



Please select which programs you are applying for

****Some programs may require additional information or documents****

- HEAP:** A once a year credit applied directly to your main heating utility account.
- PIPP:** A payment plan based on 5-10% of the gross income for the entire household. This payment agreement requires a regulated gas or electric company.
- Winter Crisis:** Seasonal program (November-March) that assists with disconnection notices for gas and electric, along with emergency wood/propane delivery. Must be at or below 25% tank level for propane services.
- Summer Crisis:** Seasonal program (July-September) that assists with disconnection notices for electric and/or the purchase of air conditioners or fans.
- Low Income Household Water Assistance Program:** Assists with disconnection notices for water/wastewater – Please include water bill.
- Home Weatherization (HWAP):** Provides eligible households with full-scale home energy conservation services. Could provide savings up to 30% on utility bills.
- Home Repair (FOR HOMEOWNERS ONLY):** Services available to Seniors (60 and older) or households that receive Weatherization Services. Essential home repairs only; this includes minor plumbing, electrical issues, furnace repairs and handicap accessibility.
Repairs needed: _____

PLEASE COMPLETE THE ENTIRE APPLICATION AND INCLUDE THE FOLLOWING DOCUMENTS:

- Past 30 days of income for all adult household members
 - No income? You **MUST** complete the attached Self-Declaration of Income Worksheet. Include proof of maintaining for the last 30 days. Examples: support letter, proof of unpaid bills, bank statements if using saving, etc.
- Current Gas & Electric bills reflecting usage.
- Proof of citizenship for all household members.
 - Examples: Social Security Card, Birth Certificate, US Passport or Voter Registration
 - Lease – ONLY FOR HUD/METRO OR ZERO INCOME CLIENTS



ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2023 – MAY 2024

Ohio’s Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer’s utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home to help lower your energy bills, the Home Weatherization Assistance Program (HWAP) or Electric Partnership Program (EPP) can help. For HWAP and EPP, visit energyhelp.ohio.gov to find your local provider and contact them for additional information.

You can apply for the energy assistance programs by visiting energyhelp.ohio.gov and completing the online application, by completing this application and mailing it in, or by scheduling an appointment with your local energy assistance provider or HWAP/EPP provider. Applications completed online or by mail can take up to 12 weeks to process.

Here’s what you’ll need to complete this application:

- Proof of citizenship for each member of household.
- Proof of income for each member of household for either the previous 30 days or 12 months.
- Copies of your most recent utility bills.
- Disability verification (if applicable).

A household is defined as any individual or group of individuals living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent (Per Section 2603 (5) of the Low-Income Energy Assistance Act of 1981). If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. A copy of the utility bill or documentation of responsibility (example: copy of your rental agreement/lease or signed letter from your landlord) is required.

For a dwelling unit to be eligible for energy assistance benefits, its primary heat source must be:

- A regulated or unregulated utility (gas and electric).
- A permanent, free-standing fuel tank (oil and propane).
- A legal fireplace (wood).
- A legally vented wood/coal stove or furnace.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are also not eligible.

If eligible, the HEAP benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the heating bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 5% of your total household income for the past 30 days, depending on your heating source.

These are the programs you can apply for with this application:

- Home Energy Assistance Program (HEAP).
- Percentage of Income Payment Plan Plus (PIPP).
- Home Weatherization Assistance Program (HWAP).

JULY 2023 – MAY 2024 Income Guidelines

Size of Household	(175%) (For PIPP, EPP, HEAP, WCP and SCP)	(200%) (For HWAP)
1	\$25,515	\$29,160
2	\$34,510	\$39,440
3	\$43,505	\$49,720
4	\$52,500	\$60,000
5	\$61,495	\$70,280
6	\$70,490	\$80,560
7	\$79,485	\$90,840
8	\$88,480	\$101,120

When determining 175% of the federal poverty guidelines, households with more than eight members must add \$8,995 to the yearly income or \$739.31 to the 30-day income for each additional member. When determining 200% of the federal poverty guidelines, households with more than eight members must add \$10,280 for each additional member.

