

## **Attention EAP Client:**

### **The following items are required in order to process your application:**

1. **Social Security Cards** for all members of the household.
2. **Driver's License or Photo ID** for everyone 18 and older
3. **Application-** This is a 2 page form that will need to be completed in full. Please do not leave anything blank as this will delay the processing of your application.
4. If someone in the household is currently in the military or a veteran we will need a copy of the following: DD214, VFW or American Legion membership card.
5. **Income for everyone 18 and older:** employment- Paystubs for last 3 months ( if this is October, we need July, August, and September ), Social Security, SSI, SSDI, Pensions/retirements. If a minor child is receiving benefits please include your 2020 letter showing how much they receive. If you or an adult in the household are not working the income verification form will need to be completed. Disregard this form if not applicable.
6. **Current heating bill and electric bill** – if your bill is in someone else's name, we will need a completed utility affidavit. Disregard this form if not applicable.
7. **If your utilities are included in your rent,** you will need to have your landlord complete a landlord affidavit. Disregard this form if not applicable.
8. **The referral form and the signature sheet** stating that you received your rights and responsibilities form; these will need to be signed and returned. The pages marked keep are for you to keep.
9. **There is a crossword puzzle** in the file. This will need to be signed and completed. The key is for you to keep.
10. Included is a Request for earnings form. This is provided for anyone who has been effected by covid-19. This means loss of hours or loss of job. Your employer will need to fill out this form and you will need to select how to spend funds on our cares act page. If applicable both forms will need returned. Disregard if not applicable.

### **Applications to be mailed to**

**Community and Family Service**

**Att: Samantha**

**1015 W Washington St**

**Hartford City, IN 47348**

# Energy Assistance Program Application - Program Year 2021



**COMMUNITY  
& FAMILY  
SERVICES**  
"Empowering People to Improve"

Community & Family Services, Inc.  
521 S Wayne St.  
Portland, IN 47371  
Phone: 260-726-9318

**For Provider/Agency Use Only**

<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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Please complete and sign page 2 - Application is not valid without signature and date.

Please complete in blue or black ink only and be sure to fully complete all fields

<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    <i>Monthly amount paid: \$ _____</i>  <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>

## 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	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	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	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	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. (For example: Section 8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)

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

Applicant Name:	Date:
Address:	Phone:
City: <span style="margin-left: 150px;">State: IN</span> <span style="margin-left: 50px;">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 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 does the tenant pay each month in rent? \$ \_\_\_\_\_

Is the primary heating source operable?

- Yes  No

*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.*

Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: <span style="margin-left: 100px;">Zip Code:</span>	Email (optional):



Indiana Housing & Community Development Authority

UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone not listed as a household member

Head of Household's Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name of person listed on Heating bill:
Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Name and address of person listed on Electric bill:
Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship of the household member to the individual listed on the utility bill (check one):
Spouse or significant other
Landlord
Parent
Child
Deceased family member
Other
Relationship of the household member to the individual listed on the utility bill (check one):
Spouse or significant other
Landlord
Parent
Child
Deceased family member
Other

In the space provided, please explain why your utility bill(s) is in the name of someone not listed as a household member:

Utility Affidavit

I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the monthly heating and electric bills.

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.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Energy Assistance Program  
521 S. Wayne St.  
Portland, IN 47371  
Phone: (765)726-9318  
Fax: (765) 348-0748  
communityandfamilyservices.org



**COMMUNITY  
& FAMILY  
SERVICES**  
"Empowering People to Improve"

## Client Referral Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Requesting Assistance For: \_\_\_\_\_

Amount: Electric \$ \_\_\_\_\_ Gas\$ \_\_\_\_\_

*\*By signing above, I acknowledge that EAP may share my personal file contents and financial details with the organizations listed below. Every effort will be taken to maintain confidentiality, while being able to obtain the assistance I have requested.*

Referred To:

WIC

Section 8

Weatherization

Food Pantry (Blackford, Jay)

Head Start

Thrift Store (Blackford, Jay)

SCSEP (Jay, Blackford, Grant, Madison, and Delaware)

I, \_\_\_\_\_, have been given a copy of the referral sheet that pertains to my county and have been made aware of other programs through Community and Family Services that I also might qualify for.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Referral List

## Need Help?? Call 2-1-1

One number. One easy way to find help!

