

Applicant's Name _____

in household _____ # over 18 _____ # under 18 _____

Appointment: _____ a.m. p.m. Mon Tue Wed Thu Fri _____/_____/_____

PLEASE bring ALL the required documents to the appointment so your application can be completed.
REMINDER: Most documentation needs to be current and to cover the past 12 months.

- SOCIAL SECURITY CARD/S (ORIGINAL/not a copy) for ALL MEMBERS OF APPLICANT'S HOUSEHOLD
- A copy of applicant's CURRENT UTILITY BILL (and disconnect notice if you have one) in the applicant's name or the name of another adult member of the household
- All applicants who are renting, must have a **LANDLORD AFFIDAVIT** completed by the landlord and presented at the appointment for application for the energy assistance program
- PROOF OF THE HOUSEHOLD INCOME for the past 12 months (Please see below and other side)

| SOURCES OF INCOME | | DOCUMENTS REQUIRED |
|---|---|---|
| # _____ Household member/s over 18 who received Wages from employment in past 12 months — EMPLOYED CONTINUOUSLY | | <input type="checkbox"/> most recent pay stub/s showing gross income YTD from ALL employers in last 12 months (OR) <input type="checkbox"/> an EMPLOYEE WAGE INQUIRY* (OR) <input type="checkbox"/> a current W-2/s and/or 1099/s |
| # _____ Household member/s over 18 who received wages from employment in past 12 months — NOT EMPLOYED CONTINUOUSLY | | <input type="checkbox"/> most recent pay stub/s showing gross income YTD from ALL employers in last 12 months (AND) <input type="checkbox"/> an EMPLOYEE WAGE INQUIRY* |
| # _____ Household member/s over 18 who received _____ in past 12 months INCOME FROM SELF EMPLOYMENT | | <input type="checkbox"/> TAX FORMS 1040 or 1040C (AND) <input type="checkbox"/> either Schedule C, E, or F with SE |
| # _____ Household member/s over 18 with NO WAGES FROM EMPLOYMENT in past 12 months — (and not receiving Social Security, SSI, SSD, Unemployment or TANF and are not a student taking more than 12 credit hours in high school or college) IF RECEIVING INCOME FROM ABOVE LISTED SOURCES SEE BELOW OR OTHER SIDE, | | <input type="checkbox"/> an EMPLOYEE WAGE INQUIRY* and/or VOUCHER HISTORY INQUIRY* |
| # _____ household member/s over 18 in high school full time or in college and taking 12 or more credit hours | # _____ of household members who are in High School <input type="checkbox"/> class schedule (or report card) showing full time student # _____ of household members who are in College <input type="checkbox"/> transcript or other proof of taking at least 12 credit hours | |
| # _____ household member/s under 18 — only a original social security card is required | | |

* (please see bottom other side)

REMINDER: documentation needs to be current and to cover the past 12 months

| SOURCES OF INCOME | DOCUMENTS REQUIRED |
|---------------------------------|--|
| # ___ Unemployment Benefits | <input type="checkbox"/> VOUCHER HISTORY INQUIRY* (please see below) |
| # ___ Social Security, SSI, SSD | <input type="checkbox"/> a current bank statement (or copy of check) (OR) <input type="checkbox"/> social security printout (doesn't apply to pensions) (OR) <input type="checkbox"/> annual benefit letter (NOT 1099) |
| # ___ Pensions | <input type="checkbox"/> a current bank statement (or copy of check) (OR) <input type="checkbox"/> annual benefit letter (NOT 1099) |
| # ___ Workman's Compensation | <input type="checkbox"/> compensation letter from either employer or insurance company |

FOR APPLICANT'S WITH ZERO INCOME

| | |
|---|--|
| <input type="checkbox"/> TANF, food stamps, trustee help, child support, etc. | <input type="checkbox"/> current 12 month printout (from caseworker or court house) (OR) <input type="checkbox"/> benefit letter (free printing at Porter County court house with letter from PCACS) |
|---|--|

YOU MUST ALSO REPORT ANY ADDITIONAL SOURCES OF INCOME (✓ any that apply)

| DESCRIPTION | AMOUNT | DOCUMENTATION REQUIRED |
|--|----------|--|
| <input type="checkbox"/> Any and all lump sum distributions (from Social Security, annuities, 401Ks, IRAs, etc.) | \$ _____ | <input type="checkbox"/> letter/s from the source/s of income |
| <input type="checkbox"/> Income from selling blood plasma | \$ _____ | <input type="checkbox"/> receipt/s |
| <input type="checkbox"/> Income from selling rental property | \$ _____ | <input type="checkbox"/> lease agreement/s |
| <input type="checkbox"/> Cash contributions made directly to the applicant (from family, friend, etc.) | \$ _____ | <input type="checkbox"/> letter/s from donor/s (including date, amount, and donor's name, and address) |
| <input type="checkbox"/> Other _____ | \$ _____ | <input type="checkbox"/> _____ |

* **EMPLOYEE WAGE INQUIRIES & VOUCHER HISTORY INQUIRES** may only be obtained by applying in person with a Photo ID and Social Security Card at:
WorkOne Portage Center — (usually able to provide report at time of your visit)
 AmeriPLEX Commercial Park — 1575 Adler Circle - Suite A — Portage, IN 46368 — 219-762-6592
 HOURS: Mon, Tue, Wed, & Fri from 8:00 a.m. - 4:30 p.m. & Thu from 10:00 a.m. - 4:30 p.m.