How can I check the status of my application?

To check the status of your application, please visit energyhelp.ohio.gov and create an account.

Please note: HEAP benefits will be applied to your utility bill starting in January 2024.

If you have questions, please contact your local energy assistance provider or send us a message by visiting energyhelp.ohio.gov and clicking “contact us.”

Accepted Citizenship Documentation (DO NOT SEND ORIGINAL DOCUMENTS)

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
<ol style="list-style-type: none"> 1. Birth Certificate/Hospital Birth Records/Birth Registration Card 2. Baptismal Records (Only when place and date of birth is shown) 3. Indian Census Record 4. Military Service Record 5. U.S. Passport 6. Verified Citizenship for Ohio Works First (OWF) Program 7. Voter Registration Cards 8. Social Security Cards (Social Security Cards administered by Social Security Administration that do not include notes regarding work authorization status will be accepted.) 	<ol style="list-style-type: none"> 1. Naturalization Papers/Certifications of Citizenship 2. INS ID Card 3. Alien Registration Cards/Re-entry permits 4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993) 5. 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 6. Permanent Visa 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 7. 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 8. Court order stating deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act 9. INS Form I-688

Accepted Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Award/Benefit letter <input type="checkbox"/> Payment printout/statement from issuing agency <input type="checkbox"/> Copy of check or bank statement including deposit <input type="checkbox"/> Most recent filed IRS Form 1040 or Tax Transcript <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received (including active military pay) <input type="checkbox"/> Completed and signed Employment Verification Form* <input type="checkbox"/> Payroll Printout <input type="checkbox"/> Most current pay statement (Leave and Earning Statement (LES))	<input type="checkbox"/> Copy of check/award amount letter <input type="checkbox"/> ODJFS documents/eligibility letter with amounts and dates <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Housing Authority Documentation <input type="checkbox"/> Pay stubs received within the previous 30 days from the date of the application <input type="checkbox"/> Payment printout/statement from issuing agency	<input type="checkbox"/> Statement from Financial Institution <input type="checkbox"/> Copy of check or bank statement showing deposit <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> Pay stubs indicating amount received within the previous 12 months from the date of the application <input type="checkbox"/> Self-Employment Income and Expense Form* for the previous 12 months <input type="checkbox"/> Most recent filed IRS Form 1040 and Schedules <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Seasonal Employment Verification Form*

*All forms marked with an asterisk can be found at energyhelp.ohio.gov.

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 Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond 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.

Primary Household Member Personal Information Section*

Enter the information completely. Do not send originals. PLEASE USE DARK BLUE OR BLACK INK. Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

Date Received
Client Number

First Name*	M.I.	Last Name*
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Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	Date of Birth (MM / DD / YYYY)*
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Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White

Non-Cash Benefits <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Child Care Voucher	<input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Other	Number of Household Members
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Family Type <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person	<input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other	Housing Type <input type="checkbox"/> Own <input type="checkbox"/> Rent	Residence Structure <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family Low Rise (3 stories or less) <input type="checkbox"/> Multi-Family High Rise (4 stories or more)
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Email Address	Phone Number (including area code) ()
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Preferred Method of Contact Email Postal

Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor		
City*	State*	ZIP Code*	County*

Is Utility Service Address the Same?* Same as above Different (list below)

Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor		
City	State	ZIP Code	County

Do You Receive Rental Assistance?* Yes No

Landlord Organization (if you rent)

Landlord First Name*	Landlord Last Name*	Landlord Phone Number (including area code) ()
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Landlord Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor		
City*	State*	ZIP Code*	County*

*** Indicates information required in order to process your application.**

Primary Household Member Income Section*

Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income [†]	Other Earned Income [†]
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)
† These categories MUST provide 12 months of income documentation				
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

Household Members and Income Section

If you have additional household members (anyone living in your household at the same address), please complete Household Members and Income Section of the application (this section), on pages 2-4. If you have more than five household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your energy assistance provider.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White						U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income [†]	Other Earned Income [†]					
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)					
† These categories MUST provide 12 months of income documentation									
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$					
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$					

Household Members and Income Section - Continued

Fill out the table below for additional household members.

