

Energy Assistance Program (EAP)

WHAT YOU NEED TO KNOW:

- There are no face-to-face appointments this year due to COVID-19
- Applications can be downloaded from www.portagetrustee.org or www.nwi-ca.org
- Mail in or drop off applications to:
Portage Township Trustee 3590 Willowcreek Road, Suite B Portage IN 46368
- Completed applications are processed in the order they are received
- **BEFORE YOU BEGIN**, check income eligibility chart on the back-side of the first page
- **BE SURE YOU REVIEW THE CHECKLIST INCLUDED IN THIS PACKET TO ENSURE YOU SUBMIT ALL REQUIRED DOCUMENTS**
- **BE SURE TO COMPLETE THE APPLICATION AND ALL APPLICABLE FORMS IN THEIR ENTIRETY**
- **BE SURE TO SIGN AND DATE THE SECOND PAGE OF THE APPLICATION**

Missing or incomplete information will delay processing and may require starting the application process over from the beginning.

New Energy Assistance Program (EAP) Application

Complete, sign, and submit all required documents as required.

Only complete the New EAP application if you have not previously applied for EAP assistance during the current heating season which runs November 1, 2020 through May 2021.

NWICA will start accepting applications September 15, 2020. Since the program officially opens November 2020, EAP benefits and pledges will not be notified to the utility company until on/after November 2, 2020.

New EAP program applications will only be accepted through May 14, 2021 or until funds are depleted.

Energy Assistance Program Application

Northwest Indiana Community Action (NWICA) is closed to the public and enclosed is the ENERGY ASSISTANCE PROGRAM (EAP) application FOR HEATING UTILITY ASSISTANCE. Applications are processed on a FIRST COME FIRST SERVE BASIS. Please note that since all cases are different additional documentation may be required.

Energy Assistance Program opens November 1, 2020, any application submitted prior to November 1 will not be submitted to the Utility Company until after November 1, 2020. You will have to continue making payments or payment arrangements with the Utility Company to avoid any interruption of services.

YOUR EAP BENEFIT WILL TAKE UP TO 120 DAYS FOR PAYMENT TO SHOW ON YOUR UTILITY BILL AFTER NOVEMBER 1; YOU MUST CONTINUE TO PAY YOUR BILL TO AVOID DISCONNECTION.

IF YOU HAVE A DISCONNECT NOTICE PLEASE CONTACT YOUR UTILITY PROVIDER TO MAKE PAYMENT ARRANGEMENTS TO AVOID ANY INTERRUPTION OF SERVICES WHILE AWAITING APPLICATION PROCESSING.

**CONTINUE TO PAY YOUR HEATING UTILITY BILL,
DO NOT RISK GETTING DISCONNECTED.**

Return your completed application BY MAIL with ALL required documentation to:

**Portage Township, Porter County
Energy Assistance Department
3590 Willowcreek Road, Suite B
Portage, IN 46368**

**Phone: 219-762-1623
Fax: 219-763-9658
info@portagetrustee.org**

Although Portage Township Trustee's Office is closed to the public, a Drop Box is located in the Lobby of the office for clients to drop off the EAP application. The hours the drop box is available are 8a-4p M-T, 8a-Noon on Fri.

Should you have any questions regarding EAP Application or required documents please contact our office at 1-800-826-7871 option #1.

INCOME GUIDELINES

Household size	One Month	Three Months
1	\$2,163	\$6,489
2	\$2,829	\$8,487
3	\$3,494	\$10,482
4	\$4,160	\$12,480

Household size	One Month	Three Months
5	\$4,826	\$14,478
6	\$5,491	\$16,473
7	\$5,616	\$16,848
8	\$5,741	\$17,223

