

ENERGY ASSISTANCE PROGRAM

- The Energy Assistance Program begins November 1, 2011 and ends May 15, 2012.
- Applications and required documentation can be dropped off or mailed to our office beginning October 3, 2011.
- If you are in a disconnect status or your service has already been disconnected, you cannot use the mail-in option. You must contact our office after October 3rd to schedule an appointment. Appointments will be available beginning November 1st.
- Eligibility for the program is based on the household's annual gross income for the past 12-months.
- The amount of assistance you will receive is based on a point system.
 - Households can earn up to a total of 16 points
 - Each point equates to \$15 toward the home's primary heating source.
 - Households will also receive \$50 toward their electric service.
- Benefits cannot be used to cover such costs as deposits, reconnect fees, or tank set fees.

INCOME LIMITS	
Household Size	Annual Gross Income
1	\$16,335
2	\$22,065
3	\$27,795
4	\$33,525
5	\$39,255
6	\$44,985
7	\$50,715
8	\$56,445

AFTER SUBMITTING YOUR APPLICATION

- **CONTINUE TO PAY ON YOUR BILLS AFTER SUBMITTING YOUR APPLICATION** – you can be disconnected for nonpayment. If you receive a disconnect notice after submitting your application, contact our office immediately.
- You will receive a letter of approval or denial once your application has been processed.
- Our agency will notify your utility vendor of your benefit amount - you do not need to contact them. It may take up to 6-8 weeks for your benefit to appear on your bill. You must continue to pay on your bill.

ADDITIONAL INFORMATION:

- If pregnant and due before May 15, 2012, please list “unborn baby” as a household member. Documentation from your Physician stating your estimated due date is required.
- If 18 and still in High School, documentation such as a class schedule, report card or letter from the school is required.
- If 18 and older and enrolled in college classes, a copy of your class schedule is required.
- If you heat with LP, you must obtain a printout of your account from your LP provider showing your account balance.
- If you heat with wood, you must provide the name of the person from whom you purchase wood.

Income Documentation

Please use the chart below for allowable forms of income documentation. Income is calculated on a 12-month period.

Income Source	Examples of Allowable Documentation
Employment	<ul style="list-style-type: none"> ❖ If at the same job since January 1, 2011, you can submit your most recent paystub, which must show your year to date gross wages. ❖ If you have been at more than one job since January 1, 2011, you must submit the last paystub from each job. ❖ If employed in 2010, your last paystub received in December 2010. If you do not have your income from 2010, <u>see box below on how to obtain a Wage History from Work One.</u>
Pension / Retirement	Award letter or copy of check stub showing year to date gross wages.
Self Employment	Tax Return form 1040 for 2010 along with one of the following <ul style="list-style-type: none"> ❖ Schedule C – Profit or Loss from Business ❖ Schedule E – Supplemental Income and Loss ❖ Schedule F – Profit or Loss From Farming ❖ Schedule SE – Self Employment Tax
Social Security and/or SSI	Award letter, copy of check, printout from Social Security Department or most recent bank statement if direct deposited.
TANF	Printout of benefit amounts received in the past 12-months.
Unemployment	Printout from the Work One office of all unemployment received in the past 12 months. <u>See box below on how to obtain an unemployment printout from Work One.</u>
Veteran's Benefit	Printout or award letter from the VA or most recent bank statement if direct deposited.
Zero Income	Complete the Zero Income Household Verification Form and <u>see box below on how to obtain a Wage History from Work One.</u>
Short or Long Term Disability	Copy of most recent check stub, showing year to date gross amount received, or letter from company stating your monthly benefit amount.
Cash Jobs	If you do odd jobs for cash, please include that as income on the Income Self Declaration Form and <u>see box below on how to obtain a Wage History from Work One.</u>
Foster Care Stipend	Copy of letter stating monthly award amount, copy of check or most recent bank statement if direct deposited.

OBTAINING A WAGE HISTORY & UNEMPLOYMENT PRINTOUT

- ❖ If you reside in Daviess, Greene or Sullivan County, please complete the Work One Facsimile Transmittal Sheet, and we will send off for your Wage History and Unemployment printout.
- ❖ If you reside in Knox County, you will need to go to Work One, located at 1500 Chestnut Street in Vincennes. A photo ID and social security card is required to obtain a Wage History.



