Energy Assistance Participants

If you can check "yes" to any of these questions, you may be eligible for an additional $350 Cares Act Benefit.

- ❑ Did you lose at least $1 of income during the COVID pandemic?
- ❑ Did you have to stay home from work to watch your children?
- ❑ Were your hours reduced temporarily or permanently due to Covid 19?
- ❑ Did you have a layoff or furlough from your job because of Covid 19?
- ❑ Did you have to be off work without pay with quarantine(s)?

If you are eligible, how would like the additional $350 benefit applied:

- ❑ entire benefit applied to my electric
- ❑ entire benefit applied to my gas/fuel
- ❑ split the benefit---half to electric, half to gas/fuel

Signature_____Date _____
Print name_____ Phone number_____
Address_____
Email _____

Mail this form back to us ICAP
143 Green Meadows Drive
Suite 1
Greenfield, Indiana 46140

Or, Use our drop box located by the steps at our office
Or, email this form to KDice@icapcaa.org

We will call you soon!

ICAP
INTERLOCAL COMMUNITY ACTION PROGRAM, INC.
615 W SR 38 • P.O. Box 449 • New Castle, Indiana 47362 • Phone (765) 529-4403 • Fax (765) 593-2510
Serving Delaware, Fayette, Grant, Hancock, Henry, Madison, Rush and Wayne Counties

Energy Assistance Program 2020-2021

Due to the COVID-19 pandemic, ICAP would like to process as many Energy Assistance Program applications as possible through the mail, for everyone's safety.

Please read, complete, and return the application along with the surveys as soon as possible. Pay close attention to the checklist on the second page of the application so that all documents (copies) are included with your application. Please do not send original documents; no documents will be returned to you. Lack of a completed application and documentation will delay processing.

New this year, we have a website to apply for the Energy Assistance Program. Visit icapcaa.org and follow the instructions to complete your application and upload your documents.

Remember do not submit this application if you are currently disconnected or have a disconnect notice. Instead, contact us for further instructions and an appointment, or call 211 for additional resources.

Fayette County 765-692-0236

Delaware County 765-288-8732

Grant County 765-573-5193

Hancock County 317-462-2557

Henry County 765-529-4403

Madison County 765-298-8086

Rush County 765-932-2863

Wayne County 765-488-2416

We are looking forward to helping you.

Niki Davis

Niki Davis, ICAP Community Services Program Director

Energy Assistance Program Application - Program Year 2021

Interlocal Community Action Program Inc.

ICAP
615 W State Road 38
P.O. Box 449
New Castle, IN 47362
ATTN: Mail-In Application

For Provider/Agency Use Only
Date Received:
Application Number:
□ Mail-in □ Appointment □ Outreach/ Home Visit/Other
Household is disconnected or out of fuel: Y / N
Household has disconnect notice or less than 25% fuel left: Y / N
Household heat source is inoperable: Y / N

Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric? □ Yes □ No
If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider/community action agency listed above to check the availability of crisis appointments.
If you need other emergency options, please call 211.

Physical Address with Apartment Number	City	State	Zip Code	County
		IN		

Alternate Mailing Address (only complete if different from physical address above)	Last four digits of SSN
	XXX-XX-

Phone number		May we text you?	E-Mail Address	May we e-mail you?
	□ home □ cell	□ Yes □ No		□ Yes □ No

Please list all people residing at this address, including yourself. Attach a separate sheet if necessary.

Name (Last, First, Middle Initial)	Date of birth (MM/DD/YYYY)	Gender	Race	Military Status	Health Insurance	Employment Status	Hispanic?	Disabled?	School Years Completed
			see codes below						
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	

Race Codes:
A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O -

Military Codes:
A - Active; V - Veteran; N - No Affiliation

Health Insurance Codes:
A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None

Employment Status Codes:
A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less then six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired

Home Type (please check one)
□ Multi-unit (apartment, condo, duplex, etc.)
□ Site-built single house
□ Mobile Home

Ownership (please check one)
□ Own
□ Rent
□ Other: _____

Utility Payment
Heat costs included in rent? □ Yes □ No □ N/A
Electricity costs included in rent? □ Yes □ No □ N/A
Electric vendor: _____

Heating Source (please check one)
□ Furnace □ Wood Stove
□ Baseboard Heater □ Space Heater
□ Other: _____
Is it working? □ Yes □ No

Primary Heating Fuel (please check one)
□ Electric □ Natural Gas □ Propane
□ Wood □ Fuel Oil □ Kerosene
□ Other: _____
Heat vendor: _____

Cooling Source (please check one)
□ Central Air □ Window Unit □ Fans
□ None □ Other:
Is it working? □ Yes □ No

Please complete and sign page 2 - Application is not valid without signature and date.

Application number: _____

Please indicate all types of income received by the household in the past three months (please check all that apply):

- ☐ Employment/wages
- ☐ Social Security/SSDI
- ☐ SSI
- ☐ VA Benefits
- ☐ Pension/Retirement
- ☐ Self-Employment
- ☐ Interest
- ☐ Odd jobs/irregular income
- ☐ Unemployment benefits
- ☐ No income
- ☐ Other: _____

Has anybody in the household paid child support in the past three months?

