ihcda
Indiana Housing & Community Development Authority

PY 2027 Indiana Energy Assistance Program Application
INSTRUCTIONS

- **Please note that Indiana's Energy Assistance Program provides a one-time benefit payment**. This is not recurring monthly assistance, and is not designed to cover all of your utility costs for a year.
- 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.
- 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 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 or lead to a denial.
- If you do not have an alternate mailing address from your home address, please leave that field blank.

Part II: Home and Utility Information

- Please complete all fields completely.
- Please submit your **current** electricity and heating bills or account statements with your application.

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- For each job held by any wage earner in the household for the previous 3 months, please list the employer, first pay date, and indicate whether they are still working. If you need space for additional jobs, your LSP can provide you with an attachment sheet.

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. We require full Social Security Numbers for all members of the household.
- **If there are more than eight 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, and Military status for each household member.

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 IHCDA.
- 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. **Current** documentation of income for all household members age 18 or over. This may include:
        - Employment/wages
            - **Most recent** paystub
            - Work/pay statements for immediate 13 weeks prior to application for gig work
            - Request for Earnings information form – contact Local Service Provider
        - Social Security/SSI/VA benefits
            - Most recent **complete** award letter (may be downloaded from online)
            - **Complete** unredacted 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.
    2. **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.
        - Please ensure you are providing the **full and complete** billing statement!
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.

Indiana Energy Assistance Program Application

Program Year 2027

CoAction founded in 1965 / ihcda	**See enclosed EAP Intake site listing for local service application site near you for drop off/mailing address near you**	**For Provider/Agency Use Only** **Date received:** **Application number:** ☐ Mail-in ☐ Telephone ☐ In-Person ☐ Outreach/Home Visit/Other Household is disconnected or out of fuel: ☐ Yes ☐ No Household has d/c notice or less than 25% fuel: ☐ Yes ☐ No Household heat source is inoperable: ☐ Yes ☐ No

If your utility is disconnected or scheduled for imminent disconnection, or if you are very low or out of prepaid or deliverable fuel, contact this agency directly. If you need other emergency options, please call 2-1-1.

☐ **My electric or heating is disconnected or scheduled for disconnection, or I am low or out of deliverable heating fuel/prepaid electricity.**

☐ **A member of this household has a life-threatening medical condition that requires home utility service for treatment.**

Is any person in your household affiliated with this agency as an employee or staff member, volunteer, board member, or subcontractor, or related to any employee, staff member, volunteer, board member, or subcontractor?

☐ No ☐ Yes (please identify member and relationship): _____

Part I: Contact Information

Applicant Name	Last 4 digits of SSN	County
	xxx-xx-	

Physical Address (*Including Apartment/Lot/Trailer Number, if applicable*)	City		Zip
		IN	

If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.

Telephone number	E-mail Address	Would you like to receive application notices via e-mail?
		☐ Yes ☐ No

Part II: Home and Utility Information

Home Type (Please check one)

☐ Site-built single-family home ☐ Multi-unit 2-4 units (duplex/triplex/ quadplex/condo/townhouse)

☐ Mobile Home ☐ Multi-unit 5+ units (apartment/condo)

☐ Other: _____

Home Ownership (Please check one)

☐ Own ☐ Rent ☐ Other: _____

Utilities and Payment

Electricity Vendor: _____

Account number: _____

Heating Vendor: _____

Account Number: _____

☐ Electricity included in rent ☐ Heat included in rent

Primary Installed Heating Equipment (please check one)

☐ Furnace/Heat Pump ☐ Baseboard/Wall Unit

☐ Wood Stove/Fireplace ☐ Other: _____

Is it working? ☐ Yes ☐ No

Primary Heating Fuel (please check one)

☐ Electricity ☐ Natural Gas

☐ Propane ☐ Fuel Oil

☐ Firewood/Corn/Pellets

The Weatherization program provides physical alterations to your home to improve energy efficiency and reduce the utility bills of eligible Hoosiers.

Are you interested in a referral to the Weatherization program? ☐ Yes ☐ No

Part III: Income and Benefits

Please indicate all types of income received by any member of the household in the past three months. Check all that apply.

☐ Employment/wages (include current paystub with YTD gross or work statement with previous 13 weeks for gig work)

☐ Social Security/Disability/SSI/VA disability/VA pension (include current award letter)

☐ Self-Employment (include most recent full 1040 tax return)

☐ Unemployment (include current Uplink or DWD release form)

☐ Pension/Retirement (include award letter or unredacted bank statement)

☐ Odd Jobs/irregular income (include completed Income Verification Statement)

☐ No income (include completed Income Verification Statement)

☐ Other: _____ (contact agency for guidance)

If Employment/wages selected, please complete for each job held during past three months:

Wage Earner: _____	Wage Earner: _____	Wage Earner: _____
Employer: _____	Employer: _____	Employer: _____
First pay date: _____	First pay date: _____	First pay date: _____
Still working? ☐ Yes ☐ No	Still working? ☐ Yes ☐ No	Still working? ☐ Yes ☐ No

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.

