

ENERGY ASSISTANCE PROGRAMS APPLICATION 2015–2016

The Ohio Development Services Agency (ODSA) offers several programs to income eligible Ohioans to assist in paying their utility bills and to improve the energy efficiency of their homes. This application provides information on the Home Energy Assistance Program (HEAP), Winter Crisis Program (WCP), Summer Crisis Program (SCP), Percentage of Income Payment Plan Plus (PIPP Plus) and the Home Weatherization Assistance Program (HWAP).

- **HEAP** is an assistance program that provides a one-time benefit annually to your primary heating source account. For example, if you heat your home with a gas furnace, a credit will be provided to your gas bill. Complete this application to apply for HEAP or visit your local provider in person.
- **WCP** provides a one-time benefit annually to your primary heating source account. The benefit can be used by eligible households that are disconnected (or have a pending disconnection notice), need to establish new service or pay to transfer service, or have 25% (or less) of bulk fuel. The program can also assist with fuel tank placement, furnace repair, and can provide funds for the purchase of electric heaters. Visit your local provider in person to apply for the WCP.
- **SCP** provides a one-time benefit annually to your electric bill, and/or for the purchase of fans and air conditioners. Visit your local provider in person to apply for the SCP.
- **PIPP Plus** is an extended payment arrangement that requires regulated gas and electric companies to accept payments based on a percentage of the household income. Under PIPP Plus, if you heat with gas, you pay 6 percent of your monthly household income to your gas company and 6 percent to your electric company. If you heat with electricity, you pay 10 percent of your monthly household income. Enrollment can occur through this application 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 Companies (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 a current utility bill which should be in the name of the PIPP Plus applicant or a household member. Complete this application to apply for PIPP Plus or visit your local provider in person.
- **HWAP** is a 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. Visit your local provider in person to apply for the HWAP.

ELIGIBILITY

Household eligibility is based in part on income; see the next page for specific income guidelines for all programs. If eligible, the benefit amount will depend on federal funding levels, how many people live with you, total household income and the primary fuel used. In most cases, benefits are applied directly to the energy bill by the utility company.

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.

Households with zero income are required to provide an IRS transcript. Visit www.irs.gov/Individuals/Get-Transcript or call 1-800-908-9946 for assistance with IRS transcripts.

CONTACT INFORMATION

To contact us with questions regarding the Energy Assistance Programs, check the status of your application, or locate your local provider, you can reach us by email or telephone:

Web: energyhelp.ohio.gov and click "contact"

Telephone: 1-800-282-0880 or 614-644-6600

TTY hearing impaired only: 1-800-686-1557 or 614-752-8808

HOUSEHOLD INCOME EXPLANATION

Household income includes the gross income of all household members, minus the wage or salary income earned by dependent minors less than 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, 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.

2015–2016 Income Guidelines

Size of Household	Total Gross Annual Household Income		
1	up to \$ 17,655.00	\$ 20,597.50	\$ 23,540.00
2	up to \$ 23,895.00	\$ 27,877.50	\$ 31,860.00
3	up to \$ 30,135.00	\$ 35,157.50	\$ 40,180.00
4	(150%) (For PIPP Plus) up to \$ 36,375.00	(175%) (For HEAP, WCP and SCP) \$ 42,437.50	(200%) (For HWAP) \$ 48,500.00
5	up to \$ 42,615.00	\$ 49,717.50	\$ 56,820.00
6	up to \$ 48,855.00	\$ 56,997.50	\$ 65,140.00
7	up to \$ 55,095.00	\$ 64,277.50	\$ 73,460.00
8	up to \$ 61,335.00	\$ 71,557.50	\$ 81,780.00

For households with more than 8 members, add \$6,240 for 150%, \$7,280 for 175% and \$8,320 for 200% per member.

