

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2018 – MARCH 2019

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, the Home Weatherization Assistance Program or Electric Partnership Program can help. Visit energy.development.ohio.gov to find your local provider.

You can apply for the Energy Assistance Programs by completing this application and mailing it in or by scheduling an appointment at your local Energy Assistance Provider or by visiting energyhelp.ohio.gov and completing the application online. Please note if you mail in your application, it can take 12 to 16 weeks to process.

If you are applying for PIPP for the first time you must visit your local Energy Assistance Provider.

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

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

A household is defined as anyone living under one roof, with the same address and utility service. All persons who share a common kitchen and bath are considered members of the same household and must apply on one application. 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. 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 not eligible for payment assistance.

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 energy bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 6% 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)
- Reverification of Percentage of Income Payment Plan Plus (PIPP)

2017-2018 Income Guidelines

Size of Household	Total Gross Annual Household Income				
1		up to \$18,210		\$21,245	\$24,280
2		up to \$24,690		\$28,805	\$32,920
3		up to \$31,170		\$36,365	\$41,560
4	(150%)	up to \$37,650	(175%)	\$43,925	(200%) \$50,200
5	(For PIPP, EPP)	up to \$44,130	(For HEAP, WCP and SCP)	\$51,485	(For HWAP) \$58,840
6		up to \$50,610		\$59,045	\$67,480
7		up to \$57,090		\$66,605	\$76,120
8		up to \$63,570		\$74,165	\$84,760

When determining 150% of federal poverty guidelines, households with more than eight members must add \$6,480 to the yearly income or \$540 to the 30-day income for each additional member. When determining 175% of federal poverty guidelines, households with more than eight members must add \$7,560 to the yearly income or \$630 to the 30-day income 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.

If you have questions, please contact your local Energy Assistance Provider or call 1-800-282-0880 or 1-614-644-6600. TDD hearing impaired only: 711 or send us a message by visiting energyhelp.ohio.gov and click "contact us".

Accepted Citizenship Documentation

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
<ol style="list-style-type: none"> 1. Birth Certificate/Hospital Birth Records 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 Work 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 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 that 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 showing deposit	<input type="checkbox"/> All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received <input type="checkbox"/> Completed and signed Employment Verification Form	<input type="checkbox"/> Copy of check/award amount letter <input type="checkbox"/> ODJFS documents/eligibility letter with amounts and dates <input type="checkbox"/> IRS Form 1099-G (box 1) <input type="checkbox"/> Housing Authority Documentation <input type="checkbox"/> Lease/rental agreement <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 1040, 1099 or W-2	<input type="checkbox"/> Pay stubs indicating amount received within the previous 12 months from the date of the application <input type="checkbox"/> Self-Employment of Income Form for the previous 12 months <input type="checkbox"/> IRS Wage and income transcript and record of account transcript <input type="checkbox"/> IRS Form 1040

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.

Personal Information Section

Client Number					

Enter the information completely. **PLEASE USE DARK BLUE OR BLACK INK**
 Failure to fill out the application completely, provide all the required documentation
 and sign the application will delay the processing of your application

First Name*	M.I.	Last Name*
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Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)*	Military Status	Date of Birth (MM / DD / YYYY)*
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	

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
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Race	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American/White
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Asian/White	<input type="checkbox"/> Other Multi-Race
		<input type="checkbox"/> Black/African American	

Non-Cash Benefits	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Women, Infants, and Children (WIC)	Number of Household Members
	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Other	
	<input type="checkbox"/> Child Care Voucher	<input type="checkbox"/> Permanent Supportive Housing		

Family Type	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Non-related Adults with Children	Housing Type	<input type="checkbox"/> Own	Residence Structure	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Multigenerational Household		<input type="checkbox"/> Rent		<input type="checkbox"/> Single-Family
	<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Other				<input type="checkbox"/> Multi-Family Low Rise (3 stories or less)
	<input type="checkbox"/> Single Person					<input type="checkbox"/> Multi-Family High Rise (4 stories or more)

Email Address	Phone Number (including area code)
	()

Preferred Method of Contact* <input type="checkbox"/> Email <input type="checkbox"/> Postal

Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
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City*	State*	Zip Code*	County*
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Is Utility Service Address the Same?* <input type="checkbox"/> Same as above <input type="checkbox"/> Different (list below)
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Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor
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City	State	Zip Code	County
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Do You Receive Rental Assistance?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord Organization (if you rent)
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Landlord First Name*	Landlord Last Name*	Landlord Phone Number (including area code)
		()

Landlord Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
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City*	State*	Zip Code*	County*
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If you have additional household members (anyone living under your roof at the same address), please complete page 2 of the application. For additional members, print additional pages.

