



COMMUNITY ACTION OF SOUTHERN INDIANA'S ENERGY ASSISTANCE PROGRAM (EAP) MAIL-IN APPLICATION

The 2022 EAP Season Begins November 1st, 2021 and Ends May 16th, 2022

Crisis funds cannot be awarded or pledged before November 1st, 2021!

If you are in a crisis before November 1st call 211 or speak to your utility vendor directly.

Make sure to follow all IHCDA'S NEW INSTRUCTIONS for this year's application.
Submit all documentation that applies to your household to prevent a delay.

IMPORTANT NOTIFICATIONS:

- ❖ It's your responsibility to continue to pay your utility bills on a monthly basis.
EAP is not a repeating or monthly assistance benefit.
- ❖ Our EAP program is closed to face to face contact and unable to make copies.
If you send originals we cannot guarantee their safe return.
Copies can be made at: the local Office Depot, Public Library or UPS Store.
- ❖ **DO NOT SEND YOUR ORIGINAL SOCIAL SECURITY CARDS OR IDS**
- ❖ Processing can take up to 90 days. Every applicant will be notified by mail of approval or denial after November 1st, 2021.

New Water Program Assistance!

If you are behind in your water bill you might be eligible for the Water Assistance Program.

This is **not for households who are current in their water bills.**

This is a separate program from the Energy Assistance Program and has **different guidelines.**

Households that are behind, disconnected or up for disconnection with your water/wastewater/sewage bill should apply.

Remember the Water Program cannot pay on your current water bill.

YOU MAY ALSO APPLY FOR THE EAP PROGRAM BY:

- ❖ Online Application through IHCDA's website: eap.ihcda.in.gov
- ❖ Email us to have one emailed to you: EAPassistance@casi1.org
- ❖ Call to have an application mailed to you: 812.288.6451
- ❖ Picking Up & Dropping Off or Returning Them By Mail to:
Community Action of Southern Indiana
Energy Assistance Program
201 E. 15th Street
Jeffersonville, IN 47130

Lower your utility bills with Weatherization

and get a more comfortable, healthier and safer home

How does a person apply?

To get the most assistance with high energy bills, it is usually beneficial for households to apply for both the Weatherization Program and the Energy Assistance Program (EAP) together. EAP provides money to pay current utility bills, while Weatherization provides home improvements to lower future utility bills.

When applying for EAP and Weatherization together, only the application for EAP needs to be completed. There is a checkbox on the EAP application to indicate that you are also interested in applying for Weatherization. By completing the one application, you can apply for both programs.

If needed, you can apply for Weatherization by itself by calling (812) 288-6451, extension 2167.

Applicants for Weatherization will be placed on a waiting list and prioritized based on the time they are on the waiting list, household income, and whether a resident is elderly, disabled, or a child.

Does it cost anything?

No. Weatherization is a federally funded program for low-income households and it is provided free of charge.

In compliance with state and federal laws, Community Action of Southern Indiana will not discriminate on the basis of race, color, national origin, age, sex, veteran's status, sexual orientation, marital status or disability or other legally protected status.

Weatherization is a program that permanently lowers utility bills by providing energy saving home improvements such as air sealing, insulation, and furnace tune-ups. In addition to saving money, these home improvements frequently make homes more comfortable, healthier, and safer.

What is the process for Weatherization?

When a home reaches the top of the Weatherization waiting list, residents will be contacted either by phone or by mail. A brief walkthrough of the home will determine if it is a good candidate for the program. If it is, an energy auditor will conduct a thorough inspection to determine which home improvements will most effectively lower the utility bills. A contractor will then be contacted to complete the recommended measures.

What limitations does Weatherization have?

Weatherization is not a home rehabilitation, remodeling, or furnace replacement program. While Weatherization can sometimes do some home repairs, these repairs must be linked to energy saving measures that will lower utility bills. Weatherization serves both homeowners and renters, but we can't currently weatherize buildings with more than four units.



Weatherization Staff



JAKE BYERLEY
Energy Auditor



ALLYSON HURTGEN
Energy Auditor



GREG MILLER
Weatherization Manager

(812) 288-6451
Extension 2167

gmill@casi1.org



Indiana Energy Assistance and Water Assistance Program Application INSTRUCTIONS

- Please choose whether you are applying for regular Energy Assistance (electricity and heating), water and wastewater assistance, or both.
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis.
- Please complete the application form **in its entirety**, including fields with yes/no options.

Part I: Contact Information

- **Please fill in all information completely**, including the full name and last four digits of SSN for the person completing the application for the household. If you do not fully complete the information or provide good methods of contact, it may delay application processing.