CITIZENSHIP

Please provide proof of citizenship or alien status for all household members. **Proof of citizenship or Legal Resident Status (alien) 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: **PLEASE DO NOT SEND ORIGINALS**

- Naturalization Papers/Certifications of citizenship (INS Form I-179, INS Form I-197)
- Permanent Visa
- Birth Certificate/Hospital Birth Records
- Refugee Registration Cards
- U.S. Passport
- INS ID Card
- Baptismal Record (Only when place and date of birth is shown)
- Military Service Records
- Indian Census Record
- Voter Registration Cards
- Signed statement from a U.S. citizen which declares under penalties of perjury that individual in question is a U.S. citizen
- Alien Registration Cards/Re-entry permits
- INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993)
- 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
- 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
- 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
- Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act
- INS Form I-688
- 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.

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

PERSONAL INFORMATION SECTION

Instructions for this section:

Enter the information completely. **PLEASE USE DARK BLUE OR BLACK INK** (any unreadable applications will not be processed).

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Client Number									

PRIMARY APPLICANT/UTILITY ACCOUNT HOLDER (must live in the home)

Please Print or Type	First Name		M. I.	Last Name			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.		Email Address					
	Current Mailing Address (if different from above)						Apartment/Lot/Unit/Floor			
	City			State	Zip code		Ohio County			

- How would your household prefer to be contacted? Postal Mail Email
- Are you enrolling or re-verifying for PIPP Plus? Enrolled Re-Verifying Neither
- Check the box that most closely describes the type of building in which you live. (Check only one)
 Mobile Home Multi-family High-rise (4 stories or more) Multi-family Low-rise (3 stories or less) Single-Family
- ODJFS Case Number

INCOME SECTION

Instructions for this section:

PLEASE READ THESE INSTRUCTIONS CAREFULLY. Enter the information completely. Including yourself, list the names, relationships, Social Security number(s), date(s) of birth, and gross income of everyone living in your household. **Attach proof of income, disability and citizenship/legal resident status (alien status) – see citizenship section.** 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. PLEASE DO NOT SEND ORIGINALS.** Anyone 18 or older with no income must provide an explanation on the next page.

Number in Household

Household Members	Relationship to You (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source	Current Month	Last 3 Months	Last 12 Months	Disabled?	U.S. Citizen/ Legal Resident?
	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
					\$	\$	\$	<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

INCOME SECTION (continued)

Instructions for this section:

Use this section to total your gross household income, source of income, and check if you receive public assistance. Use this space to list other income related information you believe may be important to your application.

5) What was your total gross household income for the last 12 months?

6) INCOME SOURCE (Check the income source(s) for your household) **DOCUMENTATION MUST BE PROVIDED!**

- | | | | | |
|--|---|----------------------------------|---|--|
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Pension | <input type="checkbox"/> SSDI | <input type="checkbox"/> Unemployment | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Self Employment | <input type="checkbox"/> SSI | <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Social Security | <input type="checkbox"/> TANF/DA | <input type="checkbox"/> VA Disability | <input type="checkbox"/> Workers' Comp |
| <input type="checkbox"/> Interest | <input type="checkbox"/> 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.) An IRS transcript will be required (see front page "Eligibility" section for instructions.) | | | |

ZERO INCOME SELF-DECLARATION SECTION

Instructions for this section:

For individuals 18 or older listed above with zero income who are being supported by another household member, use this section to tell us who is providing support.

Please Print or Type	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By
	First Name	M. I.	Last Name	Supported By

If you are receiving help paying your bills from a non-household member, list the name(s) and phone number(s) and include a signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to you or paid to your creditors directly. Tell us the amount of each item and tell us how the bill is paid. You must tell us if the money provided is given as a loan or a gift.

