



# Energy Assistance Program (EAP)

## Crawford, Harrison, Perry, & Spencer

**LHDC is now accepting EAP applications for the 2023-2024 heating season. The final day to apply is May 20, 2024.**

**The goal of the program is to help income-eligible households with the high costs of heating their home during the winter.**

**If approved, your household could be eligible for a ONE-TIME benefit toward your heat and electric. EAP benefits are paid directly to your utility company.**

- Carefully review the IHEDA Instructions. Complete all sections of the application form and sign and date the bottom of page two.
- Be sure to include copies of ALL required documents (Photo ID, Proof of SSN, current Proof of Income, current complete bill for Electric and Heat. Incomplete applications may be delayed or DENIED.
- Applications are processed in the order they are received and may take up to 55 days.
- Once your application has been processed, you will receive a notification letter by mail letting you know the results. No benefits can be paid until after November 1, 2023.
- Please mail your completed application to: LHDC, Attn: EAP, P.O. Box 336, Tell City, IN 47586.
- If you prefer to apply online, please visit: <https://eap.iheda.in.gov>

Total Household Members	Maximum Monthly Income	Maximum Annual Income
1	\$2,479	\$29,755
2	\$3,242	\$38,911
3	\$4,005	\$48,067
4	\$4,768	\$57,223
5	\$5,531	\$66,378
6	\$6,294	\$75,534



**Questions?**

1-800-467-1435, Ext. 275  
 eap@LHDC.org  
 P.O. Box 336, Tell City, IN 47586  
 www. LHDC.org

**EQUAL OPPORTUNITY:** LHDC provides services to all regardless of age, sex, race, color, religion, disability, veteran status, genetics, national origin, ancestry, sexual orientation, gender identity, pregnancy or familial status. The agency is an Equal Opportunity Employer.

## 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 IHCD.
- 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.

## **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.

# Indiana Energy Assistance Program Application

Program Year 2024

 	<b>Lincoln Hills Development Corp.</b> P.O. Box 336 Tell City, IN 47586 www.LHDC.org 1-800-467-1435, ext. 275 eap@LHDC.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
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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**

<b>Applicant Name</b>	<b>Last four digits of SSN</b>	<b>County</b>
	XXX-XX-	
<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	

**Part II: Home and Utility Information**

<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 Heating Vendor: _____ <input type="checkbox"/> Included in rent	
<b>Home Ownership (Please check one)</b>		
<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: _____
Is it working? <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. Would your Household be interested in a referral to the Weatherization program?**     Yes     No

**Part III: Income and Benefits**

**Please indicate all 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 all 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"/> 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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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): _____	<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)

**Indiana Energy Assistance Program Application Large Household Attachment  
Program Year 2024**

Please complete and return with your application if household is larger than four members.

This form is not necessary if household is four people or smaller.

Please provide address and applicant information so that we may match this attachment to the main application.

<b>Applicant Name</b>	<b>Last four digits of SSN</b>	<b>County</b>	
	xxx-xx-		
<b>Physical Address (Including Apartment/Lot/Trailer Number)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
		IN	

**Part IV: Household Members and Demographics (continued)**

Please list all people residing in this household not already listed on the main application form.

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
							Please use codes listed below					
5					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
8					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
9					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12					<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>	<b>Ethnicity Codes:</b>	<b>Employment 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	H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	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

<b>Education codes:</b>	<b>Health Insurance Codes:</b>	<b>Military 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	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	A - Active-duty military V - Veteran N - No affiliation

Application number: \_\_\_\_\_



# Lincoln Hills Development Corporation SERVICE REFERRAL FORM



Phone: 1-800-467-1435 • Website: [www.lhdc.org](http://www.lhdc.org)

*LHDC offers a variety of programs in the communities we serve including housing, education, health insurance navigation, and more...to help you, your family, your friends, and your neighbors.*

*Please check the service(s) you would like to receive additional information about:*