Application number: _____

Part IV: Household Members

List all people residing in household, including yourself. Check here and attach additional sheet if more than eight people are in household: ☐

	Last Name and Suffix	First Name	M.I.	Full Social Security Number	Citizen or Qualified Alien?	Date of Birth	Sex	Disabled?	Race	Ethnicity	Military Status
									Use codes below		
Applicant					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
2					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
3					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
4					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
5					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
6					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
7					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			
8					☐ Yes ☐ No		☐ Male ☐ Female	☐Yes ☐ No			

Race Codes	Ethnicity Codes	Military Status 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	**H** - Hispanic, Latino, or Spanish origins; **N** - Not Hispanic, Latino, or Spanish origins	**A** - Active-duty military **V** - Veteran **N** - No affiliation

Part V: Certification

Disclaimer: I certify under the penalties for perjury and fraud that the information, upon reasonable investigation, provided in this application is correct and true to the best of my knowledge and belief. I understand that I may be required to verify these statements and hereby give my consent to the State of Indiana, including the Indiana Housing and Community Development Authority (the "State of Indiana"), and the agency from which I am requesting assistance to contact any necessary persons to verify these statements. I certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. I certify that I am currently a resident of Indiana, I have been a resident of Indiana for at least thirty (30) days, and I am an applicant for the Energy Assistance and/or Weatherization Assistance Program(s) (the "Program"). I certify that all members of my household are United States citizens, United States nationals, or qualified non-citizens under 8 U.S.C §1641(b) and are eligible to receive federal taxpayer-funded benefits except as identified in this application. I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me.. I also understand that the State of 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 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 fail to comply with the Program, misrepresent or fail to disclose any information requested in this application, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, misrepresentation, or omission. I understand that I am solely responsible for providing my correct contact information to the State of Indiana or the agency from which I am requesting assistance and for checking my voicemail, e-mail, SMS/MMS messages, or physical mailbox for communication and notifications regarding the Program.

Energy Assistance Program benefits are provided without regard to race, color, national origin, religion, sex, disability, age, ancestry, familial status, or status as a veteran.

Fraud Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.

Signature of applicant (required)	Date (required)

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.

CoAction

2026-2027

Energy Assistance Program

Locations and listed hours

Apply online

eap.ihcda.in.gov

APPLY ONLINE

LAKE COUNTY – INTAKE SITES

7 locations

Northwest Indiana Reinvestment Alliance

5233 Hohman Ave., Suite 104
Hammond, IN 46320

9:00 am-3:00 pm Appointment Only 219-750-1206

The Gary Excel Center

Appointment Only

Northwest Indiana Reinvestment Alliance
4601 W. Ridge Road, Gary, IN 46408

Thursday & Friday, 10 am-3 pm 219-750-1206

Urban League of NWI

Appointment Only

Northwest Indiana Reinvestment Alliance
3101 Broadway, Gary, IN 46409

Tuesday & Wednesday, 10 am-3 pm 219-750-1206

Community Services of NWI

824 Hoffman St.
Hammond, IN 46327

9:00 am-2:00 pm 219-932-4800

Lake County Community Services

1450 E. Joliet St., Suite 202
Crown Point, IN 46307

8:30 am-4:00 pm 219-663-0627

North Township Trustee: East Chicago

2100 Broadway St.
East Chicago, IN 46312

9:00 am-5:00 pm 219-398-2435

North Township Trustee: Hammond

5947 Hohman Ave.
Hammond, IN 46320

9:00 am-5:00 pm 219-932-2530

MORE INTAKE LOCATIONS

JASPER COUNTY

Jasper County Community Services
967 E. Leopold St.
Rensselaer, IN 47978
8:00 am-4:00 pm 219-866-8071

NEWTON COUNTY

Newton County Community Services
108 E. State St.
Morocco, IN 47963
8:00 am-4:00 pm 219-285-2246

PORTER COUNTY

Porter County Community Services
1005 Campbell St.
Valparaiso, IN 46385
8:00 am-4:00 pm 219-464-9736

MONTHLY INCOME LIMITS

Household size 1-6

1 PERSON	2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE
$2,886	$3,774	$4,662	$5,550	$6,438	$7,326

Call intake sites for availability details.

ihcda
Indiana Housing & Community Development Authority

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.
- 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 information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting.. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.