First Name	Last Name	Daytime Telephone including Area Code ()
------------	-----------	---

Explain how you are paying the following monthly expenses:

Bill	Monthly Amount	If paid by someone else, it is:	Bill	Monthly Amount	If paid by someone else, it is:
Rent/Mortgage	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Car Payment/Insurance	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Food	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Cable/Internet	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Gas	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Personal Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Electric	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Phone/Cell	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Other Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan

UTILITY ACCOUNT INFORMATION

Instructions for this section:

Fill out this section completely, answering every question. Tell us your utility information including the name of your utility company and your utility account number. Include a copy of your most recent utility bill.

7) What is your **MAIN** source of heat? (Check only one)

- Bottle Gas or Propane (L.P. Gas)
 Coal, Wood or Pellets
 Electric (Includes Baseboard)
 Fuel oil or Kerosene
 Natural Gas (Includes Steam Heat)
 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.**

If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application

- 8) yes no If you are not on PIPP Plus would you like to enroll?
- 9) 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 balance.)

Company/Vendor

Account #

- 10) yes no Are your heating costs included in your rent?
- 11) yes no Is the name on your heating bill different from the Applicant's name? If yes, what name.

First: Last:

- 12) yes no Do you share a main heating source meter with another household?

If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application

- 13) yes no If you are not on PIPP Plus would you like to enroll?
- 14) 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 balance.)

Company/Vendor

Account #

- 15) yes no Is your electricity included in your rent?
- 16) yes no Is the name on your electric bill different from the Applicant's name? If yes, what name.

First: Last:

- 17) yes no Do you share an electric meter with another household?

INFORMATION ABOUT YOUR HOME

Instructions for this section:

Provide us with information about your home. Fill in every box completely.

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

19) Landlord's Name

Company Name:	Phone Number:
First and Last Name:	
Address:	
City, State and Zip Code:	

20) yes no Do you rent a room in someone else's home? If yes, please list all household member information in INCOME SECTION.

21) yes no Do you receive **rental** assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?

22) Number of American Indians in the household (as defined by the U.S. Bureau of Indian Affairs).

NEXT PAGE – You must read the terms of agreement and sign your application. ►

PERCENTAGE OF INCOME PAYMENT PLAN PLUS (PIPP Plus)

Terms of Agreement

- I agree** To pay my Percentage of Income Payment Plan amount for my electric and/or natural gas service every month.
- To go to my local community action agency or fill out a HEAP application at least once a year to provide updated household information, and income documentation. If I am using the minimum payment waiver for my electric bill, I agree to update my household income information at my local community action agency before the end of the waiver (no more than 180 days)
- To contact my local HEAP provider or the Ohio Development Services Agency (ODSA) to report any changes to my total household income or number of household members.
- To accept any energy efficiency programs offered by ODSA 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 ODSA and agencies that perform weatherization services and/or provide other energy related services.
- To allow ODSA to release my name, address, telephone number, household member information, and current status to the utility companies, HEAP, and other energy assistance providers. And to allow ODSA to share my usage and demographic data with organizations contracted by ODSA that evaluate the programs administered by ODSA.

- I understand** That I will not be re-verified if I owe any PIPP Plus payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
- That if I do not re-verify my income at least once every 12 months. I will be dropped from PIPP Plus.
- That I must give proof of my total household income and membership to the HEAP provider or ODSA as required. That as long as I pay the PIPP Plus amount that is shown on my utility bills, my service will not be shut off.
- That if I make my PIPP Plus 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 billing amount.
- If I reapply for PIPP Plus and I am not eligible, or if I choose to be removed from PIPP Plus, I can enroll in Graduate PIPP Plus 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.
- That if I move out of the service area for my electric company I can enroll in the Post PIPP Plus program to make payments on my closed account and receive credits toward the past due amounts.
- That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I stop PIPP Plus 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.

GENERAL AUTHORIZATION

A PIPP Plus applicant or customer who conceals income or household composition information risks: being dropped from PIPP Plus; 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 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** _____

PLEASE SIGN AND MAIL APPLICATION TO:
Office of Community Assistance, Home Energy Assistance Program
P.O. Box 1240, Columbus, Ohio 43216