

# Greater Hammond Community Services, Inc.

## ENERGY ASSISTANCE PROGRAM APPLICATION

Greater Hammond Community Services, Inc. (GHCS) is closed to the public. Attached is the ENERGY ASSISTANCE PROGRAM (EAP) application FOR HEATING UTILITY ASSISTANCE. Applications are processed on a FIRST COME FIRST SERVED BASIS. Please note that since all cases are different additional documentation may be required.

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

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

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

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

Return your completed application with ALL required COPIES of documentation either by:

**MAIL:** GHCS  
EAP Dept  
824 Hoffman St  
Hammond IN 46327

**DROP OFF BOX:** (open 24/7)  
Located on Cedar Avenue (East) side of building

Should you have any questions regarding EAP Application or required documents, please contact our office at (219) 932-4800.

### INCOME GUIDELINES

Household size	One Month	Three Months
1	\$2,163	\$6,489
2	\$2,829	\$8,487
3	\$3,494	\$10,482
4	\$4,160	\$12,480
5	\$4,826	\$14,478

Household size	One Month	Three Months
6	\$5,491	\$16,473
7	\$5,616	\$16,848
8	\$5,741	\$10,482
9	\$6,075	\$18,225

## Energy Assistance Program Checklist Required Documents

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

❖ Heating and Electric Bills (what you will need)

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

❖ If utilities are INCLUDED in rent

**LANDLORD AFFIDAVIT**

- ◆ ***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)***


**Signed Applications**

**Copies of All Documents**

**Copies of Drivers Licenses all Adults**

**Copies of all Social Security Cards**

**Landlord Affidavit if applicable**

 <b>NORTHWEST INDIANA COMMUNITY ACTION</b>	5240 Fountian Drive Crown Point, In 46307 1-800-826-7871 option # 1 www.nwi-ca.com	<b>For Provider/Agency Use Only</b>		
		<b>Date Received:</b>		
		<b>Application Number:</b>		
		<input type="checkbox"/> Mail-in <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/ Home Visit/Other		
		Household is disconnected or out of fuel: Y / N		
Household has disconnect notice or less than 25% fuel left: Y / N		Household heat source is inoperable: Y / N		

**Is your electric or heating utility disconnected or scheduled for disconnection, or are you running low or out of propane/oil/firewood or prepaid electric?**    Yes    No

If your utility is about to be disconnected or already has been disconnected, or if you are almost out of fuel or already out of fuel, contact your local service provider/community action agency listed above to check the availability of crisis appointments.

**If you need other emergency options, please call 211.**

<b>Physical Address with Apartment Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
		IN		

<b>Alternate Mailing Address (only complete if different from physical address above)</b>	<b>Last four digits of SSN</b>
	XXX-XX-

<b>Phone number</b>	<b>May we text you?</b>	<b>E-Mail Address</b>	<b>May we e-mail you?</b>
<input type="checkbox"/> home <input type="checkbox"/> cell	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all people residing at this address, including yourself. Attach a separate sheet if necessary.

Name (Last, First, Middle Initial)	Date of birth (MM/DD/YYYY)	Gen-der	Race	Military Status	Health Insurance	Employment Status	His-panic?	Disa-bled?	School Years Completed
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	
		F / M					Y / N	Y / N	

<b>Race Codes:</b> A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O -	<b>Military Codes:</b> A - Active; V - Veteran; N - No Affiliation	<b>Health Insurance Codes:</b> A - Medicaid; B - Medicare; D - Direct Purchase; E - Employer Based; M - Military; S - State; O - Other; N - None	<b>Employment Status Codes:</b> A - Employed Full Time; B - Employed Part Time; C - Migrant Seasonal Farm Worker; D - Unemployed (less than six months); E - Unemployed (longer than 6 months); F - Not in labor force; G - Retired
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<b>Home Type (please check one)</b> <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Mobile Home	<b>Ownership (please check one)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	<b>Utility Payment</b> Heat costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electricity costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electric vendor: _____
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<b>Heating Source (please check one)</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Baseboard Heater <input type="checkbox"/> Space Heater <input type="checkbox"/> Other: _____	<b>Primary Heating Fuel (please check one)</b> <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other: _____ Heat vendor: _____	<b>Cooling Source (please check one)</b> <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Fans <input type="checkbox"/> None <input type="checkbox"/> Other: _____ Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p><b>Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):</b></p> <p> <input type="checkbox"/> Employment/wages    <input type="checkbox"/> Social Security/SSDI    <input type="checkbox"/> SSI    <input type="checkbox"/> VA Benefits  <input type="checkbox"/> Pension/Retirement    <input type="checkbox"/> Self-Employment    <input type="checkbox"/> Interest    <input type="checkbox"/> Odd jobs/irregular income  <input type="checkbox"/> Unemployment benefits    <input type="checkbox"/> No income    <input type="checkbox"/> Other: _____ </p>	<p><b>Has anybody in the household <u>paid</u> child support in the past three months?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    Monthly amount paid: \$ _____  <i>(please include proof of payments)</i> </p>
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**Please indicate all sources of assistance receive by the household (please check all that apply):**

Housing Choice Voucher (Section 8)     Public Housing     HUD VASH Voucher     Permanent Supportive Housing  
 SNAP (Food Stamps)     Healthcare Subsidy     Child Care Voucher     Child Support     TANF  
 Earned Income Tax Credit (EITC)     Other: \_\_\_\_\_     None

<p><b>Is anybody in the household currently between the ages of 14-24, and neither working nor attending school?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>please list:</i> _____ </p>	<p><b>Is anybody in the household currently affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes    <i>please list:</i> _____ </p>
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**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?**     Yes     No

**Please be sure to complete each page of this application in its entirety.**

**Please be sure you attach and include all required supporting documents. These include, but are not limited to:**

- Copy of Social Security card for **each** household member. REAL ID or US Passport may be used in lieu of Social Security card.
- State or federally-issued photo ID for the individual signing this application.
- Proof of income for the past three (3) months for each household member age 18 or over.
- Most recent **full** electric bill, including name, service address, and account number.
- Most recent **full** gas or bulk fuel bill or account statement, including name, service or delivery address, and account number.
- If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. **If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form.**
- Your local service provider's referral form.

**If you have any questions regarding acceptable documentation, please contact your local service provider listed on the front of this application.**

**Disclaimer:** I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I am a resident of Indiana and an applicant for the Energy Assistance and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that I have received based on any such misrepresentation or omission.

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

<b>Signature of person completing this form (required)</b>	<b>Date (required)</b>
<b>X</b>	



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

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

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

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

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

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

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

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

Applicant Signature: ~~X~~

Date: ~~X~~

## 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

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

Applicant Name:	Date:
Address:	Phone:
City:	State: IN Zip Code:

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

Heating costs are (check one):	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: Zip Code:	Email (optional):