Part II: Home and Utility Information

- Please complete all fields completely.
- Please submit your **current** electricity, heating, and/or water/wastewater bills with your application.

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income or non-cash benefit assistance received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- If anybody in your household has **paid** child support in the past three months, submit proof of payments to have child support deducted from household income.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

Part IV: Household Members and Demographics

- **Please include yourself as household member number 1.**
- **You must list all persons residing at the address of application as of the date of application.**
- You must complete **all fields** for **all individuals**. Failure to complete demographic information will delay your application processing as the local service provider will need to contact you to gather this information.
- **If there are more than four persons in your household, you will require an attachment to list the other members.** Please contact your local service provider for the attachment and check the box to notify the intake processing your application that there are more than four people present.
- Please use the codes provided to identify race, ethnicity, employment status, education level, Health Insurance, and Military status for each household member.
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles.
- Please define your household type according to the options provided.

Part V: Certification

- **Failure to sign and date the certification statement will invalidate your application.**

Submitting your application

- Please submit your application to the local service provider administering EAP for your county, not to IHCD.
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
 1. Photo ID for the person completing and signing the application.
 2. Proof of SSN for each member of the household. This may be:
 - Copy of Social Security card.
 - Copy of a valid U.S. passport.
 - Copy of a valid state-issued REAL ID.
 - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person's name and full, unredacted SSN.
 3. Current documentation of income for all household members age 18 or over. This may include:
 - Employment/wages
 - **Last paystub from the most recent complete month.** (i.e., if you apply in November 2021, please submit last paystub from October).
 - Request for Earnings information form – contact Local Service Provider
 - Social Security/SSI/VA benefits
 - Most recent award letter (may be downloaded from online)
 - Bank statement
 - Pension/retirement
 - Award letter
 - Self-Employment
 - Most recent Form 1040 tax return, **with all appropriate self-employment schedules.**
 - Unemployment Benefits
 - Completed release of information form for DWD.
 - Full print-out of your most current Uplink statement.
 - Alimony/spousal support/Worker's Compensation/Private disability
 - Any documentation of payments received.
 - Odd Jobs/irregular income/No Income
 - Completed Income Verification form – contact Local Service Provider
 - If you have any questions about acceptable documentation, contact your local service provider.
 4. Current, complete bills for your electric, heating, and water/wastewater utilities.
 - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
 - If utilities are included in your rent, please provide completed Landlord Affidavit.
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.



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 IHCDA.
- 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.

Indiana Energy Assistance and Water Assistance Program Application

Program Year 2022

 <p>Community Action Partnership Community Action of Southern Indiana AMERICA'S POVERTY FIGHTING NETWORK ihcda</p>	<p>Community Action of Southern IN 201 E. 15th Street Jeffersonville, IN, 47130 Clark County Office: 812-288-6451 E: eapassistance@casi1.org Return packet by mail, email or drop off box outside of building.</p>	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 the Center for Energy Options, please call 2-1-1.				
Applicant Name _____		Last four digits of SSN xxx-xx-	County _____	
Physical Address (Including Apartment Number) _____			City _____	State IN
Zip _____				
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 <input type="checkbox"/> Landline <input type="checkbox"/> Mobile		Mobile phone carrier <input type="checkbox"/> Consent to receive texts		E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/>
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:

Applicant	Last Name and Suffix	First Name	M.I.	D.O.B.	Gender	Disability	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
					<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)

Indiana Energy Assistance and Water Assistance Program Application Large Household Attachment

Program Year 2022

Application key number: _____

Please complete and return with your application if household is larger than four members. This form is not necessary if household is four people or smaller.

Please provide address and applicant information so that we may match this attachment to the main application.

Applicant Name	Last four digits of SSN xxx-xx-	County
Physical Address (Including Apartment Number)	City	State IN
		Zip

Part IV: Household Members and Demographics (continued)

Please list all people residing in this household not already listed on the main application form.

5	Last Name and Suffix	First Name	M.I.	D.O.B.	Gender	Disabil-ity	Race	Ethnic-ity	Employ-ment	Edu-cation	Health Insurance	Military Status
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<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 month; 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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RELEASE OF EMPLOYMENT HISTORY LKE INSTRUCTIONS

The Indiana Department of Workforce Development (IDWD) will release wage or employment history information to a third party only via the Last Known Employer (LKE) website after submitting a completed copy of the attached release form. Please login to your LKE account to submit requests for employment history. If you do not have a LKE account and the reason for requesting employment history on behalf of a citizen is in compliance with IC 4-1-6-2(13)(B), you may apply for an account by navigating to <https://uplink.in.gov/lke>.

