

# EAP 2019-2020

Greater Hammond Community Services-824 Hoffman St-Hammond IN 46327-(219) 932-4800

## INCOME GUIDELINES

Household Size	One Month	Three Months
1	\$2,069	\$6,209
2	\$2,706	\$8,119
3	\$3,343	\$10,029
4	\$3,979	\$11,940
5	\$4,616	\$13,850

Household Size	One Month	Three Months
6	\$5,253	\$15,760
7	\$5,372	\$16,119
8	\$5,492	\$16,477
9	\$5,981	\$17,943

**ATTENTION:** In the event of bad weather or other extenuating circumstance that may force our office to close on your appointment date – we ask that you call our office and check before coming to your appointment. After 6:00 a.m. of the day in question, please call (219) 932-4800 extension 101. If the office is closed this extension will have instructions on what to do.

### DOCUMENTS NEEDED TO APPLY:

\*\*\*Please note that since all cases are different – you may be required to provide additional documentation\*\*\*

#### 1. APPLICANT INFORMATION FORM

- ◆ Complete the Applicant Form in its entirety and bring it with you to your appointment (ATTACHED).

#### 2. PHOTO ID FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER (one of the following):

- ◆ Driver's License (does not have to be valid and does not have to match address)
- ◆ State ID (does not have to be valid and does not have to match address)
- ◆ Real ID (driver's license or state)
- ◆ Passport

#### 3. SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMEBERS (one of the following):

- ◆ Social Security Cards
- ◆ Social Security Office printout showing full social security number for ALL household members (printout must be less than 60 days old).
- ◆ Social Security Benefit Award Letter showing full social security number.

#### 4. NIPSCO BILL/OIL/PROPANE BILL (must provide all pages of the bill):

- ◆ Current NIPSCO Bill (if new service, bill must show at least 28 billing days-cannot use letter stating you turned service on in your name).
- ◆ **DISCONNECT NOTICE:** MAKE SURE IF YOU HAVE A DISCONNECT NOTICE THAT YOU ALSO BRING YOUR CURRENT BILL.
- ◆ Current Oil or Propane Bill.

\*If the name on the bill does not match your name (example: bill is in maiden name but all other documents provided show your married name) you will need to provide proof of the name change OR you got divorced but bill is still in married name but all other documents show maiden name you will need to provide proof of name change.

\*\*If the bill is in someone's name who is not listed in your household – you will be required to complete a Utility Affidavit. The affidavit will ask for the person's address and reason it is in their name.

#### 5. VETERANS (one of the following):

- ◆ Unexpired military identification reflecting current or previous duty
- ◆ DD 214 form
- ◆ VA benefit documentation

## 6. LANDLORD AFFIDAVIT

- ◆ **ONLY RENTERS WHOSE UTILITIES ARE INCLUDED IN THE RENT OR WHOSE SERVICES ARE IN THE LANDLORD'S NAME NEED TO COMPLETE A LANDLORD AFFIDAVIT THIS YEAR!!!! (ATTACHED)**

The Landlord Affidavit is available for pick up at our office or on our website: [www.greaterhammond.com](http://www.greaterhammond.com)

PLEASE MAKE SURE THE AFFIDAVIT IS COMPLETED CORRECTLY:

No whiteout or scratching out is allowed by the state, if it is completed incorrectly a new Affidavit will be required!!!

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## 7. PROOF OF ALL INCOME FOR THE PAST 3 MONTHS FOR ALL HOUSEHOLD MEMBERS (One or more of the following may be needed):

- \*\*ARE YOU 62 OR OLDER and DO NOT collect Social Security? Then you are required to get a printout from the Social Security Office showing that you are not collecting any benefits (printout cannot be more than 30 days old). This is in addition to any other documents listed below that pertain to you.**

### NO INCOME

**\*ANY HOUSEHOLD MEMBER 18 AND OLDER WHO IS CLAIMING NO INCOME AT ANYTIME IN THE PAST 3 MONTHS PRIOR TO APPLICATION ARE REQUIRED TO COMPLETE AND SIGN AN INCOME VERIFICATION AFFIDAVIT (ATTACHED).**

### WAGES INCOME

- ◆ **CURRENT YEAR:** The most recent check stub with gross year to date total for each job (must have your name and the employers name on check stub). **AFTER 12/31/19** you will also need the last check stub for December with the gross year to date total on it **OR**
- ◆ Current letter from employer on letterhead stating your gross year to date total for the past 3 months. Make sure letter includes your full name, employers name-address-phone#, your gross income and that it states the number of months the gross income is for.

**\*\*\*\*ATTENTION\*\*\*\***

From **January 1, 2020 through April 15, 2020** you will be required to provide your W-2 for each job **OR** until you receive the W-2 you can still provide the above listed documentation.

### SELF-EMPLOYMENT INCOME

You must provide your full tax return **including all self-employment schedules**. If you are applying in 2019 you must provide your 2018 tax return and if you are applying in 2020 you must provide your 2019 tax return. If any other income is shown on the tax return you will also need to provide proof of that, such as W-2, 1099, Etc.

### UNEMPLOYMENT BENEFITS

Unemployment benefit printouts showing all unemployment income received from any state during the last 3 months.

**\*\*\*\*ATTENTION\*\*\*\***

From **January 1, 2020 through April 15, 2020** you will be required to provide your 1099 **OR** until you receive the 1099 you can still provide the above listed documentation.

## APPLICANT INFORMATION

<b>Applicant Name</b>		<b>Phone Number</b>			
<b>Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
			IN		

Please list all people residing at this address. Attach a separate sheet if necessary for additional household members

First Name	Last Name	Date of Birth	Gender	Race	Military Status	Health Insurance	Hispanic	Disabled	School Years Completed
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	
			M / F				Y / N	Y / N	

**Race Codes:**  
 A - Asian; B - Black/African American; I - American Indian or Alaska Native;  
 P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial;  
 O - Other

**Military Status Codes:**  
 A - Active;  
 V - Veteran;  
 N - No Affiliation

**Health Insurance Codes:**  
 A - Medicaid; B - Medicare; D - Direct Purchase;  
 E - Employer Based; M - Military; S - State  
 O - Other; N - None

<b>Home Type (please check one)</b> <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Single house <input type="checkbox"/> Mobile Home	<b>Ownership (please check one)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent	<b>Utility Payment</b> Heat included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No Electric included in the rent: <input type="checkbox"/> Yes <input type="checkbox"/> No
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## ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD AFFIDAVIT

**Landlord:** Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency. Complete in blue or black ink only.

### APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City: <span style="float: right;">State: IN Zip Code:</span>	

**UTILITY INFORMATION** (to be completed by the landlord, property owner, leasing agent, or authorized designee **only**. Please complete entirely.)

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

**Primary heating source (check one):**

- Electric (furnace, baseboard, or wall unit)  
 Natural gas  
 LP gas, fuel oil, wood, coal, pellets, kerosene

How much does the tenant pay each month in rent? \$ \_\_\_\_\_

Is the primary heating source operable?  
 Yes  No

<i>I grant IHEDA permission to obtain utility information on account status, energy cost and 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: <span style="float: right;">Zip Code:</span>	Email (optional):

## 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__
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**Section 3:** Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months. (For example: Section 8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)

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

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

X \_\_\_\_\_  
*Signature of Zero Income Applicant*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

<b>NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)</b>	
WITNESS my hand and seal this _____ day of _____ 20__.	
County of Residence: _____	Notary Public – Signature _____
Commission Expires: _____	Notary Public -Printed Name _____