental nutritious foods and nutrition education.

\_\_\_ **Medical Assistance** helps individuals and households who are unable to afford treatment or prescriptions due to a lack of insurance or very high deductibles.

\_\_\_ **Retired and Senior Volunteer Program** connects seniors with people and organizations that need them such as volunteering in food pantries, tutoring children, building wheelchair ramps and assisting with services to support veterans.

\_\_\_ **Weatherization** helps to insulate homes and provide new furnaces to reduce heating costs and improve the health and safety of income eligible families.

I, \_\_\_\_\_, grant permission to release information from my Energy Assistance application to other WICAA programs checked above. Please contact me or send more information regarding the program(s) marked above to the following:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State IN Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Send with current EAP Application or return to:

Administrative Office: Western Indiana Community Action Agency, Inc.  
705 South 5<sup>th</sup> Street  
Terre Haute, IN 47807

## *Family Development Survey*

If you expressed interest in Family Development services on the referral side of this form please answer the following questions so we can better assist you.

1. Have you ever received Energy Assistance in the past?    Y    N
  
2. What is your current source(s) of income? \_\_\_\_\_
  
3. Are you currently employed?    Y    N
  
4. What is your highest completed level of Education? \_\_\_\_\_
  
5. Do you currently:    rent    own    other
  
6. Are your food needs met at this time?    Y    N
  
7. What is your current mode of transportation?  
  
                    Own vehicle            bus            friend/relative            walk/bike            other
  
8. What is your current childcare arrangement?    NA    daycare    family/friend    other
  
9. Do you have health insurance currently?    Y    N
  
10. Do you need help with medical expenses or eye glasses for a child in grades K-12?    Y    N
  
11. Do you have goal areas and interest in working on goals?    Y    N
  
12. Would you be interested in Family Development Services to identify goals and barriers  
  
and develop a plan to achieve these goals?    Y    N

Thank you for completing the Family Development Survey! A staff member will be contacting you to schedule an appointment.