


# Energy Assistance Program Application - Program Year 2021

 <p><b>COMMUNITY &amp; FAMILY SERVICES</b> "Empowering People to Improve"</p>	Community & Family Services, Inc. 521 S Wayne St. Portland, IN 47371 Phone: 260-726-9318	<b>For Provider/Agency Use Only</b>								
		<b>Date Received:</b>								
		<b>Application Number:</b>								
		<input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> 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										
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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. <b>If you need other emergency options, please call 211.</b>										
<b>Physical Address with Apartment Number</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>					
			IN							
<b>Alternate Mailing Address (only complete if different from physical address above)</b>				<b>Last four digits of SSN</b>						
				xxx-xx-						
<b>Phone number</b>		<b>May we text you?</b>	<b>E-Mail Address</b>		<b>May we e-mail you?</b>					
<input type="checkbox"/> home <input type="checkbox"/> cell		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list <b>all</b> people residing at this address, including yourself. Attach a separate sheet if necessary.										
Name (Last, First, Middle Initial)	Date of birth (MM/DD/YYYY)	Gen-der	Race	Military Status	Health Insurance	Employment Status	His-panic?	Disa-bled?	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		
<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 or Caucasian; M - Multiracial; O -			<b>Military Codes:</b> A - Active; V - Veteran; N - No Affiliation		<b>Health Insurance Codes:</b> A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None		<b>Employment Status Codes:</b> A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired			
<b>Home Type (please check one)</b>		<b>Ownership (please check one)</b>			<b>Utility Payment</b>					
<input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____			Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____					
<b>Heating Source (please check one)</b>		<b>Primary Heating Fuel (please check one)</b>			<b>Cooling Source (please check one)</b>					
<input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____		<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____			<input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: _____					
<b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Heat vendor:</b> _____			<b>Is it working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

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

<p><b>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</b></p> <p><input type="checkbox"/> Employment/wages   <input type="checkbox"/> Social Security/SSDI   <input type="checkbox"/> SSI   <input type="checkbox"/> VA Benefits</p> <p><input type="checkbox"/> Pension/Retirement   <input type="checkbox"/> Self-Employment   <input type="checkbox"/> Interest   <input type="checkbox"/> Odd jobs/irregular income</p> <p><input type="checkbox"/> Unemployment benefits   <input type="checkbox"/> No income   <input type="checkbox"/> Other: _____</p>	<p><b>Has anybody in the household <u>paid</u> child support in the past three months?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes   <i>Monthly amount paid: \$ _____</i> <i>(please include proof of payments)</i></p>
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**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.**

<b>Signature of person completing this form (required)</b>	<b>Date (required)</b>