- Weatherization Assistance Program:** LHDC administers the Weatherization Program in Crawford, Perry, and Spencer counties. Basic services include weather-stripping, insulation, caulking, and other means to improve energy efficiency.
- Rental Assistance:** LHDC administers the HUD Housing Choicer Voucher (Section 8) rental assistance program in Crawford, Gibson, Perry, Spencer, Vanderburgh, and Warrick counties. The HCV program offers rental subsidies to eligible renters.
- Retired Senior Volunteer Program (RSVP):** This program provides a variety of volunteer opportunities for residents of Crawford, Perry, and Spencer counties age 55 and over. Volunteers are placed at volunteer stations depending upon the interests and needs of the volunteer.
- Head Start Birth-5:** Head Start and Early Head Start provide comprehensive child development services for children from birth to 5 years of age and pregnant women in Crawford, Harrison, Perry, and Spencer counties.
- Housing & Housing Management:** LHDC owns and manages affordable housing in Crawford, Dubois, Harrison, Perry, Spencer, and Warrick counties.
- Housing Counseling:** As a HUD certified Housing Counseling Agency, LHDC provides assistance to eligible households in locating and qualifying for assisted rental units, assisting first-time homebuyers, helping prevent foreclosures and eviction, promoting fair housing rights and fair housing choice, and serves as an advocate for borrowers.
- Health Insurance Navigation:** Partnering with Covering Kids and Families Indiana (CKF), LHDC provides health insurance outreach and enrollment services in Crawford, Harrison, Lawrence, Orange, Perry, Spencer, and Warrick counties.
- Senior Farmers Market Program (SFMNP):** SFMNP provides vouchers to eligible elderly and disabled households in Crawford and Perry counties to purchase fresh, locally grown food at Farmers' Markets.
- Supplemental Nutrition Assistance Program (SNAP):** LHDC can provide assistance with completing SNAP food assistance applications for residents of Crawford, Perry, and Spencer counties.
- Resource Coordination:** Resource Coordinators will work with individuals that can benefit from assistance with housing, income and employment, access to healthcare, support systems, education, linkage to transportation, food, and moving from crisis stabilization to success planning.
- Individual Development Account (IDA):** IDA is a three-year, matched savings account program. For each dollar saved, up to \$500 per year, the state of Indiana will match it three-to-one. Funds can be used for an approved asset purchase, such as a vehicle or home purchase, post-secondary or job training, or to start/expand a small business.
- Energy Assistance Program:** EAP provides a one-time benefit to assist eligible households in Crawford, Harrison, Perry, and Spencer counties with the high cost of heating their homes during the winter. EAP is available to both renters and homeowners.

Your signature is consent for LHDC to contact you with additional information about the programs you have checked.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**LHDC Mission** - Reducing poverty to improve lives and communities in southern Indiana.

**LHDC Vision** - We believe in economic and social justice for all people across southern Indiana...*now and always.*

EQUAL OPPORTUNITY: LHDC provides services to all regardless of age, sex, race, color, religion, disability, veteran status, genetics, national origin, ancestry, sexual orientation, gender identity, pregnancy, or familial status. The agency is an Equal Opportunity Employer.

**Internal Routing Process for Follow-up:** Supervisor > Program Director > Director of Services for Families and Individuals



## 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.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>May 2023</b>	<b>June 2023</b>	<b>July 2023</b>	<b>Aug 2023</b>	<b>Sep 2023</b>	<b>Oct 2023</b>	<b>Nov 2023</b>	<b>Dec 2023</b>	<b>Jan 2024</b>	<b>Feb 2024</b>	<b>Mar 2024</b>	<b>Apr 2024</b>

**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"/> <b>Check here if all below needs were met by income of a parent/spouse/partner/roommate in the household</b>			
<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**

<b>NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)</b>	
WITNESS my hand and seal this _____ day of _____ 20____.	
County of Residence: _____	Notary Public – Signature _____
Commission Expires: _____	Notary Public – Printed Name _____

**ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT**

Complete ONLY if your Utility Bills are in the name of someone who does not reside in the household

Head of Household's Name: _____ Date: _____						
Address: _____ City/State/Zip: _____						
<b>Utility in non-household member's name (Check all that apply):</b>  <input type="checkbox"/> Electric <input type="checkbox"/> Heating						
<b>Name and <u>current</u> address of person listed on utility bill(s):</b>  Name: _____  Address: _____  City/State/Zip: _____						
<b>Relationship of the individual on the above-indicated utility bill(s) to the household member (check one):</b>  <table style="width: 100%; border: none;"><tr><td style="width: 50%;"><input type="checkbox"/> Spouse or significant other</td><td style="width: 50%;"><input type="checkbox"/> Landlord</td></tr><tr><td><input type="checkbox"/> Parent</td><td><input type="checkbox"/> Deceased family member</td></tr><tr><td><input type="checkbox"/> Child</td><td><input type="checkbox"/> Other: _____</td></tr></table>	<input type="checkbox"/> Spouse or significant other	<input type="checkbox"/> Landlord	<input type="checkbox"/> Parent	<input type="checkbox"/> Deceased family member	<input type="checkbox"/> Child	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Spouse or significant other	<input type="checkbox"/> Landlord					
<input type="checkbox"/> Parent	<input type="checkbox"/> Deceased family member					
<input type="checkbox"/> Child	<input type="checkbox"/> Other: _____					
Please explain barriers to placing the above utility/utilities in the name of a current household member: _____ _____ _____						
<b>Certification Statement</b>						
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 overall household income. I also certify that I have received consent from the above-named account holder to release or allow to be released utility data and information for the purposes of eligibility determination and reporting.						
I understand that falsifying this information may result in disqualifying my household for IHCD-administered 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: _____						

# Lincoln Hills Development Corporation (LHDC)

9/2023

## Customer Services Survey

THANK YOU FOR TAKING TIME TO ANSWER THIS SURVEY. *Your responses will remain confidential.*

