



Energy Assistance Program Overview
'23-'24 Energy Assistance
Program Application Information Packet

The Energy Assistance Program assists qualifying households with the cost of home energy. The program **begins November 1, 2023** and will continue **through May 20, 2024**.

Please read this cover letter carefully and **use the included checklist** to ensure you are submitting a complete application.

- **Disconnect Notice: ALL documents and a complete application must be received** to intervene in a timely manner. We have **10 calendar days to process a complete application in crisis.**

Submitting Your Application

- To print an application, access forms, or get additional information regarding resources to assist you, go to our website, <https://www.pacecaa.org/energy-assistance>. Pace has partnered with most **libraries** in our four counties to supply applications, make copies, and fax or e-mail applications or missing documents. Please see the enclosed list of library partners in your county **and opportunities for in-person assistance and access to additional forms.** Approval letters list a **1-time benefit(s).**



- To submit an application by mail, please send to the Vincennes address below.
- To submit an application via e-mail, please send to eap@pacecaa.org.
- Faxed applications can be sent to 812- 882-7982, however, e-mail is preferred for clear viewable documents.

Pace Community Action Agency, Inc.
525 N. 4th Street
Vincennes, IN 47591

Calls received:
Monday – Thursday: 8 am – 4:30 p.m.
(812) 882-7927, ext.2
You may leave a message if in crisis.

Applications and Drop Boxes are available at the following locations:

Daviess County:
2103 Cosby Rd.
Washington, IN 47501

Knox County:
525 N 4th Street
Vincennes, IN 47591

Greene County:
53 SE 1st Street
Linton, IN 47441

Sullivan County:
1140 Section Street
Sullivan, IN 47882

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?

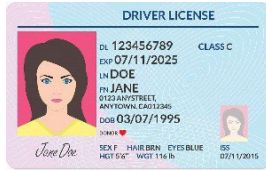
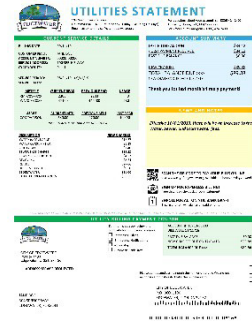
We use Social Security Numbers in the administration of the EAP and WAP to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and 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.

Application Checklist:

Please use the checklist below to ensure you are submitting **all required documentation**. Read the cover letter carefully, as some policies have changed.



1. **Complete both pages of the application.**
2. **Income (gross) documentation for all adult household members ages 18 and older for the 3 months current to the application date, must be provided. Self-Employment MUST submit 1040 and Schedule 1 and/or C.**
3. **FULL CURRENT utility bill(s) for electric and gas (if applicable) must be provided.**
4. **Photo ID of the adult signing the application must be provided.**
5. **Social Security card(s) of all household members must be provided.**

- Income**
- All applicants with **employment** income **MUST** submit the **most recent pay-stub(s)** showing **gross income** for the year (YTD) for any employment **within the past 3 months**.
 - **Social Security income**, which can be a yearly benefit letter or a most recent bank statement showing deposit. **ALL pages must be submitted.**
 - An **Income Verification Affidavit** may be used **ONLY if an adult receives NO income** or cash.
 - If 18 or older and attending **High School or college full-time**, documentation such as a **class schedule** or current report card is required.
 - **Child Support:** If you **pay** child support, proof of payment for 13 weeks must be provided. Examples include a pay-stub, bank statement, garnishment, or proof from a government agency.

Social Security card acceptable alternatives include a copy of Medicaid card if it shows the SSN, a printout on letterhead from Social Security, DCS or Food Stamp office with the complete social security number typed, or the previous years' W2.

Veteran: If any member of the household is a **veteran**, please provide documentation. A Veteran's Administration Identification Card (**VIC**) is **not allowable**.

Landlord Affidavit: This is required, as well as the **Direct Payment form**, **ONLY IF a utility is included in the rental payment**. Public housing offices and libraries have these form(s), and may be printed from our website, <https://www.pacecaa.org/energy-assistance>.

If **pregnant**, documentation from your physician is required to show estimated due date. Please list "unborn baby" as a household member on your application.

Absent Household Member - This form **MUST** be completed if a person is listed on an **income document** but is **not a household member**. Libraries have these form(s) and may be printed from our website, <https://www.pacecaa.org/energy-assistance>.

Utility Affidavit – This form **MUST** be completed if a person **not living in the household** is listed on a **utility bill** and **WHY**. Libraries have these form(s) and may be printed from our website, <https://www.pacecaa.org/energy-assistance>.

