

Energy Assistance Program Application Checklist

Please use the checklist below to ensure all required documentation has been submitted. Not submitting all required documentation will result in a delay in processing your application. (COPIES of documents are required. Our offices are NOT able to make copies for mail in applications).

You may submit your application via mail, fax (574-236-4891), or email to eapapps@realservices.org.

You may also submit an application online at <https://ihcda.rhsconnect.com/>

- Complete the application listing all household members.
- Sign the application – applications cannot be processed without your signature!
- A photo ID for the person signing the application.
- Social Security Cards for each household member. REAL ID or passport can be provided in lieu of Social Security cards.
- Income documentation for the past 3 months prior to the date of application for each adult age 18 and over. (see list for income documentation)
- Anyone claiming zero come must complete a Income Verification Affidavit for the past 3 months with **explanation how expenses were met. (Must be completed for each adult household member, please make copies for additional adults in household). In section 3 entering 0 or NA, etc is not acceptable; you must provide an explanation how expenses were met.**
- If 18 or older and in High School or College, documentation such as class schedule or current report card is required.
- If pregnant, documentation from your physician is required (to count unborn child as household member).
- Renters:** A Lease or Landlord Affidavit is required for those who rent and who have one or both utilities included in their rent. Your Landlord must complete this form if you do not have a lease **dated within the last 24 months.**
- Copy of your most recent electric utility bill.
- Copy of your most recent heating bill.
- Copy of your most recent water bill.



Income Documentation

Application cannot be approved without complete information. Written proof of all types of income for ALL household members age 18 and over for the last consecutive and complete 3 months must be provided.

WAGES AND SALARIES (only for household members 18 years or older)

1. Check stub with "Year-to-Date" amount (for all jobs held in the previous 3 months, **please provide approximate start date as well as pay frequency (weekly, every 2 weeks, 2/month)**)

SOCIAL SECURITY, S.S.I., OR DISABILITY (only need to send ONE of these, NOT all)

(You must provide documentation for Social Security or disability payments received for a child in the household)

1. Most recent bank statement showing your Social Security Deposit, the bank name and your name (if your check is handled through direct deposit). Please send full page, do not send cut up pages
2. Current year award letter from Social Security or a statement of benefits from the local Social Security Office
3. A copy of your check

UNEMPLOYMENT BENEFITS

1. DWD printout covering the most recent 13 weeks
2. DWD Wage history release form (call our office to request)

PENSIONS AND OTHER FIXED INCOME

1. The most recent statement showing GROSS income (**NOT A BANK STATEMENT!**)

SELF EMPLOYMENT

1. Federal 1040 form, all applicable schedules. (Must be signed)

DIVIDENDS AND INTEREST

1. Statement from the bank

VETERAN'S BENEFITS (only need to send ONE of these, NOT all)

1. Copy of awards letter, or copy of check
2. A recent bank statement showing your VA benefit, the bank name and your name (if your check is handled through direct deposit).
3. A copy of your check

RENTAL INCOME, LEASE INCOME, LAND CONTRACT INCOME

1. Tax record

PERSONS OVER 18 WHO HAD ANY MONTHS WITHOUT INCOME IN THE PAST 4 MONTHS OR PERSONS WITH UNRECORDED INCOME



1. Income Verification Affidavit (**With explanation how expenses have been met. '0' and 'NA' or blanks are not acceptable**)

The Energy Assistance Program reserves the right to request additional information as necessary!

<u>Income limits:</u>	<u>Household size</u>	<u>Income per month</u>	<u>Income for 3 months</u>
	1	\$2,251	\$6,753
	2	\$2,944	\$8,831
	3	\$3,636	\$10,909
	4	\$4,329	\$12,987
	5	\$5,022	\$15,056
	6	\$5,714	\$17,143
	7	\$5,844	\$17,532
	8	\$5,974	\$17,922
	9	\$6,104	\$18,311

Indiana Energy Assistance and Water Assistance Program Application

Program Year 2022

 REAL SERVICES  <small>Indiana Housing & Community Development Authority</small>	REAL Services PO Box 1835 South Bend, IN 46634 574-232-6501 1-800-225-3367 realservices.org	For Provider/Agency Use Only Date received: _____ Application number: _____ <input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other Household is disconnected or out of fuel: <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
What kind of assistance are you applying for? <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both <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. 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.		
Part I: Contact Information		
Applicant Name	Last four digits of SSN	County
Physical Address (Including Apartment Number)	City	State Zip
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.		
Telephone number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	Mobile phone carrier <input type="checkbox"/> Consent to receive texts	E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>
Part II: Home and Utility Information		
Home Type (Please check one) <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: _____	Home Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Utilities and Payment Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent Water/Wastewater Vendor(s): _____ <input type="checkbox"/> Included in rent
Primary Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	Secondary Heating Fuel <input type="checkbox"/> Electric furnace/baseboard <input type="checkbox"/> Wood Stove <input type="checkbox"/> None <input type="checkbox"/> Other: _____ EAP cannot pay benefits to fund the use of space heaters.
The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your Household be interested in a referral to the Weatherization program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part III: Income and Benefits		
Please indicate <u>all</u> types of income received by any member of the household in the past three months. Check all that apply.		
<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 <u>all</u> sources of assistance received by any member of the household. Check all that apply.		
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Child support <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
Has anybody in the household <u>paid</u> child support in the past three months? <input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)	Is anybody in the household between the ages of 14-24 and neither working nor attending school? <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.	D.O.B.	Gender	Disability	Race	Ethnicity	Employment	Education	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						

Race 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	Ethnicity Codes: H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	Employment Codes: 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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Education codes: 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	Health Insurance Codes: 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	Military Codes: A - Active-duty military V - Veteran N - No affiliation
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Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list):	Household Type (please check one) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <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 am a resident of Indiana and an applicant for the Energy Assistance, Water Assistance, and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Energy Assistance, Water 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.

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

Signature of person completing this form (required)	Date (required)

Energy Assistance Program Income Verification Affidavit

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

Household Member: _____ Application Key: _____

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

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

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

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

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

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

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

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

_____/____/____
Signature of Zero Income Applicant **Date**

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

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

County of Residence: _____ Notary Public – Signature _____

Commission Expires: _____ Notary Public -Printed Name _____

Elkhart County Office



REAL Services of Elkhart County

500 N. Nappanee, Suite 4A
Elkhart, IN 46514

PH: 574-322-4185

Fax: 574-343-2336

← This is ELkhart office info. Call to set up appt or drop off application here.

