

ENERGY ASSISTANCE CHECKLIST FOR UTILITY PROGRAM **(Program begins October 5, 2010)**

Please read carefully and follow step by step instructions. There have been many changes since the last program season. Failure to submit all required information, or submitting an incomplete application will result in denial of benefit assistance.

**** IMPORTANT CHANGES – PLEASE READ CAREFULLY ****

Note: If your electric or gas bill is scheduled for disconnect, do not complete this paperwork.

You have been selected for early enrollment in the Energy Assistance Program (EAP). By completing and submitting this application you understand the following:

- Submitting a mail-in application does not stop a disconnect notice. You must continue to pay your bill.
- You will not receive the assistance approval letter until after October 5, 2010.
- The utility companies will not receive payment until after January 1, 2011.
- If you are disconnected or move before the moratorium date of December 1, 2010, you will not be protected from disconnection for non-payment.
- You **MUST** have the EAP application returned to the CANI office by September 30, 2010. You must schedule an appointment if you fail to submit the mail-in application by this date.
- **CANI is no longer able to verify your Social Security Income or Social Security numbers. You must make a copy of your current Social Security award letter, or a copy of your bank statement if you have direct deposit for your Social Security, and submit this with your EAP application.**
- **You must also submit a copy of every family member's social security card, or submit proof, from Social Security Administration of everyone's social security number.**

In order to process your application, you must complete the following:

- **Please** answer all questions on the Energy Assistance application and be sure to provide your signature and date on all required forms.
- **Please** send a copy of your CURRENT electric and gas bill.
- **All household members over the age of 18 must have completed an income verification form or a zero income verification form.**
- **Please** provide proof of income for the past 12 months for all household members over the age of 18. Anyone over 18 with no income must submit an **unemployment statement** and complete the **Zero Income Household** verification Form.
- **If you are renting**, you must submit either a copy of your lease, or have your landlord complete the enclosed housing affidavit.
- **Please** complete the Utility Affidavit if your utility bills are in someone other than a household member's name.

Only send copies of required documentation. **No copies will be returned to you.**

Please call (260) 423-3546 or 1-800-589-2264, and ask for the Family Support department if you have questions regarding early application. You may also contact us via CANI's Website, at www.canihelp.org.

PLEASE RETURN ALL DOCUMENTS IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS.
THERE IS NO PRE-PAID POSTAGE. **YOU MUST PROVIDE YOUR OWN POSTAGE.**

ENERGY PROGRAMS APPLICATION

Please Print Clearly

APPLICANT INFORMATION

Full Name: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Contact Phone () _____ Social Security Number: _____

HOUSEHOLD MEMBERS INFORMATION

Ethnicity Codes	Race Codes	Health Insurance Codes
A. Hispanic or Latino	A. African American	A. Medicare
B. Not Hispanic or Latino	B. White	B. Medicaid
	C. Multi-Race	C. Hoosier Health Wise
	D. Other	D. Medicaid Select
	E. Native American	E. Other
		F. None

Household Members First and Last Name	Birth Date	Age	S e x	Social Security Number	Ethnicity Code	Race Code	Disabled Y/N	Veteran Y/N	Last Grade Completed	Health Ins. Code
1.										
2.										
3.										
4.										
5.										
6.										
7.										

Please Circle the Correct Response

1. Do you own your home? Yes No
2. Do you rent your home? Yes No If yes, please include a copy of your lease/landlord affidavit.

4. Do you currently reside in a

- A. House
- B. Apartment / Duplex
- C. Mobile Home

5. What is your current family situation?

- A. Single Parent / Female
- B. Single Parent / Male
- C. Single Person
- D. Two Adults/No Children
- E. Two Adults/With Children
- F. Other: _____

6. How do you heat your home during the winter? Please include a copy of your most recent utility bills/completed utility affidavit.

- A. Kerosene
- B. LP Gas
- C. Oil
- D. Wood
- E. Coal
- F. Electric
- G. Natural Gas

7. Are you currently receiving TANF (Cash) or Food Stamps? Yes No
If yes, please provide a 12 month TANF (Cash) printout.