2011 – 2012 Energy Assistance Application

Complete application and return to the Client Services office located in your County of residence. Locations are listed on back of application.

OFFICE USE ONLY:		
<input type="checkbox"/> mail	<input type="checkbox"/> office	<input type="checkbox"/> EE

***** Please provide the following information for EVERYONE living in your household *****

Last Name	First Name	Middle Initial	Soc Sec #	Date of Birth	Sex M/F	Race	Hispanic Y/N	Veteran Y/N	Disabled Y/N	Type of Health Insurance	Highest Grade of School Completed	Employed in the last year? Y/N	Currently Employed Y/N

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home or Cell Phone: _____ **Message Phone:** _____ **Email Address:** _____

Type of Home <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Modular Home	Ownership of Home <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Buying on Contract	Housing Assistance <b style="color: red;">If renting, are you subsidized? <small>(Do you get help paying your rent or is the amount of your rent based on your income?)</small> <input type="checkbox"/> Yes, subsidized housing <input type="checkbox"/> No, non subsidized housing Amount of rent you pay \$ _____	Utility Payments <input type="checkbox"/> Heat included in rent <input type="checkbox"/> Electric included in rent <input type="checkbox"/> Utilities not included in rent <hr/> Do you receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Type <input type="checkbox"/> Single Parent (female) <input type="checkbox"/> Single Parent (male) <input type="checkbox"/> Two Parents <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults (no kids) <input type="checkbox"/> Other
How do you heat your home? <input type="checkbox"/> Furnace <input type="checkbox"/> Furnace – but does not work <input type="checkbox"/> Space heaters <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard heaters Air Conditioning <input type="checkbox"/> Central Air <input type="checkbox"/> Central Air - does not work <input type="checkbox"/> Window Air Conditioners <input type="checkbox"/> No Air Conditioning	Primary Heating Source <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> LP Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Wood	Please check all types of income received in your household for the past 12 months <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Child Support <input type="checkbox"/> Interest/Dividends <input type="checkbox"/> Self Employment <input type="checkbox"/> Veteran's Benefit <input type="checkbox"/> Foster Child Stipend <input type="checkbox"/> No Income <input type="checkbox"/> Other _____		
By signing below, I certify that all information provided is correct and true. My signature also certifies that I have read and agree to the Privacy Notice Statement, Social Security Number Disclosure Statement, Client Release of Information Statement and Certification of Information Statement on the reverse side of application.				
_____ Signature				_____ Date



ENERGY ASSISTANCE APPLICATION CHECKLIST

- Complete application listing all household members. Social Security Numbers and dates of birth are required. Failure to include household members can result in a denial for assistance. **This packet contains 2-sided forms – please be sure to complete the front and back of each page if necessary.**
- Sign the application – applications cannot be processed without your signature!
- Income documentation is required for each adult (18 and over).
- Complete the Income Self Declaration Form and Work One Facsimile Sheet if there were months that any adult(s) was without income or for undocumented income.
- Complete the Zero Income Household Verification Form and Work One Facsimile Sheet for any adult claiming zero income for the past 12-months.
- If you rent your home, you must submit a copy of your current lease. If you do not have a lease, your landlord must complete the Landlord Affidavit
- Submit your most recent heating and electric utility bills. Complete the Utility Affidavit if your heat and/or electric bill(s) are NOT in the name of a household member.
- If mailing the application, you will need to provide the correct amount of postage on the envelope.** Applications can be returned to the Client Services office within your County of residence.

Daviess County	Greene County	Knox County	Sullivan County
2 NE 21 st St. Washington, IN 47501 254-5611	109 E. Vincennes St. Linton, IN 47441 847-2237	525 N. 4 th St. Vincennes, IN 47591 882-7927, extension 1509	109 E. Vincennes St. Linton, IN 47441 847-2237

Privacy Notice Statement: This agency is requesting disclosure of personal information that is necessary to accomplish its statutory purpose. IC 4-1-6-2(a)

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(a)(3)

Client Release of Information Statement: In order to obtain assistance for my household, by signing below, I hereby authorize Pace Community Action Agency to release or obtain information about my income and/or services provided for members of my household.

Certification of Information Statement: I certify under penalties of 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 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, Pace 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. However, 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. My signature also gives my consent for an agency representative to sign my name to the completed application.

