

Did you include the following?

- ___ Social Security Cards for **all** household members
- ___ Income for the **last 12 months** - all members 18 years old and up
- ___ 18 years of age? If in school, provide school schedule. If you have any month without income, please **complete and sign** the Workforce Development **Release of Information** and **Zero Income Affidavit** and include a copy of your **State Issued Indiana Driver's License**
- ___ Proof of homeownership **OR** include the completed Landlord/Housing Affidavit with all landlord detail?
- ___ **Current** Gas/Fuel and Electric bills – furnace not working? Please let us know.
- ___ Read "Things to Remember" and **continue paying gas and electric bills**
- ___ Energy Survey – **access the education online** at www.areafive.com, click on Energy Assistance and look for Energy Education Presentation. Watch the education session online OR visit your local office to complete this form. Return the form with your application packet, if possible.

Questions? Contact (800) 654-9421 or your local Area Five Agency office.



Area Five Agency
on Aging & Community Services, Inc.
(574)722-4451 or 1-800-654-9421

ENERGY ASSISTANCE APPLICATION PACKET FOR 2017

Enclosed is the mail-in application - please **COMPLETE** and **SIGN** the application. Provide **ALL** required documents and return this application to your local Area Five Agency or mail as directed. **INCOMPLETE** applications will not be accepted and will delay **YOUR** assistance, if eligible.

CONTINUE TO PAY ON YOUR BILLS

Once your application is submitted as **COMPLETE**, processing the utility payment may take up to **120 days** to show on your utility bill, if approved. **You CAN be disconnected**, if you stop paying your bills. For Moratorium protection from disconnection, your account is in good standing with your utility vendor on/by December 1.

**Moratorium protection will cover from
December 1 through March 15 for regulated vendors.**

DISCONNECTION NOTICE OR DISCONNECTED – DO NOT MAIL

CRISIS ASSISTANCE is by appointment, starting November 1, 2016.

REMINDERS

- Notice for “Disconnection” or already “Disconnected”, please **DO NOT mail in your application – call us to schedule an appointment to expedite services.**

It is your responsibility to make an appointment. If you are disconnected, you will be responsible for the fees required to restore services, if approved.

Please DO NOT mail in your application, if you have a disconnect notice.

All mail-in applications will be processed on a first come first serve basis without regards to disconnection status. Please continue to pay your bill to prevent being shut off, while your application is being processed.

- Remember to **copy** all **Social Security Cards**. Mail **ONLY** copies.
- **Check** that all of the required documents are included **BEFORE** returning.
- **INCOMPLETE** applications **will not be processed** until ALL required documents are received.

For energy saving tips and ideas, go to www.areafive.com, click on Energy Assistance and then click our “Energy Education Presentation”.

Start saving money now!



**Area Five Agency on Aging & Community Service
Energy Assistance Program
IS YOUR APPLICATION COMPLETE???**



Your application cannot be processed without being complete. Please provide all required documents.

Use this checklist to make sure your application is complete to avoid processing delays.

We reserve the right to request additional information, as needed.

 COMPLETE APPLICATION with all members listed and **SIGN** application. Failure to include all members in the household is fraud. **Fraud may result in denial and/or repayment of assistance provided.**

Social Security Cards

 Copy of Social Security Card for all eligible members over 12 months old. A photo ID must be provided for anyone over age 18, using other approved documents to verify the **FULL** 9 digit social security number.

Any undocumented citizen in your household must provide all income. They are not considered eligible household members; however the **income is required. A Household may still be eligible for benefits.**

INCOME: Provide Income from LAST 12 months for all household members 18+

 Earned income for the past 12 months **for all jobs...OR**

 A letter from your employer (on **Business Letterhead**) stating time period of employment and gross wages earned. Letter must be **signed** by the employer and contain their contact information...**OR**

 18 yrs. old WITH or WITHOUT income? If you are in school **FULL TIME**, provide your school schedule. Otherwise, please **SIGN** a Workforce Development **Release of Information**, a **Zero Income Affidavit**, **AND** supply a **COPY** of your **State Issued Indiana Driver's License**. Additional forms **MAY** be requested from your local Area Five office or copied as needed. One copy of each form is included.

If Self-Employed or with Rental, Lease, or Land Contract INCOME, etc., we will need:

 Most current **signed** 1040 Federal Tax Return with all accompanying schedules, such as C, E, and F.