8. Do you or any other household members receive Child- Support? Yes No
If yes, please provide a 12 month printout.

9. Are the utilities costs included with your rent? (Example-Gas or Electric) Yes No

10. Are you currently on Subsidized Housing? (Example-HUD, SECT 8, Public Housing) Yes No
Please include a copy of your lease

Certification of Information Statement

"I certify that the above information provided is correct 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 the purpose 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 receipt of these services".

Privacy Notice Statement

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

Social Security 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 your application for services is not processed in a timely manner, you may request further review from the State of Indiana by submitting an Applicant Notification form to the division of Family and Children.

Right and Responsibilities

I understand my responsibilities:

- To provide accurate and truthful information so that I may receive services
- To authorize release of information to and from other agencies, utility companies, Division of Family and Children, Child Support Division, Township Trustee, employer, etc., as may be required to process my request for services.
- To call when I am unable to keep an appointment in the office, a neutral site, or at my home.
- To keep CANI informed about any changes information provided which might affect my eligibility for services.

I understand my rights as:

- The right to services that respect my personal values and choices without discrimination because of race, sex, religion, handicap, national origin or age.
- The right to refuse services at any time.
- The right to have my personal information treated confidentially:
 - Files will kept in a secure location
 - Access to files will be restricted to those CANI staff that has a need to know.
 - Other professionals, evaluators, researchers, funders, and consultants will not have access to files unless approved by me.
 - The rights to talk to a supervisor at any time if I am unhappy with services, feel discriminated against, or feel that I have been unfairly denied services.
 - The right to appeal any denial of assistance from CANI, including direct services.

I understand CANI will:

- Make a report to the Division of Family of and Children if we have a reason to believe any child is being abused or neglected.
- Make a report to law enforcement authorities if we have knowledge that a crime is taking or about to take place.

Family Signature _____ **Date** _____

Staff Signature _____ **Date** _____

RECEIVE UP TO \$5,000 IN ENERGY SAVINGS IMPROVEMENTS

Your household may qualify to receive weatherization services through the State's Home Energy Conservation Program. These services are performed at no cost to the qualified homeowners and could result in an average savings of 20% off utility bills. Funding is limited, so be sure to respond quickly. This program is available to renters, as well as homeowners. Renters will be required to get prior permission from their landlords. To see if you qualify, please check the box below and we will evaluate your application and get back with you.

Please check the program you are applying for :

Energy Assistance Weatherization

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 **entire 12** months prior to the energy assistance application. I have provided an **unemployment statement** as verification.

Date: _____

Signature of Zero Income Claimant

I, _____, here by certify that I have received no income from any source for the **entire 12** months prior to the energy assistance application. I have provided an **unemployment statement** as verification.

Date: _____

Signature of Zero Income Claimant

I, _____, here by certify that I have received no income from any source for the **entire 12** months prior to the energy assistance application. I have provided an **unemployment statement** as verification.

Date: _____

Signature of Zero Income Claimant

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

Rent Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Utility Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Food Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Cash Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

Other Assistance: _____ **Date Received:** _____

Source of Assistance/Name: _____

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

Date: _____

Applicant Signature

Date: _____

Agency Representative Signature

INCOME VERIFICATION FORM

Applicant Name _____ SSN _____ Date _____

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 hereby certify that I received **NO** income from any source for the following months. (Circle all that apply and put the year above the month).

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

I hereby certify that I have received \$ _____ during the following month(s) for which there is no documentation. (Circle all that apply and put the year above the month).

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

I hereby certify that I received the following income for which I have provided 12 months documentation. Please enter appropriate income source code in columns below. Please document any additional income on back of form or add additional pages.

