

Attention EAP Client:

The following items are required in order to process your application:

1. **Social Security** proof for all members of the household.
2. **Driver's License or Photo ID** for everyone 18 and older
3. **Application-** This is a 2 page form that will need to be completed in full. Please do not leave anything blank as this will delay the processing of your application. (If you have more than 4 in the household please ask for additional forms).
4. If someone in the household is currently in the military or a veteran we will need a copy of the following: DD214, VFW or American Legion membership card.(verification only- can be shown in person or if mailed will be destroyed).
5. **Income for everyone 18 and older:** employment- Paystubs for last 3 months (If this is October, we need July, August, and September), Social Security, SSI, SSDI, Pensions/retirements. If a minor child is receiving benefits please include your most recent letter showing how much they receive. If you or an adult in the household are not working the income verification form will need to be completed (If multiple members are zero income each person will need to complete this form). *Disregard this form if not applicable.*
6. **Current heating bill and electric bill** – if your bill is in someone else's name, we will need a completed the utility affidavit. *Disregard this form if not applicable.* **IF YOU ARE ON A DISCONNECT PLEASE CALL!!!**

We are also able to help with past due/disconnect water bills. Be sure to select water on application and provide your bill.

7. **If your utilities are included in your rent**, you will need to have your landlord complete a landlord affidavit. *Disregard this form if not applicable.*
8. **The referral form and the signature sheet** stating that you received your rights and responsibilities form; these will need to be signed and returned. The pages marked keep are for you to keep.
9. **There is a crossword puzzle** in the file. This will need to be signed and completed. The key is for you to keep.

WE MUST HAVE ALL REQUIRED DOCUMENTS IN ORDER TO COMPLETE APPLICATION. IF WE DO NOT HAVE CORRECT FORMS YOU WILL RECEIVE AN INCOMPLETE LETTER.

Applications to be mailed to

Community and Family Service

Att: Samantha



1015 W Washington St

Hartford City, IN 47348

If you mail your application to another location, we cannot guarantee it will be received by us, therefore we cannot guarantee it will be processed.

Indiana Energy Assistance and Water Assistance Program Application

Program Year 2022

 <p>COMMUNITY & FAMILY SERVICES <small>Empowering People to Improve</small></p>  <p><small>Indiana Housing & Community Development Authority</small></p>	Community & Family Services, Inc. Address: 1015 W. Washington St. Hartford City, Indiana 47348 Telephone Number: (260) 726-9318 Website: communityandfamilyservices.org Scan Application To: EAPmail@comfam.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	
What kind of assistance are you applying for? <input type="checkbox"/> Utility Assistance (electricity and heating) <input type="checkbox"/> Water Assistance <input type="checkbox"/> Both <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 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) <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: _____	Home Ownership (please check one) <input type="checkbox"/> Own _____ <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Utilities and Payment Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent Water/Wastewater Vendor(s): _____ <input type="checkbox"/> Included in rent
Primary Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____	Secondary Heating Fuel <input type="checkbox"/> Electric furnace/baseboard <input type="checkbox"/> Wood Stove <input type="checkbox"/> None <input type="checkbox"/> Other: _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part III: Income and Benefits		
Please indicate <u>all</u> 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 <u>all</u> 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"/> HUD-VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Child support <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
Has anybody in the household <u>paid</u> child support in the past three months? <input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)	Is anybody in the household between the ages of 14-24 <u>and</u> neither working nor attending school? <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.	D.O.B.	Gender	Disability	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 Parent, Female <input type="checkbox"/> Single Parent, Male <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 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 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.
- 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.

KEEP

Your appeal Rights and Right to Timely Processing of Your Energy Assistance Program Application

You have the right to request an appeal if your Energy Assistance Program (EAP) application is not acted upon in a timely manner once it has been received by the Local Service Provider (LSP) administering EAP in your area. In order to request an appeal for an EAP application not acted upon in a timely manner, please submit a written request for a review of your case along with all relevant facts to:

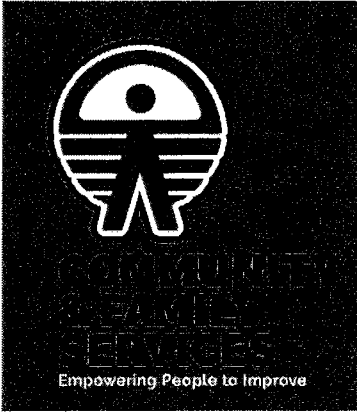
Tom Oliver
Community & Family Services
1015 W. Washington St.
Hartford City, IN 47348

You will receive an official response to your appeal within ten (10) business days of receipt. The written response will include instructions for a second appeal if you are not satisfied with the response.