FOR RENTERS:

 Landlord/Housing Affidavit- complete with landlord address and telephone number. **(SIGNED)**

FOR HOMEOWNERS: Homeowner is a household with a **contract/deed filed with county recorder's office.**

Please provide a copy of one of the following to qualify for additional homeowner benefits.

 County Assessors statement...**OR**

 Title, Deed, or Bill of Sale...**OR**

 Statement from the Records Office...**OR**

 Printout of online property tax (must show homeowner name and address)

CURRENT UTILITY BILLS (Bill must be in a household member's name, 18 years or older, POA, or landlord)

 Gas

 Electric

ENERGY EDUCATION

 Sign the enclosed Energy Education Survey, after viewing our Energy Education Presentation online at **www.areafive.com**, click on Energy Assistance to find the presentation or contact us for more assistance.

MORATORIUM PROTECTION IS ONLY POSSIBLE WHEN A UTILITY ACCOUNT IS IN GOOD STANDING WITH VENDORS ON/BY DECEMBER 1. PLEASE CONTINUE TO PAY ON GAS AND ELECTRIC BILLS.

IF YOUR ACCOUNT IS NOT IN GOOD STANDING, YOU MAY BE SHUT OFF OR DISCONNECTED – DON'T RISK IT!



Area Five Agency on Aging & Community Services, Inc. Energy Assistance Program Application 2016-2017

Heat Fuel Status: Current **DO NOT MAIL**, if one of the following apply: Disconnect Notice/Disconnected/At or below 25% or Out of Fuel – provide notice

Head of Household (HOH): (Print Clearly)

Address: _____ Telephone: () - - Home or Message Phone
 City: _____, IN Zip Code: _____ *Cell: () - - Carrier:
 Number in this household (INCLUDING YOURSELF): _____ *Email: _____

***By providing an email or my cell phone information above, I opt into electronic notices, as available.**

Please list people living in your household and include yourself: Use separate piece of paper for additional members, if needed.

Please use the following for: RACE: (A)-African American (B)-White (D)-Multi-Racial (E)-Native American (C)-Other: Asian, Native Hawaiian, Pacific Islander, or other
 ETHNICITY: (A)-Hispanic or Latino (B)-Non-Hispanic / Non-Latino

Full Legal Name (write names of household members below-including HOH)	Gender (Circle One)	Date of Birth	School Years Completed	Disabled (D), Veteran (V)	Social Security Number (If none, write N/A below)	Health Ins (Name of insurance)	RACE (Circle One)	ETHNICITY (Circle One)
HOH:	M F			D V			A B D E C	A B
	M F			D V			A B D E C	A B
	M F			D V			A B D E C	A B
	M F			D V			A B D E C	A B
	M F			D V			A B D E C	A B

HEALTH INSURANCE, NEED HELP? Yes No
 Interested in receiving information regarding Lifeline/Link Up? (discounted phone service) Yes No
 Do You Receive Food Stamps? Yes No
 Do You Receive TANF? Yes No
 Would you like assistance with budgeting? Yes No
 Would you like referred to the Weatherization Program? Yes No

Include **THE LAST CONSECUTIVE 12 MONTHS INCOME** for EACH household member **18 YEARS AND OVER**. All members **18 years and over** without income need to sign a Work One - Release of Information and a Zero Income Verification Affidavit obtained from your local Area Five office.
Forms can be downloaded at www.areafive.com clicking on Energy Assistance for quicker access.

***Copy of the MOST RECENT GAS & ELECTRIC BILLS with ACCOUNT NAME AND ACCOUNT NUMBER - REMEMBER TO KEEP PAYING ON YOUR UTILITIES!!**
***If you use wood, LP(propane), or others, you will need a delivery ticket or statement from your dealer showing ACCOUNT NAME AND ACCOUNT NUMBER Employee or Board Member? Are you related to an employee or a board member? Yes No If so, who? _____**



Area Five on Aging & Community Services Energy Assistance Program Application 2016-2017

Place an "X" beside the items that apply to your household:

- Single Person
 Two Adult/No Children
 Single Parent
 Two Parents
 Self Employed (Provide your most recent 1040 Tax Forms with all Schedules)
 Other

- I Live In: Single Family House
 Apartment or Duplex (multiple units in a building)
 Mobile Home
 I am a: Homeowner - Homeowner is a household with a contract/deed filed with the county recorder's office.
A homeowner must provide proof of homeownership to receive State homeowner benefits.
 Renter - Do you receive rental assistance: Yes No (If you pay only part of the total rent, check yes.)