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.

Adult #1

I, _____ hereby 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 Jul Aug Sept Oct Nov Dec

Signature of Income Claimant

Date

Adult #2

I, _____ hereby 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 Jul Aug Sept Oct Nov Dec

Signature of Income Claimant

Date

Adult #3

I, _____ hereby 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 Jul 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.

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 information and hereby consent to the release of my Indiana Tax Return for this purpose.

I, _____ hereby certify that I have received no income from any source for the **entire** 12 months prior to the Energy Assistance application.

Signature of Zero Income Claimant

Date

I, _____ hereby certify that I have received no income from any source for the **entire** 12 months prior to the Energy Assistance application.

Signature of Zero Income Claimant

Date

I, _____ hereby certify that I have received no income from any source for the **entire** 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:

Type	Amount Received	Source	Date
Rent Assistance			
Utility Assistance			
Food Assistance			
Cash Assistance			

In your own words, describe how your household has survived the past twelve (12) months with zero income:

Applicant 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.

**ENERGY ASSISTANCE PROGRAM
LANDLORD AFFIDAVIT**



Landlord: The applicant below 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)

<p>Heating costs are:</p> <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 and are in the name of _____ who lives in the household or is a legal power of attorney.	<p>Electric costs are:</p> <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 and are in the name of _____ who lives in the household or is a legal power of attorney.
--	---

Primary Heat Source: (what operates the furnace)

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

Furnace

- Home has a working furnace
- Home has a furnace that does not work

Dwelling Type:

- Mobile Home
- House and/or Modular Home
- Apartment complex or Duplex

Number of Household Members

_____ Adults
 _____ Children

Rental Assistance:

- The applicant receives assistance from the Township Trustee
- The applicant resides in subsidized housing, receives assistance paying their rent through the Housing Authority or their amount of rent is based on their income.

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

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
8/2011

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.



UTILITY AFFIDAVIT

Complete **ONLY** if your Utility Bills are in the name of someone not listed as a household member

Head of Household's Name: _____ Date: _____	
Address: _____ City/State/Zip: _____	
Name and address of person listed on Heating bill: Name: _____ Address: _____ City/State/Zip: _____	Name and address of person listed on Electric bill: Name: _____ Address: _____ City/State/Zip: _____
Relationship of the household member to the individual listed on the utility bill (check one): <input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Landlord <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Deceased family member <input type="checkbox"/> Other _____	Relationship of the household member to the individual listed on the utility bill (check one): <input type="checkbox"/> Spouse or significant other <input type="checkbox"/> Landlord <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Deceased family member <input type="checkbox"/> Other _____
In the space provided, please explain why your utility bill(s) is in the name of someone not listed as a household member: _____ _____	
Utility Affidavit	
I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the monthly heating and electric bills.	
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.	
Signature of Head of Household: _____ Date: _____	

This form is mandated by Indiana Housing and Community Development Authority. Refusal to certify this information may result in ineligibility of the household for LIHEAP benefits.



Top section is for
office use only

Work One Facsimile Sheet

From:		
Address:		
City:	State:	Zip:
Phone:		
Fax:		
Email:		
Date:		
Pages: 1		

To:
Company:
Phone:
Fax:

URGENT: PLEASE REPLY

- | | |
|---|---|
| RE: <input checked="" type="checkbox"/> Wage Inquiry
<input checked="" type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Daviess County
<input type="checkbox"/> Greene County
<input type="checkbox"/> Knox County
<input type="checkbox"/> Sullivan County |
|---|---|

PERMISSION TO COLLECT AND RELEASE INFORMATION

This form protects your rights to privacy as a client of Pace Community Action Agency, Inc. It shows that we will not collect or release information about you without your permission. We will handle this information in a responsible and private way.

By signing this form, I give permission to the Indiana Workforce Development Staff to collect and release the following information:

- A printout of wages and/or unemployment benefits from the past twelve (12) months for the purpose of certifying program eligibility for programs provided through Pace Community Action Agency, Inc.
- I understand the released information can be shared with Pace Community Action Agency, Inc. for the purpose of qualifying me for services I have requested.

Each adult household member must provide their name, social security number and signature in the box below.

	Print Name	Social Security Number	Today's Date	Signature
Adult #1				
Adult #2				
Adult #3				
Adult #4				
Adult #5				