Please note that an LSP has **14 days** to determine eligibility of an EAP application when an in-person appointment takes place or an application is dropped off in person, and **55 days** to determine eligibility of an EAP application when the application is delivered by other means, including but not limited to mail, fax, e-mail, an electronic portal or by proxy. **When a heating crisis situation exists** (defined as when a utility disconnection notice has been received, utility has already been disconnected, propane or fuel oil at or below 25% of a tank, or within 10 days of running out of other bulk deliverable fuel), LSPs must provide a mitigating action within **48 hours**. In cases where a **life-threatening crisis situation** exists (defined as when a utility is already disconnected or bulk fuel heating source is already disconnected and there is documented medical need in the household with an extreme safety concern), LSPs must provide a mitigating action within **18 hours**. A mitigating may or may not necessarily include determining eligibility of an EAP application within this time frame.

Please also note that the program officially opens, and the timeline for application approval begins on November 1st. Therefore, even if you submitted your application early, an LSP has 55 days from November 1st to determine eligibility on an application if there is no crisis situation present. All other processing timelines will begin no earlier than November 1st.

If an EAP application is denied for any reason, you have the right to submit another application, with updated supporting documentation, 55 days after your previous application submission.



1015 W Washington St.
Hartford City, IN47348

Phone: (260) 726-9318

communityandfamilyservices.org

Date: _____

I, _____, have been given a copy of the Privacy Notice / Rights and Responsibilities and the Appeal Process from Community and Family Services for the Energy Assistance program 2022 season.

Client Signature

Date

Intake Signature

Date

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. (E.g., Section 8 Housing, cash from friends or family, Township Trustee, churches, food pantry, child support, etc.)

Rent/Mortgage:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to landlord or mortgage company <input type="checkbox"/>
Utilities:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to utility <input type="checkbox"/>
Food:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to grocery store/retailer <input type="checkbox"/>
Other Household Expenses:	Help Received: \$ _____ Paid to me <input type="checkbox"/>	From Whom: _____ Paid directly to store/retailer <input type="checkbox"/>

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 _____

App key number: _____

UTILITY AFFIDAVIT

Complete **ONLY** if your Utility Bills are in the name of someone who does not reside in the household

Head of Household's Name: _____ Date: _____	
Address: _____ City/State/Zip: _____	
<p style="text-align: center;">Name of person listed on Heating bill:</p> Name: _____ Address: _____ City/State/Zip: _____	<p style="text-align: center;">Name and address of person listed on Electric bill:</p> Name: _____ Address: _____ City/State/Zip: _____
Relationship of the individual on the heating bill to the household member (check one): <input type="checkbox"/> Spouse or significant other _____ <input type="checkbox"/> Landlord <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Deceased family member <input type="checkbox"/> Other _____	Relationship of the individual on the electric bill to the household member (check one): <input type="checkbox"/> Spouse or significant other _____ <input type="checkbox"/> Landlord <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Deceased family member <input type="checkbox"/> Other _____
Please explain why your utility bill(s) is in the name of someone not listed as a household member: _____ _____ _____	
Certification Statement	
I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the overall household income.	
I understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.	
Signature of Head of Household: _____ Date: _____	

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 (may be completed by applicant, intake, or landlord)

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

DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. All fields are required.

Heating costs are (check one): <input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant	Electric costs are (check one): <input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant
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- Primary heating source (check one):**
- Electric (furnace, baseboard, or wall unit)
- Natural gas
- LP gas, fuel oil, wood, coal, pellets, kerosene

How much is the tenant responsible to pay out of pocket each month in rent? \$ _____

Is the primary heating source operable?
 Yes No

All contact information is required unless otherwise noted.

