

ENERGY ASSISTANCE PROGRAMS APPLICATION 2013–2014

The Ohio Development Services Agency (ODSA) offers several programs to help low-income Ohioans pay their utility bills and improve the energy efficiency of their homes. This form may be used to apply for Home Energy Assistance Program (HEAP), Percentage of Income Payment Plan Plus (PIPP Plus) and Home Weatherization Assistance Program (HWAP). Apply for the Winter Crisis Program (WCP) and Summer Crisis Program (SCP) **in person** by scheduling an appointment with a local provider agency. The utility must be in the name of an eligible household member or documentation from a landlord is required (lease or signed letter stating the resident is responsible for the utility bill).

ELIGIBILITY

Households may be eligible for assistance from HEAP, WCP or SCP if the household income is at or below 175 percent of the federal poverty guidelines. Households may be eligible for assistance from HWAP if the household income is at or below 200 percent of the federal poverty guidelines. Households may be eligible for assistance from PIPP Plus if the household income is at or below 150 percent of the federal poverty guidelines. If eligible, a letter disclosing benefits will be provided. If eligible, the benefit will depend on federal funding levels, how many people live with you, total household income and the primary fuel used. In most cases, benefits will be a credit applied to energy bills by the utility company. This is a one-time benefit. If eligible for weatherization services, the application will be reviewed. If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are ineligible. Boarding/rooming houses, group homes or emergency shelters are ineligible for payment assistance, but may be eligible for weatherization services. All persons who share a common kitchen and bath are considered members of the same household and must apply on one application.

PERCENTAGE OF INCOME PAYMENT PLAN PLUS (PIPP PLUS)

PIPP Plus enrollment can occur through this application only for the following companies: American Electric Power (AEP), Columbia Gas of Ohio, Dayton Power and Light (DP&L), Dominion East Ohio Gas, Duke Energy, FirstEnergy (Cleveland Illuminating Co., Ohio Edison, Toledo Edison) and Vectren. PIPP Plus is not available to customers of rural electric co-ops, municipal utilities or users of delivered fuels. The household must provide a copy of current utility bill which should be in the name of the PIPP Plus applicant.

PIPP Plus requires eligible customers to pay a percentage of household income each month or face removal from PIPP Plus.

HOME WEATHERIZATION ASSISTANCE PROGRAM (HWAP)

HWAP is a low-income residential energy efficiency program that reduces the energy use of qualified households. The types of assistance will be based on the home's energy efficiency assessment.

CONTACT INFORMATION

For questions regarding Energy Assistance Programs or to check the status of your HEAP application:

energyhelp.ohio.gov and click "contact us"
1-800-282-0880 or 614-644-6600

For the hearing impaired only:

1-800-686-1557 or 614-752-8808

INCOME DEFINITION

Household income includes the gross income of all household members, minus the wage or salary income earned by dependent minors under 18 years of age. Gross income includes, but is not limited to, wages (excluding documented health insurance premiums), interest, annuities, pensions, Social Security (excluding Medicare premiums), retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation, utility allowances and any other indirect income such as utility allowances. Other exclusions may apply if documented.

Please visit energyhelp.ohio.gov for a list of all included and excluded income.

2013–2014 Income Guidelines

Size of Household	Total Gross Annual Household Income		
1	up to \$ 17,235	\$ 20,108	\$ 22,980
2	up to \$ 23,265	\$ 27,143	\$ 31,020
3	up to \$ 29,295	\$ 34,178	\$ 39,060
4	(150%) up to \$ 35,325 (For PIPP Plus)	(175%) \$ 41,213 (For HEAP)	(200%) \$ 47,100 (For HWAP)
5	up to \$ 41,355	\$ 48,248	\$ 55,140
6	up to \$ 47,385	\$ 55,283	\$ 63,180
7	up to \$ 53,415	\$ 62,318	\$ 71,220
8	up to \$ 59,445	\$ 69,353	\$ 79,260

For households with more than 8 members, add \$6,030 for 150%, \$7,035 for 175% and \$8,040 for 200% per member.