Library Locations and Application Assistance

For customer convenience we have partnered with listed libraries and branches serving our four counties for **free copying and faxing services**.

Four locations will have an Energy Assistance staff person present to **answer questions, and review and receive applications** on a monthly basis from **10:30 a.m. – 1:30 p.m. beginning Nov. 2, 2023**. See available dates below.

Pace CAA 525 N 4th Street Vincennes, IN 47591	Washington Carnegie Library 300 N Main Street Washington, IN 47501	Sullivan Co. Library 100 S Crowder Street Sullivan, IN 47882	Linton Public Library 95 1st Street SE Linton, IN 47441
12/5, 1/2, 2/6, 3/5, and 4/2.	11/21, 12/19, 1/16, 2/20, 3/19, and 4/16.	11/2, 12/7, 1/4 , 2/1 3/7, and 4/4.	11/16, 12/21, 1/18, 2/15, 3/21, and 4/18.

Library	Contact Number	Hours of Operation (subject to change)
Bicknell-Vigo Twp. Public Library 201 W 2nd Street, Bicknell, IN 47512	812-735-2317	(Mon-Thurs 10a-8p) (Fri 10a- 5p) (Sat 10a-3p)
Bloomfield-Eastern Greene Public Library 125 South Franklin Street, Bloomfield, IN 47424	812-384-4125	(Mon. & Friday 10a-5p) (Tues, Wed.& Thurs 10a-7p), (Sat. 10a-2p)
Carlisle Public Library 201 N Ledgerwood Street, Carlisle, IN 47838	812-398-4480	(Tues-Fri 11a-5p) (Sat 9a- 3p)
Dugger Public Library 8007 East Main Street, Dugger, IN 47848	812-648-2822	(Tues-Fri 11a-5p) (Sat 9a- 3p)
Eastern Branch Public Library 11453 IN-54, Bloomfield, IN 47424	812-825-2677	(Mon, Weds, Fri 11a-5p) (Tues. & Thurs. 1p-7p) (Sat 9a-12p)
Farmersburg Public Library 102 West Street, Farmersburg, IN 47850	812-696-2194	(Tues-Fri 11a-5p) (Sat 9a- 3p)
Jasonville Public Library 611 W Main Street, Jasonville, IN 47438	812-665-2025	(Mon/Weds 1p-7p) (Sat 9a-5p)
Linton Public Library 95 1st Street SE, Linton, IN 47441	812-847-7802	(Mon/Weds 10a-6p) (Tues, Thurs, Fri 10a-5p) (Sat 10a-3p)
Merom Public Library 8554 West Market Street, Merom, IN 47861	812-356-4612	(Tues-Fri 11a-5p) (Sat 9a- 3p)
Odon-Winkkeplek Public Library 202 West Main Street, Odon, IN 47562	812-636-4949	(Tues. & Thurs. noon-6p), (Weds. & Sat. 9a – 1p), (Fri. noon-5p)
Shelburn Public Library 17 West Griffith Street, Shelburn, IN 47879	812-397-2210	(Tues-Fri 11a-5p) (Sat 9a- 3p)
Sullivan County Public Library 100 S Crowder Street, Sullivan, IN 47882	812-268-4957	(Mon-Thurs 9a-7p) (Fri 9a- 6p) (Sat 9a-5p)
Washington Carnegie Public Library 300 West Main Street, Washington, IN 47501	812-254-4586	(Mon-Weds 10a-7p), (Thurs. 10a- 5p) , (Fri 10a-5p), (Sat 10a-2p)

RESOURCES

Please visit our website at www.pacecaa.org for area resource information.

www.EAP.ihcda.in.gov, call 211 or <https://in211.communityos.org/>.

Trustee Information:

Daviess County (812):

Barr: 787-0032
Bogard: 787-1151
Elmore: 617-0677
Harrison: 486-9403
Madison: 636-5010
Reeve: 486-5616
Steele: 486-6508
VanBuren: 636-4237
Veale: 698-7540
Washington: 254-3447

Greene County (812):

Cass: 659-2740
Center: 825-2095
Fairplay: 384-0216
Grant: 659-2077
Highland: 875-1577
Jackson: 320-4524
Jefferson: 798-1025
Richland: 384-8208
Smith: 798-8971
Stafford: 381-2079
Stockton: 847-4208
Taylor: 863-2262
Washington: 384-6122
Wright: 665-3854
Beech: 825-9990

Knox County (812):


