Indiana Energy Assistance and Water Assistance Program Application

INSTRUCTIONS

• Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.

• 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, heating, and/or water/wastewater bills 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, 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 IHCDA.
• 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 award letter (may be downloaded from online)
        • 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, heating, and water/wastewater 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.
• Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.
Dear Applicant,

LHDC is now accepting applications for the 2021-2022 Energy Assistance Program!

If you are receiving this letter, you previously applied for the program or have requested an application for assistance. If approved, your household will receive a one-time benefit toward your electric and heat bills that will be paid directly to your utility providers. Applications will be accepted through May 16, 2022.

<table>
<thead>
<tr>
<th>Total Household Members</th>
<th>Maximum Monthly Income</th>
<th>Maximum Annual Income</th>
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<tr>
<td>1</td>
<td>$2,251</td>
<td>$27,012</td>
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<td>2</td>
<td>$2,944</td>
<td>$35,324</td>
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<tr>
<td>3</td>
<td>$3,636</td>
<td>$43,635</td>
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<tr>
<td>4</td>
<td>$4,329</td>
<td>$51,947</td>
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<tr>
<td>5</td>
<td>$5,022</td>
<td>$60,259</td>
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<tr>
<td>6</td>
<td>$5,714</td>
<td>$68,570</td>
</tr>
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</table>

Please review the enclosed checklist carefully. Complete and sign the enclosed application form. Be sure to include ALL required documents. Filling out all documents completely and accurately is necessary to ensure we can process your application in a timely manner.

Please mail the completed application and documents back to Lincoln Hills Development Corporation (LHDC). If you would like to drop off your completed application, our offices in Crawford, Perry, and Spencer counties now have walk-up windows available. If you prefer to apply for assistance online, the online application can be found at https://ihcda.rhsconnect.com/. The link to the online application can also be found on our website at www.lhdc.org.

All applications are processed in the order they are received in our office. Incomplete applications may be delayed or even denied. Please be aware it may take up to 55 days to process an application. Once a determination has been made, you will receive a notification letter letting you know the results. No benefit can be paid before November 1, 2021.

If you have questions or need assistance, please contact us by email at eap@lhdc.org or by phone at 1-800-467-1435, extension 275.

Thank you,
Energy Assistance Program Staff
Lincoln Hills Development Corporation
SERVICE REFERRAL FORM

OUR MISSION: “Lincoln Hills Development Corporation (LHDC), a locally governed Community Action Agency, engages in making life better by providing opportunities to empower people to improve the causes and effects of poverty in Southern Indiana.”

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

- **Weatherization Assistance Program**: Funding is provided to LHDC to weatherize the homes of qualified families in Crawford, Perry, and Spencer Counties. Basic services include weather-stripping, insulation, caulking, and other means to stop air infiltration and 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)**: The Corporation for National Service sponsors this program which provides a variety of volunteer opportunities for persons age 55 and over. Volunteers are placed at various volunteer stations depending upon the interests and needs of the volunteer.

- **Healthy Families**: The goals of the program are to promote positive child development, build family strengths, and prevent the abuse and neglect of children. In-home services are provided to young children up to age 3 and their families in Gibson, Knox, Perry, and Pike Counties.

- **Early Head Start**: Funded by the Department of Health and Human Services, Early Head Start provides comprehensive home-based child development services for infants and toddlers, ages birth-3, and pregnant women in Crawford, Harrison, Perry, and Spencer Counties.

- **Head Start**: Funded by the Department of Health and Human Services, Head Start provides comprehensive center-based child development services for children ages 3 to 5 years of age in Crawford, Harrison, Perry, and Spencer Counties.

- **Housing & Housing Management**: LHDC owns or provides management services for housing developments in the following communities: Cannelton, Chandler, Chrisney, Corydon, English, Ferdinand, Holland, Huntingburg, Leavenworth, Marengo, Milltown, St Meinrad, Tell City, and Troy.

- **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 or 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, LHDC provides health insurance outreach and enrollment services in Crawford, Lawrence, Orange, Perry, Spencer, and Warrick Counties.

- **Senior Farmers Market Program**: SFMP provides voucher to eligible elderly and disabled households in Crawford and Perry Counties to purchase fresh, locally grown food at Farmers’ Markets.

- **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.

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: _______________________________________

EQUAL OPPORTUNITY: LHDC provides services to clients regardless of race, sex, color, religion, age, ancestry, national origin, veteran status, sexual orientation, genetics, or disability. The agency is an Equal Opportunity Employer.
**Indiana Energy Assistance and Water Assistance Program Application**

**Program Year 2022**

<table>
<thead>
<tr>
<th>For Provider/Agency Use Only</th>
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<tbody>
<tr>
<td>Date received:</td>
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<tr>
<td>Application number:</td>
</tr>
<tr>
<td>☐ Mail-In ☐ Appointment ☐ Outreach/Home Visit/Other</td>
</tr>
<tr>
<td>Household is disconnected or out of fuel: ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Household has d/c notice or less than 25% fuel: ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Household heat source is inoperable: ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

| Lincon Hills Development Corp. Attention: EAP  
PO Box 336  
Tell City, IN 47586  
1-800-467-1435, ext275  
eap@lhdc.org |