INSTRUCTIONS

INCOME

Proof of income is required for everyone in the household. Examples of documents that provide proof of income are: payroll stubs, statements from employers, public assistance award letters or benefit letters from Social Security, Workers' Compensation, Unemployment Compensation and tax forms/schedule. Please provide income documentation to support the response to question #5. If you are missing documentation for any income source or you list "0" income, complete the enclosed insert (attach additional sheets if needed). If the response to question #7 is "No Income," a written, signed statement which provides an explanation as to how the household is being maintained must be submitted. Failure to provide the required documents will delay the processing of the application. **Originals will not be returned, please send copies only.**

DISABILITY

If anyone in your household is disabled, you may be eligible for a larger benefit. To be eligible for this benefit, you must submit proof of disability, but need not disclose the nature of the disability. Proof includes a doctor's statement, benefits letters for Supplemental Security Income, Social Security Disability, Workers' Compensation, etc. "Disabled" describes a person who has some impairment in body or mind that makes the person unfit to work at any substantial employment that the person would otherwise reasonably be able to perform and that will, with reasonable probability, continue for an indefinite period of at least 12 months without any present indication of recovery therefrom or who has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons. Households which have a member who is age 60 or older will also be evaluated for an increased benefit.

CITIZENSHIP

Please provide proof of citizenship or alien status for all household members. **Proof of citizenship or alien status is required for the primary applicant.** If you are a United States citizen by birth, the verification you provide to show your age (birth certificate, baptismal record, U.S. Passport) will also provide verification of your citizenship status. However, if those documents were not used for proof of age or if you were born outside of the United States, are a naturalized citizen or an alien, you will need to provide one of the following items:

1. Naturalization Papers/Certifications of citizenship (INS Form I-179, INS Form I-197)
2. Permanent Visa
3. Birth Certificate/Hospital Birth Records
4. Refugee Registration Cards
5. U.S. Passport
6. INS ID Card
7. Baptismal Record (Only when place and date of birth is shown)
8. Military Service Records
9. Indian Census Record
10. Voter Registration Cards
11. Signed statement from a U.S. citizen which declares under penalties of perjury that individual in question is a U.S. citizen
12. Alien Registration Cards/Re-entry permits
13. INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993)
14. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act: or b) One or a combination of the following terms: Refugee, Parolee, or Asylee
15. INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful admission for humanitarian reasons
16. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act
17. Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act
18. INS Form I-688
19. Verified citizenship for OWF Program

PRIVACY ACT NOTICE

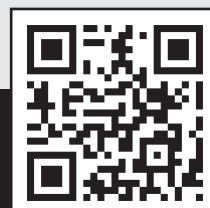
DISCLOSURE:The disclosure of social security numbers is mandatory to receive HEAP benefits. **AUTHORITY:** 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE:The state will use social security numbers in the administration of the HEAP to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for needy families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

PLEASE SIGN AND MAIL APPLICATION TO:

**OFFICE OF COMMUNITY ASSISTANCE
HOME ENERGY ASSISTANCE PROGRAM
P.O. BOX 1240, COLUMBUS, OHIO 43216**



COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD
Please complete all items and questions and attach required proof.
An incomplete application will delay assistance.

For Office Use Only

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Client Number

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PRIMARY APPLICANT

Please Print or Type	First Name		M. I.	Last Name		Your Social Security Number				
	Current Service Address (no. and street, including route)					Apartment / Lot / Unit / Floor				
	City			State	Zip code		Ohio County			
	Daytime Telephone including Area Code ()		Date of Birth Mo. Day Yr.			E-mail Address				
	Current Mailing Address (if different from above)					Apartment / Lot / Unit / Floor				
	City			State	Zip code		Ohio County			

- 1) How would your household prefer to be contacted? Postal Mail E-mail
- 2) Check the box that most closely describes the type of building in which you live. (Check only one)
 Mobile Home Single Family Multi-family Low-rise (3 stories or less) Multi-family High-rise (4 stories or more)
- 3) Please check this box if you are interested in PIPP Plus.
- 4) **Including yourself, please list the names, relationships, social security number(s), date(s) of birth, and gross incomes of everyone living in household.** Please indicate if any household member is disabled and if they are a U.S. citizen by checking yes or no in the appropriate box. Include all income of all persons living in household except for wage or salary income earned by dependent minors under 18 years of age. **(Attach proof of income, disability and citizenship/alien status – see “Instructions”!)** Use a separate sheet if necessary. **Failure to provide the required income documents for at least the previous 90 days will delay the processing of your application.**