***Please Note:**

- **Non-IDWD forms will not be completed by IDWD staff.**
- **Unemployment insurance (UI) benefit information:** Applicants who have had an Indiana UI claim can obtain benefit information via their Claimant Self Service (CSS) account at uplink.in.gov/CSS/CSSLogon.htm. CSS support can be reached by navigating to webapps.dwd.in.gov/AskWorkOne or calling 800-891-6499.
- **Copies of IRS Form 1099-Misc:** Applicants who have had an Indiana UI claim can obtain copies via CSS of Form 1099 issued by DWD for UI payments.

Information regarding employment history available via IDWD employer Unemployment Insurance Tax records:

- **If complete wage and/or employment history records are needed**, we recommend contacting the Social Security Administration, Internal Revenue Service, or Indiana Department of Revenue.
- IDWD employer tax records **do not include wages earned** in other states or U.S. territories, income earned which was or will be reported on a 1099-Misc Form (self-employment, contract employment, etc), or income earned through the performance of non-covered or excluded services described in IC 22-4-8.
- Employers report wages to IDWD quarterly. Even timely reports are often 4-6 months in the arrears. The information IDWD has available is employer, not employee, records for the purposes of assessing an employer's Unemployment Insurance Tax **which is often not an accurate reflection of an individual's complete income or employment history.**

To help us provide timely responses, please ensure the following action is taken when submitting a request for employment information via the LKE website:

- Use only the attached form. No other forms will be accepted or completed. Do not submit non-DWD forms.
- **Ask applicants to provide all previously used names during employment on the IDWD approved release form.**
- Confirm the form is **complete**, legible, and there are no corrected errors on the release form. If a mistake is made, please complete a new form as an error on the form could result in the request being denied.
- A valid Social Security Number or Individual Tax Identification Number is required.
- Submit only one release form per applicant request for employment history. Requests submitted with release forms belonging to multiple applicants will be denied.
- Please do not submit duplicate requests. Submitting duplicate requests delays processing times and may result in denial.
- Every effort will be made to respond to requests within 5 business days. Processing times may be longer during periods of high volume.

Thank you,

Employment History Verification Unit
Indiana Department of Workforce Development
employverification@dwd.in.gov



RELEASE OF INFORMATION

*APPLICANT'S NAME: _____

Additional names used during employment: _____

*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 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.

NOTE: This section must 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: _____ - _____ - _____ Fax Number: _____ - _____ - _____

***REQUIRED FIELDS**

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

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

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 _____

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: \$ _____ 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 _____

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):	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 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, but in the landlord's name
<input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Responsibility of the tenant

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 IHADA 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):



Application Key: _____

Direct Benefit Payment Election Form

Head of Household _____

Please choose a fulfillment option below for your direct benefit payment. **Please check one.**

- I would like to waive my direct benefit payment to be applied directly to my electricity/heating (**circle one**) utility, which I pay separately. I understand that the full benefit will be paid to my vendor within sixty (60) days and I will not receive a direct payment.
- I would like to receive my direct benefit payment as a check mailed to my primary residence or mailing address. I **understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations. **If you do not return this form with your application, your benefit will be issued as a check.**
- I would like to receive my direct benefit payment as an Electronic Funds Transfer (direct deposit). I **understand that this may take up to 120 days to receive**, and is subject to further delays if I have provided inaccurate banking information. I have provided my banking information below.

Checking Account Savings Account Name on account: _____

Financial Institution: _____

Financial Institution Routing Number: **(must be nine digits)**

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Checking/Savings Account Number: _____

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

Routing Number Account Number

I hereby certify that the information provided above 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 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 based on any misrepresentation or omission.

If I have elected to receive benefit payment by electronic funds transfer, 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.