- My primary HEAT source is (not including space heaters): Electric
 Natural Gas
 LP Gas
 Wood
 Oil
 Is: electric Included in rent: Yes No Heating Included in rent: Yes No
 Is your primary HEAT source working: Yes No If no, what's wrong? _____
 Do you use Space heaters? Yes No Other Secondary heat source used? _____
 (ALL utility Bills MUST be in the name of an adult (18 +) household member, Power of Attorney, or Landlord)

Name on Bill / Relationship to Head of Household:

Gas _____ / _____ Electric _____ / _____

FOR OFFICE COMPLETION ONLY/Office Client Energy Burden Questions:

- Y or N Household does not have service because they are disconnected
 Y or N Household does not have service because they are out of fuel
 Y or N Household does not have service because they have inoperable equipment

Please return your COMPLETED application with REQUIRED DOCUMENTS to your local office or:

Area Five Agency on Aging & Community Services
1801 Smith Street
Logansport, In 46947

ATTN: ENERGY ASSISTANCE PROGRAM

Visit us at www.areafive.com and like us on Facebook to get current information and updates on programs.

Privacy Notice Statement: This agency is requesting disclosure of personal information necessary to accomplish its statutory purpose. IC 4-1-6-2(a)

Social Security Number Disclosure Statement: This agency is requesting disclosure of your Social Security number in order to expedite processing of your application. **Disclosure is mandatory. IC 4-1-8-1(a)(3)**

Appeal Information Status: If you are denied and do not agree with the reasons stated, or if your application for services is not processed in a timely manner, you may appeal the decision to the Community Action Agency for review. If you are not satisfied with CAA determination, you may request further review from the State of Indiana by submitting Applicant Notification form to the Indiana Housing and Community Development Authority.

Certification of the Information Statement

"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 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. However, 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.

Applicant Signature: _____ **Date:** _____



Energy Assistance Program Zero Income Affidavit

Household Member Name: _____

SSN: XXX-XX-_____

Section 1: I received income in the following amount: \$ _____ during the following month(s), but there is NO documentation. (Circle all that apply and write the year above the month).

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Section 2: I received NO income (See * below for examples) during the following months. (Circle all that apply and write the year above the month).

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Section 3: State, federal or other assistance (List ALL sources and approximate amounts that you received to help you meet your living expenses over the past 12 months) (e.g. Section 8 housing, money from relatives, other household member, Township Trustee, food pantry, etc.).

Housing: _____
Utility: _____
Food: _____
Other: _____

I certify under the penalties for perjury and fraud that the information provided above in this Zero Income Affidavit is true and accurate. I acknowledge that pursuant to 18 U.S.C. 1001 and 31 U.S.C 3729, false or fraudulent statements or claims are subject to up to five (5) years imprisonment and civil penalties up to \$10, 0000.00. I also acknowledge that any misrepresentation of information or failure to disclose information requested on this Zero Income Affidavit may disqualify me from participation in the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance or any other assistance, such as weatherization, that I receive based on this fraud or omission. 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 Applicant, Reporting Any Zero Income

Date: ___/___/___

*Examples of different types of income: gross wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, tips, income received in installments from the sale of property, profits or gains from the sale of assets, Black Lung Pension Disability payments, disability payments from insurance, dividends, interest, gambling winnings, pensions, railroad retirement benefits, military allotments, regular life insurance payments, workers compensation, veterans benefits, unemployment compensation, TANF, strike benefits, social security benefits, and royalties

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)
WITNESS my hand and seal this ___ day of ___ 201___.
My County of Residence: _____ Notary Public -Signature
My Commission Expires: _____ Notary Public -Printed Name

LSP INTERNAL USE ONLY

Date: ___/___/___ Application#: _____

LSP Representative Signature
{00025616-1}



INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

NAME OF APPLICANT: _____
Please list any other name you were known by at your last employer:

SOCIAL SECURITY: _____

DATE: _____

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

SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

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: _____

Requesting Agency: Area Five Agency on Aging & Community Services, Inc.