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



COMMUNITY & FAMILY SERVICES

"Empowering People to Improve"

New Client Certification OR Client Re-Certification

Date: _____
Client Name: _____
Last 4 numbers of social security: _____ DOB: _____
Client Address: _____
City: _____ County: _____
State: _____ Zip: _____
Phone: (home) _____ (cell) _____

Please check all CFS Services you receive:

Food Pantry _____ WIC _____
Energy Assistance (EAP) _____ Head Start _____
Weatherization _____ Rapid Rehousing/Homeless Prevention (RRHP) _____
Huntington House Homeless Shelter _____ Housing Choice Voucher (HCV)/Section8 _____
Empower _____ Rental Assistance _____
Senior Community Service Employment Program (SCESP) _____ Emergency Food Delivery _____
Thrift Store _____ Silver Lining _____

Please check all CFS Services you would like to hear more about:

Food Pantry _____ WIC _____
Energy Assistance (EAP) _____ Head Start _____
Weatherization _____ Rapid Rehousing/Homeless Prevention (RRHP) _____
Huntington House Homeless Shelter _____ Housing Choice Voucher (HCV)/Section8 _____
Empower _____ Rental Assistance _____
Senior Community Service Employment Program (SCSEP) _____ Emergency Food Delivery _____
Thrift Store _____ Silver Lining _____

Household Info:

List names, ages and relationships of household family members

NAME:	AGE:	Relationship:



All CFS, Inc. services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

Is your household at or below the federal poverty guideline requirements? (Chart Below) Y___ N___
 (If before October 1st 2021 please use 200% FPG income chart.)

Household (HH) Size	Income Guidelines (125% of FPG)			Household (HH) Size	Income Guidelines (200% of FPG)		
	Weekly	Monthly	Yearly		Weekly	Monthly	Yearly
1	\$310.00	\$1,342.00	\$16,100.00	1	\$495.38	\$2,146.67	\$25,760.00
2	\$419.00	\$1,815.00	\$21,775.00	2	\$670.00	\$2,903.67	\$34,840.00
3	\$528.00	\$2,288.00	\$27,450.00	3	\$844.62	\$3,660.00	\$43,920.00
4	\$637.00	\$2,760.00	\$33,125.00	4	\$1019.85	\$4,416.67	\$53,000.00
5	\$746.15	\$3,233.00	\$38,800.00	5	\$1193.85	\$5,173.33	\$62,080.00
6	\$846.00	\$3,706.00	\$44,475.00	6	\$1368.46	\$5,930.00	\$71,160.00
7	\$964.00	\$4,179.00	\$50,150.00	7	\$1543.08	\$6,686.67	\$80,240.00
8	\$1,074.00	\$4,652.00	\$55,825.00	8	\$1717.69	\$7,443.33	\$89,320.00
Each added HH Member please add	\$109.00	\$473.00	\$5,675		\$174.62	\$756.67	\$9,080.00

Are you looking for job opportunities? Y___ N___
 Are you looking to further your education? Y___ N___
 Do you need internet access? Y___ N___
 Do you need computer access? Y___ N___
 Are you homebound for any health-related reason? Y___ N___
 Are you/your family quarantined due to COVID-19? Y___ N___
 Are you/your family self-quarantining in fear of COVID-19? Y___ N___
 Total number of household members under age 18 _____
 Total number of household members over age 18 _____
 Total number of household members over age 65 _____

The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:

- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges of this service.
- You allow the CFS employee to share your contact information with other CFS Programs, in order to help you in any way our agency can.

CLIENT SIGNATURE: _____

Date: _____

CFS EMPLOYEE SIGNATURE: _____

Date: _____

(CFS Employee Use Only)

Please Circle the Program This Application is Coming From:

WIC RRHP EAP Weatherization Head Start Huntington House SCSEP HCV(Section8) Rental Assistance Pantry

