

Mail-In Application Instructions

Community Action of Greater Indianapolis Energy Assistance Program

DO NOT USE THE MAIL-IN OPTION if you are in disconnect status or your service already has been disconnected. Immediately call our appointment line at 317-524-6966 to schedule a time to see an intake specialist.

When completing the Mail-In Application form, LEAVE THE GRAYED AREAS BLANK. The EAP staff will complete the information required for these areas.

TO APPLY FOR THE ENERGY ASSISTANCE PROGRAM
YOU **MUST** PROVIDE THE FOLLOWING INFORMATION

- 1. Proof of Income:**
 - For the 12-month period prior to the date of application
 - For **ALL** household members **age 18 and older**
- 2. Social Security cards** for **ALL** household members.
- 3. Most recent electric bill.**
- 4. Most recent heat bill.**
- 5. Bills must** be in the name of an adult who is living in the home.
- 6. A copy of your current lease** OR a completed copy of the **housing affidavit.**
- 7. Photo ID** (Driver's license or state-issued ID card).

Examples of income documentation include, but are not limited to:

- Pay stubs, check stubs or a letter (on company letterhead) from your employer showing past 12 months' income
- Bank statement(s) showing direct deposit and/or interest
- Computer *printout* or award letters from:

Social Security
Veterans Benefits
Railroad Retirement
Pension

TANF
SSI
Unemployment Compensation

Interest
Dividends
Self-Employment
Work One print out

If you have 1 or less months of income documentation, you must obtain a printout from Work One and provide a copy with your application along with the completed Verification of Zero Dollar (\$0.00) Income form.

Mail your completed application materials, SIGNED AND DATED, with adequate postage, to:

Applicant's County of Residence	CAGI Office Mailing/Street Address	CAGI Office City, State	CAGI Office Zip Code
Boone Co.	1005 S. Meridian St.	Lebanon, IN	46052
Hamilton Co.	1744 S. 10 th St.	Noblesville, IN	46060
Hendricks Co.	45 West Clinton St.	Danville, IN	46122
Marion Co.	2626 E. 46 th St.	Indianapolis, IN	46205

NOTE: FAILURE TO INCLUDE ALL REQUIRED DOCUMENTATION OR APPROPRIATELY COMPLETE THE FORM WILL DELAY THE PROCESSING OF YOUR APPLICATION.



ENERGY PROGRAMS APPLICATION (MAILOUT)

State Form 14381 (R14 / 8-04) / HCS 0012

Agency

Community Action of Greater Indianapolis

Name of head of household (last, first, middle initial)

Address (number and street, city and ZIP code)

County

Site

C-1 HB

Social Security Number (head of household)

Telephone number / Type

(317)

Household Members Sex Date of Birth Age Edu Dis SSN Vet Inc Code Annual Inc. Ethnicity Race Ins

H	2	3	4	5	6	7	8

TOTAL ANNUAL INCOME

INCOME LEVEL

INCOME CODES	Ethnicity	Race Codes
A. Employment Earnings	A. Hispanic or Latino	A. Black or African American
B. Social Security	B. Not Hispanic or Latino	B. White
C. Temp. Assist Needy Families (TANF)		C. Other (Asian, Native Hawaiian or other Pacific Islanders and all others)
D. Unemployment Comp		D. Multi-Race (any 2 or more of the above)
E. Suppl. Sec Inc. (SSI)		E. Native American

Secondary Fuel:

Date	Comments

Privacy Notice Statement

This agency is requesting disclosure of personal information that is necessary to accomplish its statutory purpose.

Social Security Number Disclosure Statement

This agency is requesting disclosure of your Social Security number in order to expedite processing of your application. Disclosure is mandatory. IC 4-1-8-1 (1996 Supplement)

Appeal Information

If you are denied and do not agree with the reasons stated, or if your application for services is not processed in a timely manner, you may appeal the decision to the Community Action Agency for review. If you are not satisfied with the CAA determination, you may request further review from the State of Indiana by submitting an Applicant Notification form to the Division of Family and Children.

Certification of the Information Statement

"I certify that the above information provided is correct and true to the best of my knowledge. I understand that I may be required to verify these statements and give my consent to the agency from which I am requesting assistance to make any necessary contacts 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 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 hereby release the State of Indiana, the Community Action Agency 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."

Applied At: Office Mail-In Homebound

Applied For: EAP WAP Summer Fill Summer Cool

TANF: TANF (current) Non-TANF

Dwelling (check 2): Mobile Home Site Built / Single Site Built / Multi

Family Type: Single Parent / F Single Parent / M Two Parent Single Person Two Adults / No Children Other

Date Ref'd to WAP or Date W/Ret: _____

Date Ref'd to Family Devel: _____

Would you like to receive information on Lifeline/Link-Up?

Would you like to receive information on HoosierRx Indiana's Drug Prescription Program?