*Indicates required information in order to process your application. Failure to fill out the application completely, provide the required documentation and sign the application will delay the processing of your application.

Household Members Section

Complete for anyone living in your home.

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"/> White		<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American/White					
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race					
		<input type="checkbox"/> Black/African American							

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"/> White		<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American/White					
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race					
		<input type="checkbox"/> Black/African American							

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"/> White		<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American/White					
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race					
		<input type="checkbox"/> Black/African American							

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"/> White		<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American/White					
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race					
		<input type="checkbox"/> Black/African American							

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"/> White		<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American/White					
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race					
		<input type="checkbox"/> Black/African American							

Household Income Section*

Fill out table below for all adult household members. Use additional section (on page 4) as needed for other adult household members with income. If there is no income in your household, please visit your local Energy Assistance Provider.

First Name		Last Name		
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 & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<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"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities/Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.) <input type="checkbox"/> Ohio Electronic Child Care <p>† This category MUST provide 12 months of income documentation</p>
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 \$

First Name		Last Name		
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 & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<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"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities/Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.) <input type="checkbox"/> Ohio Electronic Child Care <p>† This category MUST provide 12 months of income documentation</p>
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 \$

First Name		Last Name		
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 & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<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"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities/Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.) <input type="checkbox"/> Ohio Electronic Child Care <p>† This category MUST provide 12 months of income documentation</p>
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 Income Section – Continued

Fill out the table below for additional adult household members.
Print additional pages, as needed, for other adult household members with income.

First Name		Last Name		
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 & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<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"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities/Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes teachers, construction workers, etc.) <input type="checkbox"/> Ohio Electronic Child Care † This category 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 \$

First Name		Last Name		
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 & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<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"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities/Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes teachers, construction workers, etc.) <input type="checkbox"/> Ohio Electronic Child Care † This category 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 \$

First Name		Last Name		
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 & VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension	<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"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities/Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (SSI/ SSDI/ Estate & Trust Settlements /Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes teachers, construction workers, etc.) <input type="checkbox"/> Ohio Electronic Child Care † This category 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 Deductions Section*

Total Household Income Deductions (Choose all that apply)		
<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Attorney fees for estate or trust settlements
<input type="checkbox"/> Health Care Spending Accounts	<input type="checkbox"/> Medicare Part D (RX premium)	
<input type="checkbox"/> Medicare Part B	<input type="checkbox"/> Child Support paid-out	
Total Deductions for the past 30 Days	Total Deductions for the past 12 Months	
\$	\$	

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 (add amounts from Household Income Section on Page 3 & 4)	Past 30 Days	Past 12 Months
	\$	\$
Total Household Deduction (from Household Deductions Section on Page 5)	Past 30 Days	Past 12 Months
	-\$	-\$
Total Eligible Income	Total Household Income less Total Household Deductions above	Total Household Income less Total Household Deductions above
	\$	\$
Please Enter Comments for the Difference in 12 Months Income from Total 30 Days		

Utility Information Section*

If you wish to enroll in PIPP and have a regulated utility provider, please visit your local Energy Assistance Provider. A list can be found at energyhelp.ohio.gov.

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			

If you do not heat with electric, please provide your electric utility provider information:

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			

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2018 – MARCH 2019

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 update my application at least once a year to provide 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 or contact 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, and other Energy Assistance Providers.
 - 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 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.
 - That if I do not make up missed PIPP payments by my stated Anniversary Date, I will be dropped from PIPP.
 - That 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 billing amount.
 - That 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.
 - That 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.
 - That 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.

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 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 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 _____