- ☐ No
- ☐ Yes *Monthly amount paid: $_____ (please include proof of payments)*

Please indicate all sources of assistance receive by the household (please check all that apply):

- ☐ Housing Choice Voucher (Section 8)
- ☐ Public Housing
- ☐ HUD VASH Voucher
- ☐ Permanent Supportive Housing
- ☐ SNAP (Food Stamps)
- ☐ Healthcare Subsidy
- ☐ Child Care Voucher
- ☐ Child Support
- ☐ TANF
- ☐ Earned Income Tax Credit (EITC)
- ☐ Other: _____
- ☐ None

Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?

- ☐ No
- ☐ Yes *please list:* _____

Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?

- ☐ No
- ☐ Yes *please list:* _____

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

Please be sure to complete each page of this application in its entirety.
Please be sure you attach and include all required supporting documents. These include, but are not limited to:

- ☐ Copy of Social Security card for each household member. REAL ID or US Passport may be used in lieu of Social Security card.
- ☐ State or federally-issued photo ID for the individual signing this application.
- ☐ Proof of income for the past three (3) months for each household member age 18 or over.
- ☐ Most recent **full** electric bill, including name, service address, and account number.
- ☐ Most recent **full** gas or bulk fuel bill or account statement, including name, service or delivery address, and account number.
- ☐ If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. **If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.**
- ☐ Your local service provider's referral form.

If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.

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 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 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)

icap
Interlocal Community Action Program Inc.

Energy Education Survey

Please complete this page and return as part of your Energy Assistance application.

1. To reduce energy consumption and improve energy efficiency, what label should you look for when purchasing appliances, windows and doors?

   ☐ Energy Saver ☐ Energy Star ☐ Energy Smart

2. Lighting accounts for **about** how much of a typical residential utility bill?

   ☐ 15% ☐ 20% ☐ 25%

3. Which appliance uses the most energy?

   ☐ Oven ☐ Microwave ☐ Refrigerator

4. Slow cookers, electric fry pans, toaster ovens, and electric kettles use less power than the stove top or oven.

   ☐ True ☐ False

5. Is it more energy efficient to wash your laundry in cold water or hot water?

   ☐ Cold ☐ Hot

6. Which kind of computer uses the least amount of energy?

   ☐ Desktop ☐ Laptop

7. What is the estimated life expectancy of an LED light bulb?

   ☐ 10 years ☐ 15 years ☐ 20 years

8. The majority of energy used in a single lightbulb is used to create heat. Approximately how much energy is used to create light?

   ☐ 5% ☐ 10% ☐ 15%

9. Approximately how much of electricity used in homes is used while the product is turned **off**?

   ☐ 75% ☐ 50% ☐ 25%

10. What is the most energy efficient appliance in most kitchens?

    ☐ Oven ☐ Microwave ☐ Refrigerator

Printed Name: _____

Date: _____

Signature: _____

Interlocal Community Action Program Inc.

EAP Applicant Name: _____

ICAP may have other programs and services that will be helpful to you and your family. Please fill out the information below and return it with your Energy Assistance application.

Demographic Questions (circle Y for yes or N for no):

1. Are there any newborns or pregnant women in your household? Y N
2. Are there any children between the ages of 3-5 in your household? Y N
3. Are there individuals in your household that are uninsured/underinsured? Y N
4. Are there children under age 13 in the household? Y N
5. Are there retired/senior citizens in the household? Y N

Interest Questions (circle Y for yes or N for no):

1. Are you interested in learning how to lower your utility bills? Y N
2. Are you interested in improving the energy efficiency of your home? Y N
3. Are you interested in saving for a major purchase (car, home, etc)? Y N

How would you like to be contacted with more information (check all that apply)?

☐ Email: _____ (email address)

☐ Address: _____ (mailing address)

☐ Phone: _____ (phone number)

(do not write below this line)

_____

Staff person providing referrals: _____

Initial here when all referrals are entered into the statewide database _____

Initial here when a copy of the letter sent is uploaded into the statewide database _____

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:$_____ From Whom: _____	Paid to me ☐ Paid directly to landlord or mortgage company ☐
Utilities:	Help Received:$_____ 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 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: _____

INDIANA
WORKFORCE
DEVELOPMENT
AND ITS WorkOne CENTERS

RELEASE OF INFORMATION

*NAME OF APPLICANT (PRINT) _____

*SOCIAL SECURITY: _____

*CURRENT DATE: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

_____
*SIGNATURE OF APPLICANT

☐ Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.
*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

*Signature of Requestor: K. Dice

Requesting Agency: ICAP

Fax Number: 317-462-1936

*REQUIRED FIELDS: For questions email EmployVerification@dwd.IN.gov

ENERGY ASSISTANCE PROGRAM (EAP)
LANDLORD AFFIDAVIT

Landlord: *Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency.* **Complete in blue or black ink only.**

APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City: State: IN Zip Code:	

UTILITY INFORMATION (to be completed by the landlord, property owner, leasing agent, or authorized designee only. Please complete entirely.)

Heating costs are (check one):	**Electric costs are (check one):**
❑ Responsibility of the landlord, included in the tenant's monthly rent payment. ❑ Responsibility of the tenant, but in the landlord's name ❑ Responsibility of the tenant	❑ Responsibility of the landlord, included in the tenant's monthly rent payment. ❑ Responsibility of the tenant, but in the landlord's name ❑ Responsibility of the tenant

Primary heating source (check one):
- ❑ Electric (furnace, baseboard, or wall unit)
- ❑ Natural gas
- ❑ LP gas, fuel oil, wood, coal, pellets, kerosene

How much does the tenant pay each month in rent? $_____

Is the primary heating source operable?
❑ Yes ❑ No

I grant IHCDA permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City: State: Zip Code:	Phone: Email (optional):