Dial 2-1-1 or 1-877-502-0700 to access hundreds of community services. It's free, confidential, and available 24 hours. Get help with food, shelter, clothing, utility assistance, child care, health care needs, assistance after a disaster, counseling, education, and so much more!! Call 2-1-1 !!!

Township	Trustee	Address	Phone
Bearcreek	Crystal Laux	7512 N 350 E Bryant, IN 47326	260-997-4023
Greene	Nancy Cline	5339 W SR 26 Portland, IN 47371	
Jackson	Rex Pinkerton	5341 W 400 N Portland, IN 47371	260-731-4311
Jefferson	Angie Moeller	6421 W 300 S Portland, IN 47371	765-369-2223
Knox	Joseph Gutshall	723 S 1100 W Dunkirk, IN 47336	765-768-6622
Maddison	Scott Hilfiker	3624 S 600 E Portland, IN 47371	260-335-2174
Noble	Virginia Cline	5350 E 300 S Portland, IN 47371	260-335-2233
Penn	Steve Cash		
Pike	Robert Lyons	1653 E 650 S Portland, IN 47371	260-726-2119
Richland	David Champ	8921 W 400 S Redkey, IN 47373	765-369-2197
Wabash	Ronald Rosenbeck	6336 N 700 E Bryant, IN 47326	260-251-7996
Wayne	James Brewster	336 N Charles St Portland, IN 47371	260-726-4607

### Trinity United Methodist

325 S Meridian St Portland

260-726-8391

### Asbury United Methodist

204 E Arch St Portland

260-726-8464

### Immaculate Conception

506 E Walnut St Portland

260-726-7341

### Redeemer Lutheran

Corner of Malin & Elm

260-997-6787



## **Privacy Notice: 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 IHCD.
- 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.

## Your Appeal Rights and Right to Timely Processing of Your Energy Assistance Program Application

You have the right to request an appeal if your Energy Assistance Program (EAP) application is not acted upon in a timely manner once it has been received by the Local Service Provider (LSP) administering EAP in your area. In order to request an appeal for an EAP application not acted upon in a timely manner, please submit a written request for a review of your case along with all relevant facts to:

Tom Oliver  
Community & Family Services  
P.O. Box 1087  
Portland, IN 47371

You will receive an official written response to your appeal within ten (10) business days of receipt. The written response will include instructions for a second appeal if you are not satisfied with the response.

Please note that an LSP has **10 days** to determine eligibility of an EAP application when an in-person appointment takes place, and **55 days** to determine eligibility of an EAP application when the application is delivered by other means, including but not limited to drop-off, mail, fax, e-mail, an electronic portal, or by proxy. **When a heating crisis situation exists** (defined as when a utility disconnection notice has been received, utility has already been disconnected, propane or fuel oil at or below 25% of a tank, or within 10 days of running out of other bulk deliverable fuel), LSPs must provide a mitigating action within **48 hours**. In cases where a **life-threatening crisis situation** exists (defined as when a utility is already disconnected or bulk fuel heating source is already disconnected and there is a documented medical need in the household with an extreme safety concern), LSPs must provide a mitigating action within **18 hours**. A mitigating action may or may not necessarily include determining eligibility of an EAP application within this time frame.

Please also note that the program officially opens, and the timeline for application approval begins, on November 1. Therefore, even if you submitted your application early, an LSP has until 55 days from November 1 to determine eligibility on an application if there is no crisis situation present. All other processing timelines will begin no earlier than November 1.

If an EAP application is denied for any reason, you have a right to submit another application, with updated supporting documentation, 55 days after your previous application submission.