- | | | | |
|----------------------|-----------------------|--------------------------|-----------------------------|
| A = Employment | D = TANF | G = Pension | J = Self -Employment |
| B = Social Security | E = Unemployment | H = Child Support | K = Odd Jobs |
| C = SSI (Disability) | F = Veterans Benefits | I = Dividends / Interest | L = Other (Please Identify) |

Year	#1 Income Source __	#2 Income Source __	#3 Income Source __	Office use only
20__ Jan				
20__ Feb				
20__ Mar				
20__ Apr				
20__ May				
20__ June				
20__ July				
20__ Aug				
20__ Sept				
20__ Oct				
20__ Nov				
20__ Dec				
Total Annualized	\$ _____	\$ _____	\$ _____	\$ _____

I am reporting that I have received \$0 child support within the last 12 months. I understand should the State verify that I have received child support during this time; I will be required to repay any over-payments made on my behalf based on the income I have submitted.

Household Member Signature

Date

Agency Representative

Date

INCOME VERIFICATION FORM

Applicant Name _____ SSN _____ Date _____

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Year	#1 Income Source __	#2 Income Source __	#3 Income Source __	Office use only
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Household Member Signature

Date

Agency Representative

Date

Complete Only If Utility Bill is in a Non-Resident's Name

Application Date _____	
Head of Household _____	
Service Address _____	
Name and address of person listed on Heating Utility Bill _____ _____	Name and address of person listed on Electric Utility Bill _____ _____
Relationship of the household to the individual listed on the utility bill (check one): <input type="radio"/> Spouse or significant other <input type="radio"/> Landlord <input type="radio"/> Parent <input type="radio"/> Deceased family member <input type="radio"/> Other _____	Relationship of the applicant to the household listed on the utility bill (check one): <input type="radio"/> Spouse or significant other <input type="radio"/> Landlord <input type="radio"/> Parent <input type="radio"/> Deceased family member <input type="radio"/> Other _____
<h3>Utility Affidavit</h3> <p>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.</p> <p>I understand that I must change this utility into a household member's name by the 2011-12 Energy Assistance Program season to be eligible for future benefits. Failure to do so may disqualify my household ineligible for benefits starting October 2011.</p> <p>I understand that falsifying this information may result in disqualifying my household from Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.</p>	
Signature of Head of Household _____	

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.

ENERGY ASSISTANCE PROGRAM

LANDLORD AFFIDAVIT

Landlord: *This applicant has indicated that utilities are included in the rent or paid separately but cannot support the claim with a lease or other document. Please attest to whether this claim is correct.*

APPLICANT INFORMATION (to be completed by the agency)

Applicant Name:	SSN:
Address:	Phone:

LANDLORD INFORMATION (to be completed by the Landlord)

1. ___ Heat and /or ___ electric costs are included in this applicant's rent.
2. ___ Heat and /or ___ electric costs are split among tenants, including the applicant.
3. ___ Heat and /or ___ electric costs are the responsibility of the applicant but are in my (the landlord's) name.
4. ___ Heat and/or ___ electric costs are the responsibility the applicant and are not in my name
5. The household uses the following type of fuel for heat:
___ Kerosene, LP Gas, Oil, Wood or Coal
___ Electric Heat
___ Natural Gas
6. ___ YES ___ NO. The applicant receives Assistance from the Township Trustee.
7. ___ YES ___ NO. The applicant resides in federally subsidized housing.

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

AGENCY: *The information on this document must include the landlord's complete address and telephone number. The applicant's SSN is optional. A copy of either the lease or this affidavit must be filed with the EAP application if the applicant is renting their dwelling.*

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. 2010-11 will be the last season that EAP will accept utility documentation in the name of a non-household resident.
- ◆ Actual payment of your EAP benefits may take up to 120 days from the application date.
- ◆ The Energy Assistance Program will no longer accept utility bills in the name of a child (ages 17 and under). All utilities must be in an adult's name (ages 18 and over).
- ◆ 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 the Energy Assistance Program benefit is not enough to cover your entire utility bill, contact your local utility company to see if you qualify for a monthly payment arrangement.
- ◆ 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 paid, ***talk to a case manager*** at the community action agency.
- ◆ Weatherization services may help reduce your energy consumption. Ask what you can do to conserve energy and how the weatherization program might help you.

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