Energy Assistance Program Checklist Required Documents


- ❖ Complete the Energy Assistance application in its entirety-if the application is not signed it will not be processed.
- ❖ State ID or Driver's License for all household members 18 years and older
- ❖ Social Security Cards for all household members (one of the following)
 - Copies of Social Security Cards
 - Copy of Social Security Office print out showing full social security number
 - Copy of Social Security Benefit Award Letter showing full social security number
- ❖ Veteran and Military status verification (one of the following)
 - DD214 form or;
 - VA benefit documentation or;
 - Military Identification
- ❖ Current proof of income for all household members for the past 3 months (one or more of the following may be needed.)
 - **Social Security, Supplemental Security Income (SSI), Social Security Disability (SSD), Veterans Disability, Pension**
 - Current Award letter for year 2020.
 - Most recent Bank Statement for any Direct Deposits as proof of current year. Statement must show the name of the recipient, name of depositor and name of bank.
 - **Wages (if employed)-**
 - The most recent check stub with gross year to date total for each job (must have your name and the employers name on the check stub.)
 - Current letter from employer on Letterhead stating your gross year to date total for the past 3 months. The letter must include: your full name, employers name, address and phone number, the Year to Date Income and how many months the gross income is for.
 - From January 1, 2021 to April 15, 2021 you may provide your W-2's once received for each employment.
 - **Unemployment-** need the last check stub received with gross year to date totals for each job.
 - If you were laid off due to COVID-19 have the employer complete the Request of Earning
 - If you were laid off without pay and applied for unemployment printout is required showing all unemployment income received from ANY state for the last 3 months. Make sure the name of the recipient receiving unemployment benefits is listed on the document or it will not be accepted.
 - If you were denied unemployment benefits-Denial letter is required. Make sure the name of the recipient receiving unemployment benefits is listed on the document or it will not be accepted.
 - **NO INCOME-**
 - Any household member 18 and older claiming Zero Income for anytime in the past 3 months prior to the application are required to complete the Income Verification Affidavit explaining how your living expenses are being met. **If the affidavit is not completed it will not be accepted.**
- ❖ **Self-Employment-**
 - You must provide your full Tax Return including all self-employment schedules. If you are applying in 2020 you must provide your 2019 Tax Return. If you are applying in 2021, you will need to provide your 2020 Tax Returns. If any other income is shown on the tax returns you will need to provide proof for that income shown.

❖ **Heating and Electric Bills (what you will need)**

- Current NIPSCO bill (if new service, bill must show at least 28 billing days-cannot use letter stating you turned on services in your name.)
- Disconnect Notice- both the GREEN Disconnect Notice and your Monthly bill are required.
- Bulk Fuels- (Propane, LP Gas, Fuel Oil)- you MUST bring a current copy of your invoice or statement from your provider (Amerigas, Hicksgas, Ferrell Gas, etc.)

❖ **If utilities are INCLUDED in rent**

- Landlord affidavit must be completed by Landlord (enclosed)
- If utilities are included in rent and applicant wants funds paid by direct deposit complete the ACH Authorization Form enclosed. Paper checks will be mailed to applicants not choosing ACH deposit.

 NORTHWEST INDIANA COMMUNITY ACTION	5240 Fountain Drive Crown Point, In 46307 1-800-826-7871 option # 1 www.nwi-ca.com		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: 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? <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. 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?		
<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 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)	Gen- der	Race	Military Status	Health Insurance	Employment Status	His- panic?	Disa- bled?	School Years Completed
		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 than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired		
Home Type (please check one) <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home			Ownership (please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____			Utility Payment 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: _____			
Heating Source (please check one) <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____			Primary Heating Fuel (please check one) <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: _____ Heat vendor: _____			Cooling Source (please check one) <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Please Indicate <u>all</u> types of income received by the household in the past three months (please check all that apply): <input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security/SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Self-Employment <input type="checkbox"/> Interest <input type="checkbox"/> Odd Jobs/Irregular Income <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> No Income <input type="checkbox"/> Other: _____		Has anybody in the household <u>paid</u> child support in the past three months? <input type="checkbox"/> No <input type="checkbox"/> Yes Monthly amount paid: \$ _____ (please include proof of payments)
Please indicate <u>all</u> sources of assistance receive by the household (please check all that apply): <input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD VASH Voucher <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Healthcare Subsidy <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
Is anybody in the household currently between the ages of 14-24, and neither working nor attending school? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p style="text-align: center;">Please be sure to complete <u>each page</u> of this application <u>in its entirety</u>.</p> <p style="text-align: center;">Please be sure you attach and include <u>all</u> required supporting documents. These include, but are not limited to:</p> <input type="checkbox"/> Copy of Social Security card for each household member. REAL ID or US Passport may be used in lieu of Social Security card. <input type="checkbox"/> State or federally-issued photo ID for the individual signing this application. <input type="checkbox"/> Proof of income for the past three (3) months for each household member age 18 or over. <input type="checkbox"/> Most recent full electric bill, including name, service address, and account number. <input type="checkbox"/> Most recent full gas or bulk fuel bill or account statement, including name, service or delivery address, and account number. <input type="checkbox"/> 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. <input type="checkbox"/> Your local service provider's referral form.		
<p style="text-align: center;">If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.</p>		
<p>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.</p>		
<p style="text-align: center;">Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.</p>		
Signature of person completing this form (required)		Date (required)