<table>
<thead>
<tr>
<th>What kind of assistance are you applying for?</th>
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</thead>
<tbody>
<tr>
<td>☐ Utility Assistance (electricity and heating) ☐ Water Assistance ☐ Both</td>
</tr>
<tr>
<td>☐ 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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Last four digits of SSN</th>
<th>County</th>
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<td>xxx-xx-</td>
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<table>
<thead>
<tr>
<th>Physical Address (Including Apartment Number)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Telephone number</th>
<th>Mobile phone carrier</th>
<th>E-mail Address - check box to give consent for us to e-mail you.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Landline ☐ Mobile</td>
<td>☐ Consent to receive texts</td>
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</table>

### Part II: Home and Utility Information

<table>
<thead>
<tr>
<th>Home Type (Please check one)</th>
<th>Home Ownership (please check one)</th>
<th>Utilities and Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Site-built single house ☐ Multi-unit (apartment, condo, duplex, etc.) ☐ Mobile home ☐ Other: ____________________________</td>
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<tr>
<td>☐ Own ☐ Rent ☐ Other: ____________________________</td>
<td>☐ Included in rent</td>
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<tr>
<td>Electricity Vendor: __________</td>
<td>☐ Included in rent</td>
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<tr>
<td>Heating Vendor: ______________</td>
<td>☐ Included in rent</td>
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<tr>
<td>Water/Wastewater Vendor(s): __________</td>
<td>☐ Included in rent</td>
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<tr>
<th>Primary Heating Source (please check one)</th>
<th>Primary Heating Fuel (please check one)</th>
<th>Secondary Heating Fuel</th>
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</thead>
<tbody>
<tr>
<td>☐ Furnace ☐ Baseboard/Wall Unit ☐ Wood Stove ☐ Other: ____________________________</td>
<td>☐ Electric ☐ Natural Gas ☐ Propane ☐ Fuel Oil ☐ Wood ☐ Kerosene ☐ Other: ____________________________</td>
<td>☐ Electric furnace/baseboard ☐ Wood Stove ☐ None</td>
</tr>
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<td>☐ Other: ____________________________</td>
<td>☐ Included in rent</td>
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<td>☐ Other: ____________________________</td>
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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? ☐ 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.

| ☐ Employment/wages ☐ Social Security Retirement ☐ Social Security Disability ☐ SSI ☐ Self-Employment |
| ☐ Pension/Retirement ☐ VA Disability ☐ VA Pension ☐ Unemployment Benefits ☐ Alimony/Spousal Support |
| ☐ Workers’ Compensation ☐ Private Disability ☐ Odd jobs/irregular income ☐ No income ☐ Other: ____________________________ |

Please indicate all sources of assistance received by any member of the household. Check all that apply.

| ☐ Housing Choice Voucher (Section 8) ☐ Public Housing ☐ Permanent Supportive Housing ☐ HUD-VASH ☐ SNAP (Food Stamps) ☐ TANF |
| ☐ Child care voucher ☐ WIC ☐ Affordable Care Act subsidy ☐ Child support ☐ Earned Income Tax Credit (EITC) |
| ☐ Other: ____________________________ |

Has anybody in the household paid child support in the past three months? ☐ No ☐ Yes (please submit proof of payments)

Is anybody in the household between the ages of 14-24 and neither working nor attending school? ☐ No ☐ 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: ☐

<table>
<thead>
<tr>
<th>Last Name and Suffix</th>
<th>First Name</th>
<th>M.I.</th>
<th>D.O.B.</th>
<th>Gender</th>
<th>Disability</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Employment</th>
<th>Education</th>
<th>Health Insurance</th>
<th>Military Status</th>
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<tr>
<td><strong>Applicant</strong></td>
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**Race Codes:**
- A - Asian
- B - Black or African American
- I - American Indian or Alaska Native
- P - Native Hawaiian or other Pacific Islander
- W - White

**Ethnicity Codes:**
- A - Asian
- B - Black or African American
- I - American Indian or Alaska Native
- P - Native Hawaiian or other Pacific Islander
- W - White

**Employment Codes:**
- FT - Employed full-time
- PT - Employed part time
- R - Retired
- US - Unemployed six months or less
- UL - Unemployed longer than six months
- N - Not in labor force

**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

**Military Codes:**
- A - Active-duty military
- V - Veteran
- N - No affiliation

**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

**Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?**
☐ No
☐ Yes (please list): __________________________

**Household Type (please check one)**
- Single Person
- Two Adults, No Children
- Single Parent, Female
- Single Parent, Male
- Two-Parent Household
- Non-related adults with children
- Multi-Generational Household (three or more generations)
- Other: __________________________

**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)**
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 IHCDA.
• 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.
• Lifeline/Telephone Assistance Plan for verifying program eligibility.
• 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 is voluntary information. It is compiled and recorded for statistical purposes only. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.
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.

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| Rent/Mortgage: | Help Received: $ __________________________ | From Whom: ____________________________ | Paid to me ☐ | Paid directly to landlord or mortgage company ☐ |
| Utilities: | Help Received: $ __________________________ | From Whom: ____________________________ | Paid to me ☐ | Paid directly to utility ☐ |
| Food: | Help Received: $ __________________________ | From Whom: ____________________________ | Paid to me ☐ | Paid directly to grocery store/retailer ☐ |
| Other Household Expenses: | Help Received: $ __________________________ | From Whom: ____________________________ | Paid to me ☐ | Paid directly to store/retailer ☐ |

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 not exceeding $5,000 or imprisoned not more 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 _____________________________

Revised 2021.07.13
Energy Assistance Program Income Verification Affidavit
This form is to be completed by anyone claiming zero income or undocumented income

Household Member: _____________________________ Application Key: _____________________________

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Revised 2021.07.13