

ENERGY ASSISTANCE PROGRAM

Mail-in Form (page 1 of 2)

ALL OF THE FOLLOWING MUST BE SENT WITH YOUR APPLICATION; otherwise your application WILL NOT be processed.

Copies of Social Security Cards for ALL HOUSEHOLD MEMBERS. Or another official document with SS# only necessary if you have not applied for EAP in the past 3 years (copies will be destroyed)

Proof of Income for the past 12 months from each household member over 18, (see included list of sources of income).

The last paid electric bill (stub) that includes your name, address and account number.

The last paid gas bill, that includes your name, address and account number if you heat with gas.

A delivery statement from your fuel dealer if you use heating fuel, other than electric or natural gas.

A copy of your rental lease if you are renting

A copy of your last rent receipt if you are renting.

PLEASE PRINT ALL INFORMATION, fill in each blank

Head of Household:	Date of Birth:
Address:	Phone: ()
City:	IN, Zip:
Social Security Number:	Email address:
How many people live in this household (including yourself):	

Below list all people currently living in your household, **including YOURSELF**.

Please use the following race code: African American (B) White (W) Multi-Racial (M) Native American (N) Asian or Pacific Islander (A)

Ethnicity: Hispanic or Latino (H) Non-Hispanic or Non-Latino (N)

Full Name (for additional names, please use separate sheet)	Gender (m or f)	Date of Birth	Last Grade completed	Disabled Yes or No	Social Security Number	Health Ins Yes or No	Race	Ethnicity

List all household members that are veterans: _____

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Place an (X) beside those items that apply to your household.

() Live in Single Family House

() Live in apartment or townhouse

() Live in Mobile Home

() Live in Condominium

Own Home or Buying Home () Renting Home ()

If renting, indicate monthly rent you pay: \$

I receive HUD or Section 8 Rent Assistance or live in Public Housing: Yes () No ()

Is electric included in rent: Yes () No () (if yes, lease needs to state this)

Is heating included in rent: Yes () No () (if yes, lease needs to state this)

Indicate which fuel is used to heat your home:

NIPSCO Gas () Oil () LP Gas () Electric () Wood () Coal () Kerosene ()

Has your house been weatherized by Real Services in the last 10 years? Yes () No ()

Place an (X) beside all categories that apply to your household:

Two Parents () Single Parent () Other: _____

Migrant () Seasonal Farm Worker () Farmer ()

Do you receive food stamps? Yes () No () Amount per month: \$ _____

Is any household member an employee of REAL Services, Inc.? Yes _____ No _____

This does NOT disqualify you from receiving an EAP benefit

Use the enclosed envelope to send all information requested, along with this application, add your return address, affix 2 - 44cent stamps and return immediately to (*EAP is NOT providing postage for return envelopes*: **EAP, Real Services, Inc, P. O. Box 1835, South Bend, IN 46634**

Please sign below, indicating that all information enclosed herein and documentation provided by you is correct and that you give EAP permission to sign the application form for you, which will be prepared from the information submitted by you on this form.

With your signature you give permission to your fuel/electric provider to share your utility usage and payment history.

With your signature you give permission to REAL Services, Inc. to use your information for research and evaluation purposes. The use of information will be conducted with a maximum respect for the confidentiality of the information contained in this application.

(Client Signature)

(Date)

If you have any questions about this form, please call EAP at 1-800-225-3367 or (574)232-6501

Complete Only If Utility Bill is in a Non-Resident's Name

Application Date _____	
Head of Household _____	
Service Address _____	
Name and address of person listed on Heating Utility Bill _____ _____	Name and address of person listed on Electric Utility Bill _____ _____
Relationship of the household to the individual listed on the utility bill (check one): <input type="radio"/> Spouse or significant other <input type="radio"/> Landlord <input type="radio"/> Parent <input type="radio"/> Deceased family member <input type="radio"/> Other _____	Relationship of the applicant to the household listed on the utility bill (check one): <input type="radio"/> Spouse or significant other <input type="radio"/> Landlord <input type="radio"/> Parent <input type="radio"/> Deceased family member <input type="radio"/> Other _____
<h3>Utility Affidavit</h3> <p>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.</p> <p>I understand that I must change this utility into a household member's name by the 2011-12 Energy Assistance Program season to be eligible for future benefits. Failure to do so may disqualify my household ineligible for benefits starting October 2011.</p> <p>I understand that falsifying this information may result in disqualifying my household from Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.</p>	
Signature of Head of Household _____	

This form is mandated by Indiana Housing and Community Development Authority. Refusal to certify this information may result in ineligibility of the household for LIHEAP benefits.