Print additional pages, as needed, for other household members with income.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income		Other Earned Income	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days	
\$		\$		\$		\$		\$	
Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months	
\$		\$		\$		\$		\$	

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income [†]		Other Earned Income [†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days	
\$		\$		\$		\$		\$	
Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months	
\$		\$		\$		\$		\$	

† These categories MUST provide 12 months of income documentation

† These categories MUST provide 12 months of income documentation

Household Members and Income Section - continued

Fill out the table below for all household members. Use additional section (on page 4) as needed for other household members with income.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying		Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No				Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income [†]		Other Earned Income [†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

[†] These categories MUST provide 12 months of income documentation

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying		Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No				Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income [†]		Other Earned Income [†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

[†] These categories MUST provide 12 months of income documentation

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)	<input type="checkbox"/> Attorney fees for estate or trust settlements <input type="checkbox"/> Child Support paid-out <input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Health Care Spending Accounts <input type="checkbox"/> Medicaid Spend Down (deductibles) <input type="checkbox"/> Medicare Premiums <input type="checkbox"/> Prescription Plans	<input type="checkbox"/> Reimbursement for work expenses <input type="checkbox"/> Self-employment IRS allowable business expenses <input type="checkbox"/> Short- and long-term disability
Total Deductions for the past 30 Days \$	Total Deductions for the past 12 Months \$		

Please note: Documentation of deduction(s) is required.

Total Household Eligible Income Section*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income <small>(add amounts from Household Income Section on pages 3 & 4)</small>	Past 30 Days \$	Past 12 Months \$
Total Household Deductions <small>(from Household Deductions Section on page 5)</small>	Past 30 Days - \$	Past 12 Months - \$
Total Eligible Income	Total Household Income minus Total Household Deductions above \$	Total Household Income minus Total Household Deductions above \$
If applicable, please explain the difference in the past 30 days income from the past 12 months income.		

Please note: Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit energyhelp.ohio.gov. Documentation of excluded income may be required to complete your application.

Utility Information Section*

How do you heat your home?			
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil or Kerosene	<input type="checkbox"/> Electric (Includes baseboards)	
<input type="checkbox"/> Propane or Bottle Gas (L.P. Gas)	<input type="checkbox"/> Coal, Wood, or Pellets	<input type="checkbox"/> Other	
Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name		Account Holder's Last Name	Relationship to Primary Client
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name		Account Holder's Last Name	Relationship to Primary Client
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2023 – MAY 2024

Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
 - To go to my local energy assistance provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
 - To contact my local energy assistance provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.
 - To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
 - To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies performing weatherization services and/or provide other energy related services.
 - To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.
 - To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.
- I understand**
- I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
 - If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.
 - If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
 - If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).
 - If I make my PIPP payments in full and on time every month, I will receive a credit for 1/24th of my total past-due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
 - If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past-due amounts owed on my utility accounts.
 - If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.
 - I am legally responsible for all past-due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past-due amounts are not paid in full, the utility companies may use any standard means of collection for the past-due amounts on my accounts.
 - I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or 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 might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures 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, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. 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. 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.

I declare under penalty of perjury the information submitted in this application is true and correct.