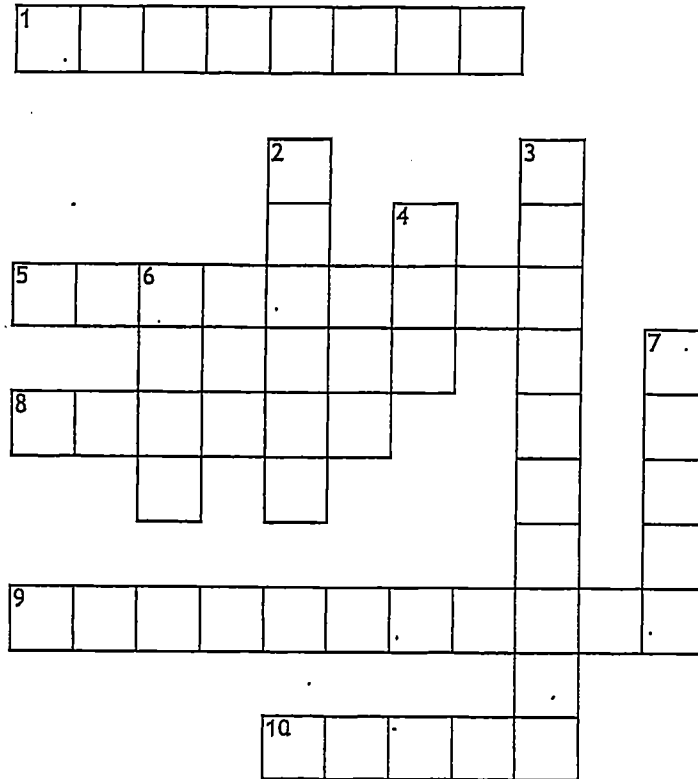


All CFS, Inc. services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

Name: _____

Date: _____

Energy Education Crossword



Across

1. Opening these in the winter can allow sunlight in to help heat your home naturally.

5. This item can use as much as 80% less energy than your oven.

8. Change this furnace item every 3 months to reduce bills and improve air quality.

9. This appliance uses the most energy in your home.

10. _____ Emitting Diode, or LED, bulbs can last up to 40,000 hours.

Down

2. Taking this versus a bath will save you up to 20% on your energy costs.

3. Set this at a reasonable level to avoid overheating/overcooling or get a

programmable one so you can set it and save an estimated 10% on your energy costs.

4. Using this item to circulate air can help cool your home and save you money.

6. Washing your clothes in _____ water will save you .3 kWh per load.

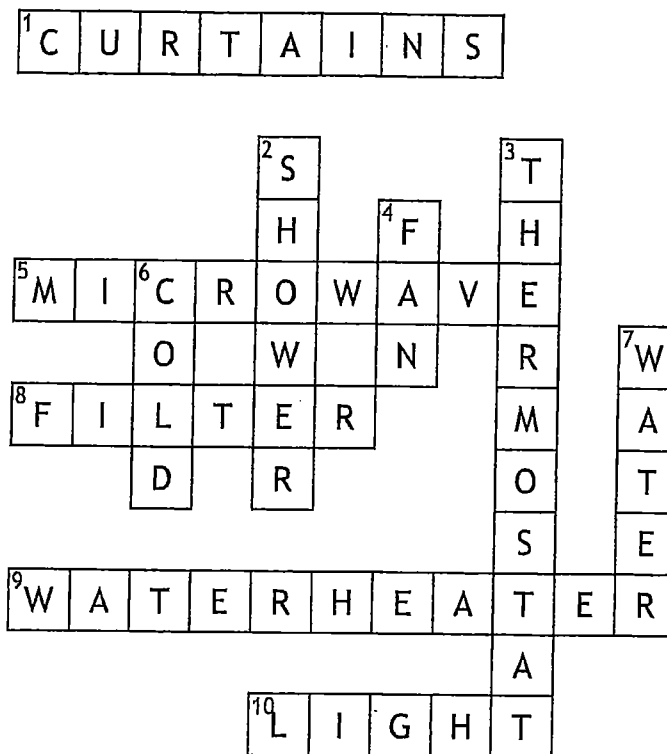
7. Turn this off while brushing your teeth. It will help save on your energy bills.

KEEP

Name: Key

Date: _____

Energy Education Crossword



Across

1. Opening these in the winter can allow sunlight in to help heat your home naturally.
5. This item can use as much as 80% less energy than your oven.
8. Change this furnace item every 3 months to reduce bills and improve air quality.
9. This appliance uses the most energy in your home.
10. _____ Emitting Diode, or LED, bulbs can last up to 40,000 hours.

Down

2. Taking this versus a bath will save you up to 20% on your energy costs.
3. Set this at a reasonable level to avoid overheating/overcooling or get a programmable one so you can set it and save an estimated 10% on your energy costs.
4. Using this item to circulate air can help cool your home and save you money.
6. Washing your clothes in _____ water will save you .3 kWh per load.
7. Turn this off while brushing your teeth. It will help save on your energy bills.