Applicant Signature

Date

Clark County Resource List

Township Trustees	Contacts:	Services Include:
Bethlehem-Charles Routh	812-704-2518 cfrouth@aol.com	Utility Assistance Rental Assistance
Carr-Barbara Reynolds	812-246-0784 carrtwptrustee@yahoo.com	Utility Assistance Rental Assistance
Charlestown-Tom Kendrick	812-256-2104 Ncoc240@sbeglobal.net	Utility Assistance Rental Assistance
Jeffersonville-Dale Popp	812-285-6240 dpopp@aol.com	Utility Assistance Rental Assistance
Monroe-James Buttorff	812-294-4999	Utility Assistance Rental Assistance
Oregon-William Bussey	812-293-4154 Oregontwp.williambussey@yahoo.com	Utility Assistance Rental Assistance
Owen-Brittany Jones-Kinder	812-293-3889 bigjones@ius.edu	Utility Assistance Rental Assistance
Silver Creek-William Ramser	812-246-2211 carlajeanramser@yahoo.com	Utility Assistance Rental Assistance
Union Township-Greg Alexander	812-294-3077 Dishaaa0079@yahoo.com	Utility Assistance Rental Assistance
Utica Township-john Durbin	812-345-9555 john@glions.com	Utility Assistance Rental Assistance
Washington-Joseph Webb	812-406-5429	Utility Assistance
Wood-Coffman	812 -725-5704	Utility Assistance
Clark Salvation Army	812-280-0417 Call for Hours https://centralusa.salvationarmy.org/newalbany/ Online Application Under FAQ's Page!	Rent, mortgage, utilities, prescriptions, curb side pickup, clothing vouchers, and pet food.
211 Crisis Assistance	Contact Information:	Services:
	Call 211 or visit www.211.org	Public resources and info.
DAV Homeless Veteran's	Services Include:	FYI!!!
Fred Gage P: 812.736.9081	Utility Assistance Rent Assistance	Must have proof of Veteran status.
Children of Restaurant Employees	Hours:	Services Include:
1215 S 3 rd St Louisville, KY 40203 P:502.636.1358	Monday-Friday 8:30am-4:30pm	Utility Assistance Rent Assistance Medical Bill/Supplies Children up to age 22
Wells Fargo Program	Hours:	Services Include:
800.537.4180	Monday-Friday 9:00am-6pm https://learnmore.scholarsapply.org/wellsfargoveteranemergency	Grant can be used for multiple things. Contact for information. Must be and honorably- discharged Veteran.



Community Action of Southern Indiana's Program Referral List 2021-2022

Early Head Start and Head Start	812.288.6451 ext. 2155
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Our management of two program components that provides programming to over 360 children in Charlestown and Jeffersonville in Clark County.

Energy Assistance Program (EAP)	812.288.6451 ext. 3500
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CASI's Energy Assistance Program provides financial assistance to low-income households to maintain utility services during the winter and summer seasons. We provide intake, application processing and utility vendor payments.

Emergency Repair And Replacement Program (ERR)	812.288.6451 ext. 3500
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To be eligible for this program you must be a home owner and your household falls into the At-Risk group At-Risk group includes: household members over 60, under the age of 5, a Veteran or Military Personnel or any member who is disabled. *Must apply for Energy Assistance Program to qualify.

Weatherization Assistance Program	812.288.6451 ext. 2167
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Weatherization is a program that permanently lowers utility bills by providing energy saving home improvements such as air sealing, insulation, and furnace tune-ups.

Housing Choice Voucher Program (Section 8 Housing)	812.288.6451 ext. 2217
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C.A.S.I. contracts with Indiana Housing and Community Development Authority (IHCDA) to provide rental housing assistance to low-income individuals and families. Eligibility is based on HUD income guidelines and assistance is provided in the form of vouchers.

Indiana Minority Health Initiative & Clark Co. Minority Tobacco	812.288.6451 ext. 2135
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Mission is to eliminate health disparities through research, training, education, advocacy and access to health care services for minority populations. With a focus on obesity, diabetes and cancer for residents of Clark, Floyd and Harrison Counties

Life Literacy Academy	812.288.6451 ext. 2306
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A youth program designed to follow a select group of students from grades 8-12, Youth are monitored in areas of character, education, leadership, critical thinking and college readiness, Family Development tools will be used to include the entire household.

Family Development & Crisis Assistance	812.288.6451 ext. 2111
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The Crisis Assistance Program (CAP) is designed to help persons/families experiencing a financial shortfall caused by external factors. Qualified Indiana Development Specialist staff assists with the case management.

Empower Southern Indiana	812.288.6451 ext. 2150
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Individual Development Account: A Three year matched savings program designed to assist individuals in achieving self-sufficiency through financial literacy and asset generation. Training includes homeownership, credit, budgeting and goal setting. Provides new/existing small business owners and understanding of the financial aspects of running a small business, offers development, planning, training and technical support.

Volunteer Income Tax Assistance (VITA)	To schedule an Appointment: 812.590.4064
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The Vita program provides free tax preparation assistance for persons making \$58,000.00 or less in annual income.

Homeless Prevention Program

Help individuals with rental assistance for a short period of time or for up to 12 months and enables them to avoid the risk of homelessness and to stabilize in permanent housing.

Go to: IndianaHousingNow.org to apply. If you are unable to complete the application please call 211 to get assistance with applying over the phone.