**Program** (check all that apply):  Energy Assistance  Head Start Birth – 5  Health Insurance Navigation  
 Housing  Housing Choice Voucher  Housing Counseling  IDA  Resource Coordination  
 RSVP  Senior Farmer's Market  Weatherization Other: \_\_\_\_\_

1. In which Indiana county do you receive LHDC services? \_\_\_\_\_
2. How did you learn of the service you received from LHDC? (check all that apply)  
 Family/Friend  Website  Facebook  Instagram  LinkedIn  Printed Fliers/Brochures  Newspaper  
 Referral from an Agency: \_\_\_\_\_ other: \_\_\_\_\_
3. How would you rate the quality of services you received?  Excellent  Very Good  Good  Fair  Poor  
If less than Good, please explain: \_\_\_\_\_
4. How would you rate the ease of access to our services?  Very Easy  Easy  Difficult  Very Difficult  
Please explain: \_\_\_\_\_
5. How long did it take to receive our services after the initial contact with LHDC?  
 Less than one week  One to two weeks  Two to three weeks  More than three weeks
6. What did LHDC do well while providing services to you? \_\_\_\_\_
7. What could LHDC have done better, if anything? \_\_\_\_\_
8. Are there other services that you need that LHDC currently does not provide? \_\_\_\_\_
9. Based on your experiences, how likely would you be to refer a friend to LHDC for services?  
Definitely Would 10 9 8 7 6 5 4 3 2 1 Definitely Would Not
10. Have the services you received helped you to deal more effectively with your needs?  Yes  No
11. How beneficial do you think LHDC has been to you, other individuals, families, and the community?  
Very Beneficial 10 9 8 7 6 5 4 3 2 1 Not Beneficial
12. If you were to seek help again, would you come back to our agency? (check one)  
 Yes, Definitely  Probably  Undecided  Probably Not  Definitely Not
13. Does the lack of reliable transportation make it difficult for you to seek services, attend school, or get to and from a job?  Yes  No
14. Have you ever had to utilize high-interest loans or "payday loans" to meet basic living expenses?  
 Yes  No If yes, how many times in the past 12 months? \_\_\_\_\_
15. Do you or your family have medical bills that make it hard to pay living expenses?  Yes  No
16. Is there someone on our staff who was especially helpful to you? If yes, staff name: \_\_\_\_\_
17. If you would like someone from LHDC to follow up with you on any of your answers, please print your name, email address, and phone number below.

\_\_\_\_\_

Name

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number

### Options for returning completed survey:

➤ Scan & Email: [info@LHDC.org](mailto:info@LHDC.org)

➤ Mail to LHDC (see other side)

➤ Crawford County Drop-Off Location  
LHDC – Joan Ritchie Center  
508 West 5<sup>th</sup> Street  
English, IN 47118

➤ Perry County Drop-Off Location  
LHDC - Larry K. Kleeman Center  
302 Main Street  
Tell City, IN 47586

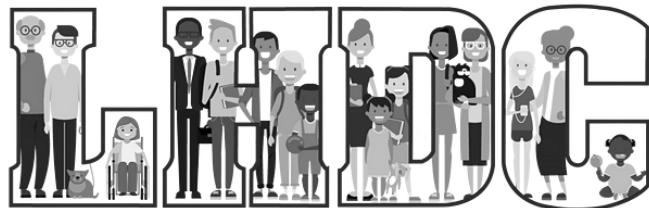
➤ Spencer County Drop-Off Location  
LHDC – Terry Davis Center  
501 Washington Street  
Rockport, IN 47635

➤ Scan to Complete Online



Place  
Stamp  
Here

LHDC Survey  
P.O. Box 336  
Tell City, IN 47586-0336



LINCOLN HILLS DEVELOPMENT CORPORATION

# Weatherization Assistance Program



Indiana Housing & Community Development Authority

SCAN QR CODE FOR MORE INFORMATION OR TO APPLY FOR WEATHERIZATION!



## What is Weatherization Assistance Program?

LHDC's Weatherization Assistance Program (WAP) aids income-eligible residents in Crawford, Perry, and Spencer counties by providing energy conservation measures to decrease utility bills. In order to determine eligibility, a home inspection or audit must be completed. The program is available to eligible homeowners and renters.

*For more information please contact:*

*Mike*

WEATHERIZATION PROGRAM MANAGER



✉ MIKEAXTON@LHDC.ORG

☎ 1-800-467-1435 EXT 221

🌐 WWW.LHDC.ORG

The Weatherization program aims to reduce utility bills by reducing heat loss through energy-saving measures such as weatherstripping, insulation, and furnace tune-up/repair. However, it is not a home rehabilitation, remodeling, or furnace replacement program. The program does not cover major home repairs such as window or door replacements, roofing repairs, or most plumbing issues. The exact work that can be performed depends on a full inspection of each unique home.

LHDC provides services to all regardless of age, sex, race, color, religion, disability, veteran status, genetics, national origin, ancestry, sexual orientation, gender identity, pregnancy, or familial status.  
The agency is an Equal Opportunity Employer.