Need Assistance? Call 1-800-826-7871 Option # 1

Northwest Indiana Community Action's Information & Assistance Call Center can help you find:

- Utility Assistance
- Rent Assistance
- Emergency Food
- Health Care
- Extra Help & Medicare Saving Program
- Shelter
- Low Cost Housing
- Foreclosure Assistance
- Legal Service
- In-Home Care
- Nutrition

Call Northwest Indiana Community Action, Information & Assistance Call Center at 1-800-826-7871 Option # 1.

¿Necesita ayuda? Llame al 1-800-826-7871 Opción # 1

El Centro de Llamadas de Información y Asistencia de Acción Comunitaria del Noroeste de Indiana puede ayudarlo a encontrar:

- Asistencia de servicios públicos
- Asistencia de alquiler
- Alimentos de emergencia
- Atención médica
- Programa de Ahorro de Ayuda Extra y Medicare
- Refugio
- Vivienda de bajo costo
- Asistencia de Ejecución Hipotecaria
- Servicio Legal
- Atención en el hogar
- Nutrición

Llame al Centro de Llamadas de Acción, Información y Asistencia de la Comunidad del Noroeste de Indiana al 1-800-826-7871 Opción # 1.

Applicant Signature:	
Date:	

Privacy Notice: 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 IHEDA.
- 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.

**Energy Assistance Program
Income Verification Affidavit**

Required to be completed and sign by all household members 18 and older who had zero income or undocumented income in the past 12 months.

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



RELEASE OF INFORMATION

*APPLICANT'S NAME (print): _____

Additional names used during employment (print): _____

*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: _____

**Applicant contact information

Email Address: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

*SIGNATURE OF APPLICANT

*TODAY'S DATE:

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

Check this box if a Power of Attorney is attached.

This section to be completed by the organization requesting employment history.

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.

*SIGNATURE OF REQUESTOR: _____

*Printed Name of the Requestor: _____

*Requesting Organization: _____

*Email Address: _____

*Phone Number: _____

***REQUIRED FIELDS**

****Applicant's phone number, email address, or mailing address is required.**

Email employerverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.

EAP Landlord Affidavit/ACH Direct Deposit Affidavit

For Renters ONLY.

Required to be completed if your utilities are included in your rent.

Landlord Affidavit Form must be completed and signed by your Landlord.

If one or more utilities are included in your rent and you would like to receive the EAP Benefit by ACH Direct Deposit to your bank account.

The ACH Direct Deposit Affidavit must be completed correctly and entirely and signed by applicant.

If you wish to receive a paper check, you do not have to complete the ACH Direct Deposit Affidavit.

If you own your home, you are not required to complete and submit the Landlord Affidavit or the ACH Direct Deposit form.

**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): <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 does the tenant pay each month in rent? \$ _____

Is the primary heating source operable?
 Yes No

<i>I grant IHEDA permission to obtain utility information on account status, energy cost and consumption 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):



Indiana Housing & Community Development Authority

ACH Authorization Form (Direct Deposit)

Application Key: _____

Please complete all areas and sign prior to returning. A voided check may be attached to this form.