ENERGY ASSISTANCE PROGRAM LANDLORD AFFIDAVIT

~~Landlord: This applicant has indicated that he or she does not have a copy of a written lease agreement.~~ Please complete this affidavit on behalf of the applicant and confirm the following information below.

APPLICANT INFORMATION ~~(to be completed by the agency)~~

| | |
|-----------------|--------|
| Applicant Name: | Date: |
| Address: | Phone: |

LANDLORD INFORMATION (to be completed by the Landlord)

| Heating costs are: | Electric costs are: |
|--|--|
| <input type="checkbox"/> Included in this applicant's rent | <input type="checkbox"/> Included in this applicant's rent |
| <input type="checkbox"/> Are the responsibility of the applicant, but in the Landlord's name | <input type="checkbox"/> Are the responsibility of the applicant, but in the Landlord's name |
| <input type="checkbox"/> Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney | <input type="checkbox"/> Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney |

Primary Heat Source:

- Kerosene, LP Gas, Oil, Wood, or Coal
 Natural Gas
 Electric Heat

Number of Household Members

- Adults
 Children

Dwelling Type:

- Mobile Home
 Single site
 Multi-unit

Rental Assistance:

- The applicant receives assistance from the Township Trustee.
 The applicant resides in subsidized housing or receives rental assistance.

| | |
|-------------------------|----------------------|
| Landlord Name (printed) | Landlord (Signature) |
| Address | Date: Phone: |

AGENCY: The information on this document must include the landlord's complete address and telephone number. A copy of this affidavit must be filed with the EAP application if the applicant is renting their dwelling and does not have a current lease.

Revised
08/2011

This form is mandated by Indiana Housing and Community Development Authority if a copy of a written lease agreement is not available. Failure to sign this form may disqualify your household from further LIHEAP benefits.

WORK ONE

EMPLOYEE WAGE INQUIRIES & VOUCHER HISTORY INQUIRES

These may ONLY be obtained by applying in person with a Photo ID and Social Security Card at:

WorkOne Portage Center — (usually able to provide report at time of your visit)

Address: 1575 Adler Circle - Suite A — Portage, IN 46368

Phone: 219-762-6592

HOURS: Mon, Tue, Wed, & Fri from 8:00 a.m. - 4:30 p.m.
Thu from 10:00 a.m. - 4:30 p.m.

Directions: Corner of Ameriplex Drive and Adler Circle in Ameriplex Commercial Park which is located south of Rt. 12, north of Rt. 94, and east of Rt. 249 (Crisman Road)

SOCIAL SECURITY ADMINISTRATION

Documentation required depends on whether you are requesting a Social Security card for an adult or child, whether request is for original, replacement, or correction and whether it is for a US born citizen, a foreign born citizen, or a non citizen. Anyone age 12 or older requesting an original Social Security number card **MUST** be interviewed by Social Security. All documents must be either originals or copies certified by the issuing agency. They cannot accept photocopies or notarized copies of documents or a receipt showing you applied for the document. For more information: (www.ssa.gov/ssnumber)

Address: 3810 Calumet Avenue — Valparaiso, IN 46383

Phone: 1-888-472-6120

Hours: Mon through Fri from 9:00 a.m. - 3:30 p.m. (except Federal Holidays)

Directions: 1/4 Mile south of Burlington Beach Road (Cr 500 N) at 3810 Calumet Avenue, or approximately 3/4 Mile north of K-Mart on the east side of the Street in a red brick building just south of Flint Lake Elementary School

DIVISION OF FAMILY RESOURCES

Indiana Family & Social Services Administration - Porter County Office

TANF - for a current 12 month printout from caseworker or a benefit letter you can call 1-800-403-0864 or go online at www.ifcem.com (Must know case number)

Address: 2600 Roosevelt Road, Suite 200 - I — Valparaiso, IN 46383

Phone: 1-800-403-0864

Hours: Mon through Fri from 8:00 a.m. - 4:30 p.m.

Directions: In the business complex south of Vale Park Road (Cr 500 N) and east of Calumet Avenue and Roosevelt Road (near the five way intersection where K-Mart and Wiseway are located)