Total Matrix Points:

Heat Bill: Paid Separately In Rent

Name of Vendor: _____

Billing name: _____

Account number: _____

Benefit \$: _____ Date: _____

Crisis \$: _____ Date: _____

Electric Bill: Paid Separately In Rent

Name of Vendor: _____

Billing name: _____

Account number: _____

Benefit \$: _____ Date: _____

Crisis \$: _____ Date: _____

Cooling \$: _____ Date: _____

Received (checked): Fan Air Conditioner

Summer Fill

Name of Vendor: _____

Billing name: _____

Account number: _____

Benefit \$: _____ Date: _____

Status:

Signature of applicant: _____

Date (month, day, year): _____

Relationship: _____

Signature of agency representative: _____

Signature of applicant: _____

Date (month, day, year): _____

Relationship: _____

Signature of agency representative: _____

ENERGY ASSISTANCE PROGRAM

Things for YOU to Remember

- ◆ Starting 2011-12, the Energy Assistance Program will only offer benefits if the utility is in the name of an adult household resident, age 18 and over.
- ◆ All EAP benefits are not final until submitted to the utility vendor for payment. Benefit amounts are subject to change pending review by the local community action agency.
- ◆ Actual payment of your EAP benefits may take up to 120 days from the application date.
- ◆ Even though you are getting help with your utility bills, EAP benefits will not cover them completely. So **YOU** must keep paying on your bills throughout the year.
- ◆ Once you are approved for EAP, *some* utility companies are regulated by a state law that says you can't be disconnected from December 1st through March 15th. However, you **may** be disconnected before December 1st or after March 15th if your financial obligation with utility vendor exceeds the amount of your EAP benefit.
- ◆ Remember that EAP is only helping you with your heating or cooling bills. **YOU** still need to keep your water, sewage, rent, and phone bills current.
- ◆ If you are having trouble keeping your bills current, **talk to a case manager** at the community action agency.
- ◆ If your utilities are currently past due, **talk with your utility company** to see if you qualify for a payment arrangement that will bring the bill current over time.
- ◆ Weatherization services may help reduce your energy consumption. Ask what you can do to conserve energy and how the weatherization program might help you.

Applicant Signature

Date

This form is mandated by Indiana Housing and Community Development Authority.

ENERGY ASSISTANCE PROGRAM LANDLORD AFFIDAVIT

Landlord: *This applicant has indicated that he or she does not have a copy of a written lease agreement. Please complete this affidavit on behalf of the applicant and confirm the following information below.*

APPLICANT INFORMATION (to be completed by the agency)

Applicant Name:	Date:
Address:	Phone:

LANDLORD INFORMATION (to be completed by the Landlord)

Heating costs are:	Electric costs are:
<input type="checkbox"/> Included in this applicant's rent	<input type="checkbox"/> Included in this applicant's rent
<input type="checkbox"/> Are the responsibility of the applicant, but in the Landlord's name	<input type="checkbox"/> Are the responsibility of the applicant, but in the Landlord's name
<input type="checkbox"/> Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney	<input type="checkbox"/> Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney

Primary Heat Source:

- Kerosene, LP Gas, Oil, Wood, or Coal
 Natural Gas
 Electric Heat

Number of Household Members

- Adults
 Children

Dwelling Type:

- Mobile Home
 Single site
 Multi-unit

Rental Assistance:

- The applicant receives assistance from the Township Trustee.
 The applicant resides in subsidized housing or receives rental assistance.

Landlord Name (printed)	Landlord (Signature)
Address	Date: Phone:

AGENCY: *The information on this document must include the landlord's complete address and telephone number. A copy of this affidavit must be filed with the EAP application if the applicant is renting their dwelling and does not have a current lease.*

Revised
08/2011

This form is mandated by Indiana Housing and Community Development Authority if a copy of a written lease agreement is not available. Failure to sign this form may disqualify your household from further LIHEAP benefits.

Income Self Declaration Form

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.

I, _____, here by certify that I have received _____ in income from any source during the following months prior to the energy assistance application without supporting documentation. (Mark all months that apply.)

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

Signature of Zero Income Claimant

Date: _____

I, _____, here by certify that I have received _____ in income from any source during the following months prior to the energy assistance application without supporting documentation. (Mark all months that apply.)

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

Signature of Income Claimant

Date: _____

I, _____, here by certify that I have received _____ in income from any source during the following months prior to the energy assistance application without supporting documentation. (Mark all months that apply.)

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

Signature of Income Claimant

Date: _____

Head of Household Signature

Date: _____

Agency Representative Signature

Date: _____

This form is mandated by Indiana Housing and Community Development Authority. Failure to sign this form may disqualify your household from further LIHEAP benefits.

Total Zero Income Household Verification Form

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.

I, _____, here by certify that I have received no income from any source for the past 12 months prior to the energy assistance application.

Signature of Zero Income Claimant

Date: _____

I, _____, here by certify that I have received no income from any source for the past 12 months prior to the energy assistance application.

Signature of Zero Income Claimant

Date: _____

My household living expenses have been met over the past twelve (12) months as follows:

Housing Assistance: _____ Date Received: _____

Source of Assistance/Name: _____

Utility Assistance: _____ Date Received: _____

Source of Assistance/Name: _____

Food Assistance: _____ Date Received: _____

Source of Assistance/Name: _____

Cash or Other Assistance: _____ Date Received: _____

Source of Assistance/Name: _____

Head of Household Signature

Date: _____

Agency Representative Signature

Date: _____

This form is mandated by Indiana Housing and Community Development Authority. Failure to sign this form may disqualify your household from further LIHEAP benefits.