Fax Number: _____

Phone Number: _____



Indiana Housing & Community Development Authority

ENERGY ASSISTANCE PROGRAM (EAP)

Things for YOU to Remember!

- ◆ EAP benefits are paid directly to the utility vendor. Checks are not provided directly to you.
- ◆ Your utility vendor will be asked to provide us information regarding your account status and your energy cost and consumption data; if your bill is in another person's name you will need to make sure that the other person is aware that this information will be shared for the purposes stated above.
- ◆ Your award letter will explain the amount of EAP benefits that you are eligible to receive. Benefit amounts are subject to change pending review by the local service provider.
- ◆ If you receive an award letter, the EAP benefit will be applied to your utility account. The actual payment may not be applied to your account until up to 120 days after the date your application was submitted. Please do not call the service provider or IHCDA regarding the status of your application.
- ◆ Even though you are receiving assistance from EAP to pay utility costs, this assistance will not likely cover the entire amount owed to your utility provider. Therefore, **YOU** must keep paying on your bills throughout the year.
- ◆ Once you are approved to receive EAP assistance there is an Indiana law that states you can't be disconnected from residential electric or gas services between December 1st through March 15th. However, you **may** be disconnected before December 1st or after March 15th if your financial obligation with utility vendor exceeds the amount of your EAP benefit. This law applies to utility companies that are considered "regulated utilities".
- ◆ Remember that EAP is only helping you with your heating or cooling bills. **YOU** still need to keep your water, sewage, rent, and phone and other accounts current. If you are having trouble keeping your bills current, **talk to a case manager** at the local service provider and ask about other community resources that may assist you.
- ◆ If your utilities are currently past due, **talk with your utility company** to see if you qualify for a payment plan that will bring the bill current over time.
- ◆ Ask what you can do to conserve energy. If you are a homeowner ask how the Weatherization Program might help you reduce your energy consumption.
- ◆ You have the right to appeal the EAP process or the decision made regarding the amount of EAP Benefit that you are found eligible to receive.
- ◆ If you receive a disconnect notice after you submit an application but before you are awarded EAP benefits, contact the local service provider immediately.

ENERGY EDUCATION – SURVEY

HOUSEHOLD MEMBER: _____

APPLICATION KEY: _____

(To be completed by agency)

Overall Energy Use **GAS & ELECTRIC VENDORS:** _____

1. Where do you use the most energy within a typical home?
 - a. Water Heating
 - b. Lighting
 - c. Space Heating
 - d. Air Conditioning

Space Heating – (For every ten (10) degrees you turn down the temperature on your furnace, you can save \$20 a year – Ideal Temperatures are 68° in the Winter and 78° in the Summer.)

2. **True or False:** When figuring actual use of energy, you must consider size of the home, temperature settings, age of home, condition of home, and how good is the heat appliance being used to heat the home.
3. If there's a big difference between the thermostat and the temperature in your home, you may need to:
 - a. Have a furnace tune-up
 - b. Change your furnace filter
 - c. Have your thermostat checked
 - d. All the above

Water Heating – (Ideal water heating temperature is 120 °F. **140°F water can create a 3rd degree burn in seconds.**)

4. What is the ideal/optimal temperature of a water heater?
 - a. 160 °
 - b. 100 °
 - c. 98.6 °
 - d. 120 °
5. **True or False:** There is no such thing as an energy efficient shower head or faucet aerator.

Lighting

6. **True or False:** Compact fluorescent light (CFL's) bulbs use less energy than the old incandescent bulb.

Appliances – (look for **ENERGY STAR** items to make the best use of your electricity – Refrigerators should be kept between 36° and 38°. Freezers should be kept between 0° and 5°)

7. **Yes or No:** You should unplug rarely used appliances and those with “standby lights” when not in use.
8. Which energy saving tip will you try in your home first? _____
9. Which energy saving tip will you pass on to someone else? _____
10. How can we make this presentation better? _____

11. How helpful was this information:

1	2	3	4	5	6	7	8	9	10
Not helpful			Helpful				Very Helpful		

(Circle a number)

I, the undersigned, have completed an Energy Education Class with Area Five Agency. I have been provided an opportunity to receive valuable energy saving kit for use in my home. If unable to pick up my kit, I authorize the following individual _____ to pick it up for me.