Head of Household _____

Date _____

Banking Information

(Name of Financial Institution)

(Address of Financial Institution)

Checking Account Savings Account Name on account: _____

Financial Institution Routing Number: (9 Digits) _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123
Routing Number Account Number

I hereby authorize the Indiana Housing and Community Development Authority ("IHCDA") to initiate entries to: _____'s checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCDA is notified by an authorized individual in writing to cancel it in such time as to afford IHCDA and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCDA contained herein.

(Authorized Signature)

(Date)

Request for Earnings Form – Required for CARES ACT Funding

Required to be completed and signed by your employer. Proof of income decrease, or income loss is required to show that it was related to COVID-19 for the CARES ACT Funding. If not provided, applicant is NOT eligible for CAREs ACT benefits.

A written, signed statement from employer on company letterhead stating income decrease or income loss due to COVID-19 would be acceptable in place of this form. Statement must state employer name and telephone contact for verification. Statement must also show the date income decrease or income loss occurred due to COVID-19.



Indiana Housing & Community Development Authority
Request for Earnings Information

Applicant name:			Application date:
Address:			Phone:
City:	State: IN	Zip:	Employer:

I hereby authorize my employer to release the information below to the requesting agency.

Applicant Signature

Date

Employer Information (to be completed by employer only)

Employer, please complete either section 1 or 2 only as appropriate, then complete and sign section 3.

Section 1

Has the applicant listed above been laid off or had a reduction of hours due to the economic and public health crisis related to COVID-19? <input type="checkbox"/> Yes - layoff <input type="checkbox"/> Yes - reduction <input type="checkbox"/> No		Date of layoff/reduction ___/___/___
Anticipated date of return or restoration of hours: ___/___/___ or <input type="checkbox"/> Indefinite	If reduction of hours, new average hours per week:	If reduction of hours, anticipated average gross pay per week: \$

Section 2

Has the applicant listed above been in your employ within the last three months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date: ___/___/___
Is the applicant listed above still an active employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, type of termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff	Date of separation: ___/___/___
Employee's base pay rate/salary:	Average hours per pay period:	Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other:
Gross earnings for 3 months preceding application date:	Tips received for 3 months preceding application date:	Bonuses received for 3 months preceding application date:

Section 3

Printed name of individual completing form:	Signature of individual completing form:
Job title of individual completing form:	Date:
Business telephone:	Business e-mail:

Please return this completed form to the requesting agency: _____

Address: _____

E-mail address: _____ or Fax number: _____



**NORTHWEST INDIANA
COMMUNITY ACTION**

**ENERGY ASSISTANCE PROGRAM
CARES ACT BENEFIT DISPURSEMENT REQUEST**

Printed Name:	
Address:	
City, State, Zip	
Phone:	

I understand I have three options on the disbursement of the CARES ACT funding that I am applying for. Should I be approved for CARES ACT funding, I am requesting the funding to be distributed as follows:

CHOOSE ONE:

1. \$350.00 paid to gas (or bulk fuel)
2. \$350.00 paid to electric only
3. \$175 distributed to gas and \$175 distributed to electric = \$350.00 total benefit

I understand it will take up to 55 days to process my CARES ACT application and will take up to 90 days to show as a credit on my utility bill.

Applicant Signature:	
Date:	

**CITY OF GARY RESIDENT
PAY INDIANA AMERICAN WATER COMPANY**

If you are a resident of the City of Gary and pay Indiana American Water Utility.

Complete the Authorization for the Release of Information form to apply for a discount on your water bill.



Authorization for the Release of Information

I understand that Northwest Indiana Community Action has an obligation to keep my personal information, including identifying information, and application status and records confidential. I also understand that I can choose to allow Northwest Indiana Community Action to release my information with my consent.

I, _____, authorize Northwest Indiana Community Action Agency to release my name, address, program eligibility status and phone number, otherwise known as personal information to Indiana American Water Company for the purpose of determining my participation in the low-income water assistance program. I understand that my personal information will not be used for any other purpose.

This consent form expires 15 months after signed.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time in writing.

Printed Name

Address

Phone Number

Signed _____ Date _____