Household Members	Relationship to You (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source	Last 3 Mo.	Last 12 Mo.	Disabled?	U.S. Citizen?
	Self						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

- 5) What was your total gross household income for the last 12 months?
- 6) yes no Do you receive Public Assistance? Case Number
- 7) **INCOME SOURCE** (Check the income source(s) for your household) **DOCUMENTATION MUST BE PROVIDED!**
 Wages Pension Social Security Child Support Employment Disability
 Self Employment VA Pension SSDI Workers' Comp Interest
 Unemployment VA Disability SSI TANF/DA Active Military Pay
 Other or No Income (List other income sources separately or explain how you pay your bills in the space below. If necessary, use an additional, signed sheet. Also, specify if the amounts received are gifts or loans.) Complete and return insert with application

8) What is your **main** source of heat? (Check only one)

- Natural Gas
 Bottle Gas or Propane (L.P. Gas)
 Fuel oil or Kerosene
 Coal, Wood or Pellets
 Electric
 Other _____

Percentage of Income Payment Plan Plus (PIPP Plus) enrollment and re-verification (Please see front page for PIPP Plus description)

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. **A copy of your most recent fuel or heating bill from your current address must be included and should be in the name of the primary applicant.**

Complete the section below with your electric company name and account number. **A copy of your most recent electric bill from your current address must be included and should be in the name of the primary applicant.**

Main Heating Source (Same source as Question 8.)

Electric

- yes no Are you currently enrolled in PIPP Plus?
 yes no If yes, do you want to re-verify household income for eligibility?
- yes no If no, would you like to enroll in PIPP Plus?
 yes no If you are currently enrolled in PIPP Plus, would you like to be removed? (If you drop, you will be responsible for any remaining account balance.)

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 yes no If yes, do you want to re-verify household income for eligibility?
- yes no If no, would you like to enroll in PIPP Plus?
 yes no If you are currently enrolled in PIPP Plus, would you like to be removed? (If you drop, you will be responsible for any remaining account balance.)

Company/Vendor

Company/Vendor

Account #

Account #

- 9) yes no Are your heating costs included in your rent?
- 10) yes no Is the name on your heating bill different from the Applicant's name? If yes, what name.
- First: Last:
- 11) yes no Do you share a main heating source meter with another household?

- 12) yes no Is your electricity included in your rent?
- 13) yes no Is the name on your electric bill different from the Applicant's name? If yes, what name.
- First: Last:
- 14) yes no Do you share an electric meter with another household?

15) Do you rent or own your home? Rent Own (Buying) skip to question 19.

16) Landlord's Name

Address

Telephone Number

- 17) yes no Do you rent a room in someone else's home? If yes, please list all household member information under question number 4.
- 18) yes no Do you receive **rental** assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?
- 19) yes no Has your household received weatherization services from any other program; (for example, a utility program)?
If yes, which program?
- 20) yes no Would you like to apply for the Home Weatherization Assistance Program (HWAP)?
If yes, please check the energyhelp.ohio.gov website for a list of providers in your area.
- 21) yes no I am enrolled in or eligible for Medicare. I consent to the release of my name, address, phone number, and social security number to my local Area Agency on Aging, or the Ohio State Health Insurance Information Program (OSHIIP), or their designee, for help in applying for prescription drug assistance and other benefits.
- 22) Number of Native Americans in the household (as defined by the U.S. Bureau of Indian Affairs).

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated employee of the Director, to disclose to the Director of the Ohio Development Services Agency or any designated employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. **The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure and agrees to hold both the Ohio Department of Taxation and the Ohio Development Services Agency and its agents and employees harmless with respect to the limited disclosure herein.** This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation and/or the Director of the Ohio Development Services Agency. This authorization shall be irrevocable for a period of three years from the date that the application is signed, and is binding on any and all heirs, beneficiaries, survivors, assigns, executors, administrators, successors, receivers, trustees or other beneficiaries.

I understand that by signing this application, I grant the Ohio Development Services Agency or its authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Development Services Agency, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 60 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a PIPP Plus customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45CFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here _____ **Application Date** _____