(I.D. must be provided prior to obtaining any energy saving kit)

Client Signature

Telephone Number

Date

Office use only: Kit Received? Y N _____ Staff Initials ____/____/____ Date Approved? Y or N

**RETURN TO: AREA FIVE AGENCY ON AGING & COMMUNITY SERVICES
1801 SMITH STREET
LOGANSPOUT, IN 46947**



Area Five Agency

Customer Satisfaction Survey

How did you connect with us?

Phone _____ Mail-in Application _____ Face to Face _____ Website _____ Facebook _____

If you connected to us by PHONE or FACE-TO-FACE:

During your conversation with Area Five Agency, were you greeted in a friendly manner? YES ___ NO ___

How would you rate the representative's overall knowledge of your problem or question?

Would you say ... Excellent Very Good Good Fair Poor

How would you rate the representative on being courteous?

Would you say ... Excellent Very Good Good Fair Poor

How would you rate the representative on helpfulness, in other words, a willingness to assist you?

Would you say ... Excellent Very Good Good Fair Poor

How would you rate the representative on being able to help you resolve your issue/need?

Would you say ... Excellent Very Good Good Fair Poor

If you left a message, how would you rate the length of time it took for a representative to contact you?

Would you say... Excellent Very Good Good Fair Poor

Were you treated with respect at all times? YES ___ NO ___

If **NO**, please provide additional information to help us understand the challenge you had:

If you connected with us through the MAIL-IN APPLICATION, our WEBSITE, or on FACEBOOK:

Did you find the information easy to understand? YES ___ NO ___

Was the information easy to find? YES ___ NO ___

Were you able to connect with the services you or a loved one desired? YES ___ NO ___

If **NO**, please provide additional information to help us understand the challenge you had:

If translation assistance was used, were our services provided in a courteous manner? YES ___ NO ___

Are there any open/unresolved issues? YES ___ NO ___ (If YES, please provide additional information.)

If we were unable to assist you, was a referral provided for another agency? YES ___ NO ___

How likely are you to recommend Area Five Agency to a friend or relative?

Would you say the chances are... Excellent Very Good Good Fair Poor

How likely are you to use Area Five Agency services again?

Would you say the chances are... Excellent Very Good Good Fair Poor

How would you rate the overall quality of your relationship with Area Five Agency, considering all your experiences with them? Would you say it is... Excellent Very Good Good Fair Poor

Please complete only IF contact is desired:

NAME: _____ **Telephone:** _____

Comments or concerns?

Area Five Agency on Aging and Community Services

Aging and Disability Resource Center

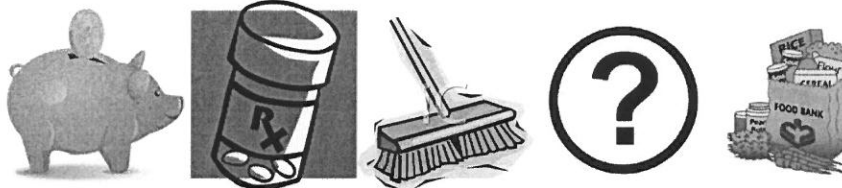
574-737-2100 or (800) 654-9421 ext 520 inconnect@areafive.com www.areafive.com

We have knowledgeable and caring staff available to assist you M-F 8:00 am until 4:30 pm.

Just A Few Things We Can Assist With

1. Questions about health insurance including Medicaid, Medicare, HIP, and Marketplace
2. Yourself or a loved one is in need of in-home care or wants to discuss options for care
3. Want information on local resources to help with food or bills
4. Have a question and not sure where to start

How May We Help You?



Indiana Minority Health Coalition exists to eliminate health disparities through research, education, advocacy, and access to health care services for minority populations. <http://www.imhc.org/>

Covering Kids & Families of Indiana is a statewide organization advocating health insurance coverage for all. <https://www.ckfindiana.org/about>

Hablamos español

La Agencia de Área Cinco De Servicios Comunitarios

Con El Centro de Recursos para Discapacidades y Ancianos

574-737-2100, 1-800-654-9421 ext 520. Tiene preguntas y no sabes dónde vas a empezar? Llama nuestro centro de recursos para información y asistencia! Tenemos personas que le pueden ayudar Lunes – Viernes de las 8:00 am hasta las 4:30 pm.