PLEASE SIGN AND MAIL APPLICATION TO:

Office of Community Assistance, Home Energy Assistance Program
P.O. Box 1240, Columbus, Ohio 43216

X Sign Here _____ Application Date _____

CSBG INTAKE FORM

E-Mail Address: _____

SS# _____ LAST NAME _____ FIRST NAME _____

DATE OF BIRTH: _____ ADDRESS _____

CITY _____ ZIP CODE _____ TELEPHONE () _____

GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	ETHNICITY <input type="checkbox"/> B. BLACK/AFRICAN AMER. <input type="checkbox"/> H. HISPANIC <input type="checkbox"/> A. ASIAN <input type="checkbox"/> W. WHITE <input type="checkbox"/> N. NATIVE AMER. <input type="checkbox"/> O. OTHER
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EDUCATION <input type="checkbox"/> A. 0 - 8 <input type="checkbox"/> D. 12 + <input type="checkbox"/> B. 9-12 (NON-GRAD) <input type="checkbox"/> E. UNKNOWN <input type="checkbox"/> C. HS GRAD/GED <input type="checkbox"/> F. COLLEGE GRAD	FOOD STAMPS <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH INSURANCE <input type="checkbox"/> A. MEDICAID <input type="checkbox"/> D. SELF-INS <input type="checkbox"/> B. MEDICARE <input type="checkbox"/> E. NONE <input type="checkbox"/> C. PRIVATE <input type="checkbox"/> F. UNKNOWN	FARMER <input type="checkbox"/> A. FARMER <input type="checkbox"/> B. MIGRANT <input type="checkbox"/> C. SEASON
---	--	--	--

VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	# IN HSHLD	FAMILY TYPE <input type="checkbox"/> F. SINGLE PAR/FEMALE <input type="checkbox"/> S. SINGLE <input type="checkbox"/> M. SINGLE PAR/MALE <input type="checkbox"/> C. COUPLE <input type="checkbox"/> T. TWO PARENT <input type="checkbox"/> O. OTHER	HOUSING <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOMELESS	CLIENT INCOME <input type="checkbox"/> A. WEEKLY <input type="checkbox"/> D. ANNUAL <input type="checkbox"/> B. BI-WEEKLY <input type="checkbox"/> E. 13 WEEKS <input type="checkbox"/> C. MONTHLY <input type="checkbox"/> AMOUNT:
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SOURCES OF INCOME

<input type="checkbox"/> A. EMPLOYMENT	<input type="checkbox"/> C. SOCIAL SECURITY	<input type="checkbox"/> E. DA	<input type="checkbox"/> G. PENSIONS	<input type="checkbox"/> I. OTHER:
<input type="checkbox"/> B. UNEMPLOYMENT	<input type="checkbox"/> D. AFDC/TANF	<input type="checkbox"/> F. SSI/SSD	<input type="checkbox"/> H. DISABILITY	SITE: _____

HOUSEHOLD MEMBERS					
SS #					
LAST NAME					
FIRST NAME					
DATE OF BIRTH					
GENDER					
DISABLED					
ETHNICITY					
EDUCATION					
HEALTH INS					
VETERAN					
INCOME: PERIOD					
AMOUNT					
SOURCE					

ID#							
UNITS							
DATE							

	NAME	DATE
INTAKE		
DATA ENTRY		

EQUAL OPPORTUNITY- It is the policy of the agency to offer equal opportunity to all-persons without regard to race, religion, national origin, sex age, political affiliation or handicap.

COMPLAINT PROCEDURES- If you have a complaint related to the completion of services that you have received from LEADS, you have the right to file an appeal. This appeal must be made with-in 30 days from the date of services. Please make your appeal in writing to: Terry Boehm, Community Service Director, 160 Wilson Street, Newark, Ohio 43055

I certify that this statement is true and correct to the best of my knowledge and authorize the release of any or all information necessary for verification purposes.

