


Indiana Energy Assistance Program Application

Program Year 2024

<div><p>Indiana Housing & Community Development Authority</p></div>	For Provider/Agency Use Only	
	Date received:	07/19/2024
	Application number:	3421MPGX
	<input checked="" type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other	
	Household is disconnected or out of fuel:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Household has d/c notice or less than 25% fuel:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Household heat source is inoperable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

☒ Check here if your electric or heating utility is disconnected or scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity.

If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of a prepaid, bulk deliverable fuel, contact your local service provider listed above to request a crisis appointment. If you need other emergency options, please call 2-1-1.

Part I: Contact Information

Applicant First Name	Last four digits of SSN	Country	
as	XXX-XX-5555	Yes	
Physical Address (Including Apartment/Lot/Trailer Number)	State	City	Zip
house number, city, state, and zip code	IN		46711
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.			
house number, city, state, and zip code			
Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.			
Telephone number	Mobile phone	E-mail Address	
(999)-999-9999	(999)-999-9999	example@domain.com	
<input checked="" type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input checked="" type="checkbox"/> Consent to receive texts	<input checked="" type="checkbox"/> Check box to give consent for us to e-mail you.	

Part II: Home and Utility Information

Home Type (Please check one)	Home Ownership (Please check one)
<input type="checkbox"/> Site-built single house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Utilities and Payment	
Electricity Vendor: electricity company	Heating Vendor: heating provider
<input checked="" type="checkbox"/> Included in rent	<input checked="" type="checkbox"/> Included in rent
Primary Heating Source (please check one)	Primary Heating Fuel (please check one)
<input checked="" type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other
Do you have a secondary heating source installed?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

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 checked="" type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other
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Please indicate all sources of assistance received by any member of the household. Check all that apply.

<input checked="" type="checkbox"/> Housing choice voucher (section 8) <input type="checkbox"/> TANF <input type="checkbox"/> None <input type="checkbox"/> Child Support	<input checked="" type="checkbox"/> VA Pension <input checked="" type="checkbox"/> Child care voucher <input checked="" type="checkbox"/> VASH
<input type="checkbox"/> Affordable Care Act subsidy <input checked="" type="checkbox"/> Permanent supportive housing <input type="checkbox"/> WIC	<input type="checkbox"/> Public housing <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> SNAP (Food Stamps)

Has anybody in the household paid child support in the past three months?	Is anybody in the household between the ages of 14-24 and neither working nor attending school?
<input checked="" type="checkbox"/> Yes (please submit proof of payments) <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes (please submit proof of payments) <input type="checkbox"/> No

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	Disable?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
Applicant	Williamson	Cameron	M.I.	01/24/1960	Male	Yes	O	N	PT	C	D	V
2	Williamson	Cameron	M.I.	01/24/1960	Male	Yes	O	N	PT	C	D	V
3	Williamson	Cameron	M.I.	01/24/1960	Male	Yes	O	N	PT	C	D	V

Race Codes	Ethnicity Codes	Employment Codes:
A -Asian B -Black or African American I -American Indian or Alaska Native P -Native Hawaiian or other Pacific Island W -White M -Multi-race O -Other	A -H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	E 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

Education codes:	Health Insurance Codes:	Military 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	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

Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?	Household Type (please check one)
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (please list)	<input checked="" type="checkbox"/> Single Person <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <input type="checkbox"/> 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 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)
	07/19/2024