Busseron: 881-5129
Decker: N/A
Harrison: 802-887-2764
Johnson: 881-7582
Palmyra: 881-8347
Steen: 321-2650
Vigo: 735-3955
Vincennes: 882-8703
Widner: 328-2396
Washington: 324-2300

Sullivan County (812):

Cass: 512-2128
Curry: 379-5544
Fairbanks: 298-2323
Gill: 554-0498
Haddon: 354-4773
Hamilton: 268-6622
Jackson: 236-5941
Jefferson: 878-3761
Turman: 564-0444

Indiana Energy Assistance Program Application

Program Year 2024

 ihcda <small>Indiana Housing & Community Development Authority</small>	Pace Community Action Agency, Inc. 525 N 4th Street Vincennes, IN 47591 812-882-7927, ext. 2 Fax: 812-882-7982 www.pacecaa.org/energy-assistance E-mail: eap@pacecaa.org	For Provider/Agency Use Only		
		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				
<input type="checkbox"/> 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 Name		Last four digits of SSN	County	
		xxx-xx-		
Physical Address (Including Apartment/Lot/Trailer Number)			City	State Zip
				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.				
Telephone number	Mobile phone carrier	E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>		
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	<input type="checkbox"/> Consent to receive texts			
Part II: Home and Utility Information				
Home Type (Please check one)		Utilities and Payment		
<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		
Home Ownership (Please check one)		Heating Vendor: _____ <input type="checkbox"/> Included in rent		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____				
Primary Heating Source (please check one)		Primary Heating Fuel (please check one)		Do you have a secondary heating source installed?
<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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____				
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 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	Education	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						

Race Codes: 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	Ethnicity Codes: H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	Employment Codes: 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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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	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; N - None	Military Codes: 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): _____	Household Type (please check one) <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)

Your Household Income

Household income for any member 18 years of age or older must be reported.

Sources of income include: employment, social security, social security disability, alimony, veteran's benefits, unemployment, life insurance payments, royalties, worker's compensation, military pay, self-employment, pension or retirement benefits, railroad benefits and rental income.

Income Documentation: depending on the source, must include:

- Pay stub(s) – most current
- Proof of Benefits letter - all pages
- Bank statements for fixed payments (not direct deposits for employment)
- * Zero Income Verification Affidavit – unemployed or self-employed
- Unemployment benefit payment documentation for 13 weeks
- Proof of child support payments
- Tax forms (Schedule C and 1040) for self-employment

Self-employment requires Tax forms 1040 and Schedule 1 or C.

*Zero Income Verification Affidavit:

This form is **ONLY** to be used if you have had **no/zero income** during any of the **past 3 months**. **Section 2 of the Zero Income Verification Affidavit must be fully completed.** Please read directions carefully. Cash income from minor **employment/jobs** can be entered in Section 1.

Please list **adult household members** and their **income** information for **the past 3 months**.

Household Member(s):

Name _____
Still employed: Yes ___ No ___
Source _____
Dates of employment _____

Name _____
Still employed: Yes ___ No ___
Source _____
Dates of employment _____

Name _____
Still employed: Yes ___ No ___
Source _____
Dates of employment _____

Name _____
Still employed: Yes ___ No ___
Source _____
Dates of employment _____

Name _____
Still employed: Yes ___ No ___
Source _____
Dates of employment _____

Name _____
Still employed: Yes ___ No ___
Source _____
Dates of employment _____

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.**

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

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"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage <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: \$ _____	Utilities <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: \$ _____	Food <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: \$ _____	Other Household Expenses <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

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 _____

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.**

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

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"/> Check here if <u>all below needs</u> were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage <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: \$ _____	Utilities <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: \$ _____	Food <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: \$ _____	Other Household Expenses <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

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 _____

Program Referral Form

Energy Assistance clients may qualify for other Pace Community Action Agency, Inc. programs. By checking the program(s) you may be interested in, this information will be given to the appropriate contact person.

- Weatherization Program - provides furnace or water heater replacement, and/or insulation for qualifying applicants.
- Head Start Classes - enhances the development of young children up to 5 years of age, and promotes healthy family functioning.
- Health Connection - provides access to reproductive health services, education/ counseling, and screening for other health problems.
- Health Insurance Navigator - provides assistance in navigating the Insurance Marketplace, Medicaid and Medicare.
- IDA - Individual Savings Account - save a specified amount of money matched with state dollars.
- Small Business Loans - assists small businesses via direct loans to create job retention, and business growth and expansion.

**More information about these and other services can be found at
www.pacecaa.org.**

Name _____ Phone or e-mail address _____