521 South Wayne Street  
PO Box 1087  
Portland, Indiana 47371

Phone: (260) 726-9318  
Fax: (260) 726-9174

[communityandfamilyservices.org](http://communityandfamilyservices.org)

Date: \_\_\_\_\_

I, \_\_\_\_\_, have been given a copy of the Privacy Notice and Rights and Responsibilities and the Appeal Process from Community and Family Services for the Energy Assistance program 2021 season.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

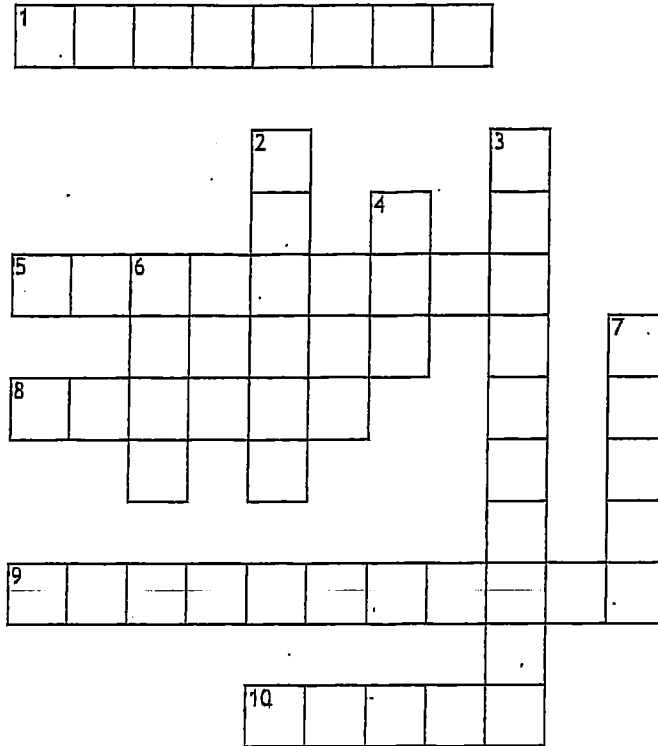
\_\_\_\_\_  
Intake Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Energy Education Crossword



### Across

1. Opening these in the winter can allow sunlight in to help heat your home naturally.
5. This item can use as much as 80% less energy than your oven.
8. Change this furnace item every 3 months to reduce bills and improve air quality.
9. This appliance uses the most energy in your home.
10. \_\_\_\_\_ Emitting Diode, or LED, bulbs can last up to 40,000 hours.

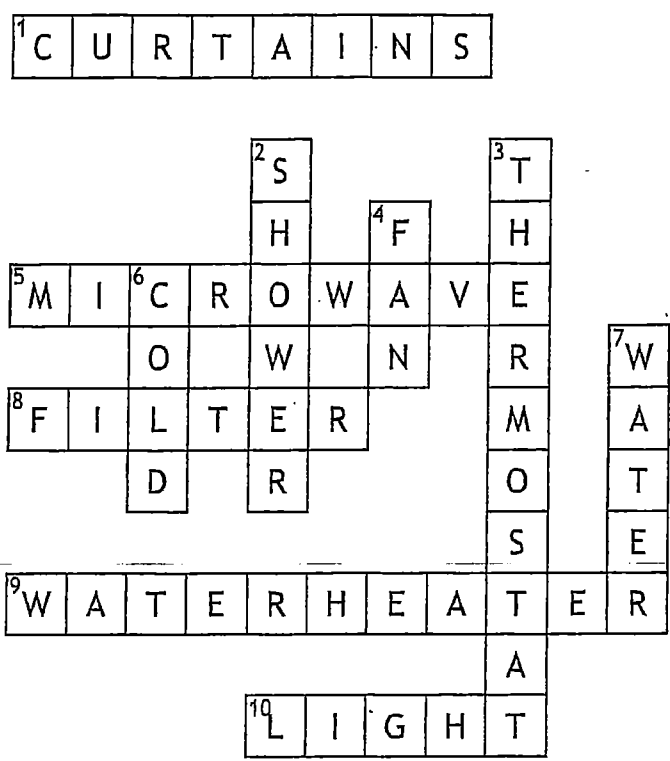
### Down

2. Taking this versus a bath will save you up to 20% on your energy costs.
3. Set this at a reasonable level to avoid overheating/overcooling or get a programmable one so you can set it and save an estimated 10% on your energy costs.
4. Using this item to circulate air can help cool your home and save you money.
6. Washing your clothes in \_\_\_\_\_ water will save you .3 kWh per load.
7. Turn this off while brushing your teeth. It will help save on your energy bills.