SIGNATURE OF CLIENT	DATE
COMMENTS	



Department of Development

Home Weatherization Assistance Program
Homeowner/Authorized Agent Certification
(EIA-29D)

Agency _____

Agency Address _____

Agency Phone (_____) _____

I, _____ (Name of Homeowner/Authorized Agent) certify that I am the homeowner/authorized agent for the property located at the following address:

I further certify that I have given my permission to allow work on the property listed above which may include the following:

- 1. Drill sidewalls and replace exterior covering YES _____ NO _____ N/A _____
2. Drill and plug interior walls YES _____ NO _____ N/A _____
3. Install S-TYPE fuses YES _____ NO _____ N/A _____
4. Lower the thermostat on the water heater YES _____ NO _____ N/A _____

- 5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

12. Other work that must be done in accordance with the State of Ohio Weatherization Field Guide for Home Energy Updates.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed _____ Date _____
(Owner/Authorized Agent)

HOME REPAIR PROGRAMS FOR THE ELDERLY ARE FUNDED BY: CENTRAL OHIO AREA AGENCY ON AGENCY AND SENIOR LEVY PROGRAM

HOUSING TRUST FUND FUNDED BY: OHIO DEPARTMENT OF DEVELOPMENT

**CENTRAL OHIO AREA AGENCY ON AGING (COAAA)
Cost Sharing Policy**

For service funded with Alzheimer's respite, Older Americans act and senior community service block grant funds.

I have been informed of the cost share policy and the opportunity to donate. I understand that I will not be denied bases on inability to contribute.

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP Plus and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance. I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee 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 agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Taxation, the Ohio Development Services Agency or any designated agent or 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 might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Development Services Agency, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures 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, the Director of the Ohio Development Services Agency, and the Director of the Ohio Department of Jobs and Family Services. 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. I further grant Ohio Development Services Agency, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. 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. 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. 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.

I declare under penalty of perjury that the information submitted in this application is true and correct.

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND OR HAVE QUESTION, PLEASE ASK SOMEONE TO ASSIST YOU. ALL INFORMATION IS STRICTLY CONFIDENTIAL.

I certify that the information I have provided on this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I authorize this agency, its representatives and designees to verify the proceeding information by contacting my employer, public assistance provided, or other persons or organizations necessary for verification or for additional information. I understand that any and all information provided in this application may be used for this purpose. I understand that filling out this application DOES NOT guarantee that my household will receive assistance or all that is listed above. By signing this statement, I understand that I may be held civilly and/or criminally liable under federal and state law for knowing make false or fraudulent statement.

Print Name:	Signature:	Date:

Client's Service Appeal Procedure

If you have a complaint related to the completion of service that you received from LEADS, you have the right to file an appeal. This appeal must be made with-in 30 day from the date of final inspection

Please, make your appeal in writing to:

Terry Boehm
Community Service Director
160 Wilson Street
Newark, Ohio 43055

If you do not receive a satisfactory response from the Community Service Director, you may then appeal to LEADS Chief Executive Officer. A written response will made to you by LEADS Chief Executive Officer with --in ten days after receipt of written appeal.

How can we serve you better?

We appreciate you're taking time to fill this out. The following information is collected to complete Community Needs Assessment.

1. Family Type:

- | | |
|---|--|
| <input type="checkbox"/> Single Parent Female | <input type="checkbox"/> (2)Two Parent Household |
| <input type="checkbox"/> Single Parent Male | <input type="checkbox"/> Couple (No Children) |
| <input type="checkbox"/> Single | <input type="checkbox"/> Other _____ |

2. Employment Status:

- | | |
|---|--|
| <input type="checkbox"/> Fulltime employment | <input type="checkbox"/> Seasonal Employment |
| <input type="checkbox"/> Part time employment | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Temporary Employment | |

3. What are your top basic needs of your family: Please rate below, thanks

Heating Assistance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Not Needed Very Needed	Housing/Shelter <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Not Needed Very Needed
Food/Nutrition <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Not Needed Very Needed	Home Repairs <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Not Needed Very Needed
Clothing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Not Needed Very Needed	Child Care <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Not Needed Very Needed

4. How did you first hear about us, and the programs we offer?

- Friends/neighbors/relatives
- Newspaper
- Radio
- Referral by another agency

Additional Comments

About You (optional)

Name _____	E-mail _____
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