Name: Key

Date: \_\_\_\_\_

### Energy Education Crossword



#### Across

- 1. Opening these in the winter can allow sunlight in to help heat your home naturally.
- 5. This item can use as much as 80% less energy than your oven.
- 8. Change this furnace item every 3 months to reduce bills and improve air quality.
- 9. This appliance uses the most energy in your home.
- 10. \_\_\_\_\_ Emitting Diode, or LED, bulbs can last up to 40,000 hours.

#### Down

- 2. Taking this versus a bath will save you up to 20% on your energy costs.
- 3. Set this at a reasonable level to avoid overheating/overcooling or get a programmable one so you can set it and save an estimated 10% on your energy costs.
- 4. Using this item to circulate air can help cool your home and save you money.
- 6. Washing your clothes in \_\_\_\_\_ water will save you .3 kWh per load.
- 7. Turn this off while brushing your teeth. It will help save on your energy bills.



**Indiana Housing & Community Development Authority**  
**Request for Earnings Information**

Applicant name:			Application date:
Address:			Phone:
City:	State: IN	Zip:	Employer:

I hereby authorize my employer to release the information below to the requesting agency.

\_\_\_\_\_  
**Applicant Signature**

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

**Employer information (to be completed by employer only)**

Employer, please complete either section 1 or 2 only as appropriate, then complete and sign section 3.

**Section 1**

Has the applicant listed above been laid off or had a reduction of hours due to the economic and public health crisis related to COVID-19? <input type="checkbox"/> Yes - layoff <input type="checkbox"/> Yes - reduction <input type="checkbox"/> No		Date of layoff/reduction: ____/____/____
Anticipated date of return or restoration of hours: ____/____/____ or <input type="checkbox"/> Indefinite	If reduction of hours, new average hours per week:	If reduction of hours, anticipated average gross pay per week: \$

**Section 2**

Has the applicant listed above been in your employ within the last three months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date: ____/____/____
Is the applicant listed above still an active employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, type of termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff	Date of separation: ____/____/____
Employee's base pay rate/salary:	Average hours per pay period:	Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other: _____
Gross earnings for 3 months preceding application date:	Tips received for 3 months preceding application date:	Bonuses received for 3 months preceding application date:

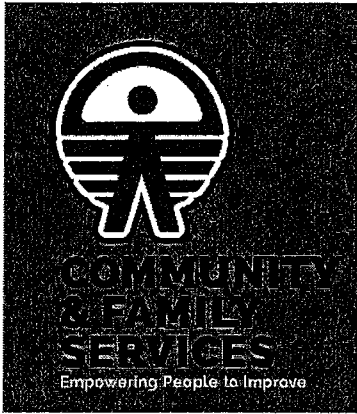
**Section 3**

Printed name of individual completing form:	Signature of individual completing form:
Job title of individual completing form:	Date:
Business telephone:	Business e-mail:

Please return this completed form to the requesting agency: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ or Fax number: \_\_\_\_\_



521 South Wayne Street  
PO Box 1087  
Portland, Indiana 47371

Phone: (260) 726-9318  
Fax: (260) 726-9174

[communityandfamilyservices.org](http://communityandfamilyservices.org)

## Cares Act Funds

I, \_\_\_\_\_, have qualified for the cares act and wish to use my credit the following way:

\_\_\_\_\_ \$350.00 Towards my Electric Account

\_\_\_\_\_ \$350.00 Towards my Gas Account

\_\_\_\_\_ Split, \$175.00 Towards Gas, \$175.00 Towards Electric

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Signature

\_\_\_\_\_  
Date