



Supports to Encourage
Low-income Families

415 S. Monument Ave
Hamilton, OH 45011

PHONE

513-868-9300

FAX

513-737-3889

WEBSITE

selfhelps.org

JEFFREY A. DIVER

Executive Director

Dear Homeowner,

Thank you for your interest in the Home Weatherization program. To finish your application for weatherization we will need you to return all documents listed below:

1. Weatherization Application. (signed and dated)
2. Verification for 90 days or 12 months of income for all household members 18 and older (**SSI/SSA award letters, pension, check stubs etc.**)
3. Most Current Natural Gas **AND/OR** Electric Bill. (copy of all pages of each bill.)
4. Fuel Bill (propane, Fuel Oil, Kerosene) IF APPLICABLE
5. **Social Security Cards** for all household members. (Copies)
6. Picture ID's (Everyone 18 and over)
7. OTHER: anyone 18 or older claiming zero/no income will need to complete the **Self-Declaration form** and get it **Notarized** before returning to the office with the other requested documents in the enclosed envelope.

Return all documents to the SELF office.

We cannot process your application without these items. As soon as these items are returned to us, we can complete and process the application. If you have questions, please feel free to contact me directly at (513)820-5016 Monday through Friday between 8:30 a.m. and 5:00 p.m. **Applications with missing information are only valid for 60 days.**

Please return **ALL** items promptly in the enclosed envelope.

Thank you,

A handwritten signature in cursive script that reads "Dawn Ruhl".

Dawn Ruhl
Weatherization Intake



Partner Agency

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2021 – MAY 2022

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 (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. If you mail in your application or apply online, it can take up to 12 weeks to process. Please note: HEAP benefits will be applied to your utility bill starting in January 2022.

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

- Proof of citizenship for each household member
- Proof of income for each household member for 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 who are 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 & electric)
- A permanent, free-standing fuel tank (oil & propane)
- A legal fireplace (wood)
- A legally vented wood/coal stove

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.

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 re verifying 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 2021 – May 2022 Income Guidelines

Size of Household	Total Gross Annual Household Income		
1	up to \$19,320	\$22,540	\$25,760
2	up to \$26,130	\$30,485	\$34,840
3	up to \$32,940	\$38,430	\$43,920
4	(150%) up to \$39,750	(175%) \$46,375	(200%) \$53,000
5	(For PIPP, EPP) up to \$46,560	(For HEAP, WCP and SCP) \$54,320	(For HWAP) \$62,080
6	up to \$53,370	\$62,265	\$71,160
7	up to \$60,180	\$70,210	\$80,240
8	up to \$66,990	\$78,155	\$89,320

When determining 150% of the federal poverty guidelines, households with more than eight members must add \$6,810 to the yearly income or \$559.73 to the 30-day income for each additional member. When determining 175% of the federal poverty guidelines, households with more than eight members must add \$7,945 to the yearly income or \$653.01 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 \$9,080 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 2022.

If you have questions, please contact your local Energy Assistance Provider or call 1-800-282-0880. TDD hearing impaired only: 711 or send us a message by visiting energyhelp.ohio.gov and clicking "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 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 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 including deposit <input type="checkbox"/> Most recent filed IRS Form 1040 <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 <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"/> 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"/> Signed and dated letter from supporter including name, address, and phone number	<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 (form can be found at energyhelp.ohio.gov) <input type="checkbox"/> Most recent filed IRS Form 1040 and Schedules <input type="checkbox"/> Most recent IRS Form 1099

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.

For Office Use Only

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
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Race	<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"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
		<input type="checkbox"/> Black/African American/White	

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) ()
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Preferred Method of Contact* Email 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?* Same as above Different (list below)

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) ()
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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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* Indicates required information 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 & 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"/> 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 & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <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 under your roof 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 5 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 & 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"/> 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 & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <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 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 & 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"/> 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 & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <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"/> 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 & 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"/> 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 & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <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 \$	

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						U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race					
<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 & 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"/> 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 & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <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						U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race					
<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 & 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"/> 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 & Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <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"/> Health Care Spending Accounts	<input type="checkbox"/> Reimbursement for work expenses
<input type="checkbox"/> Child Support paid-out	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Self-employment IRS allowable business expenses
<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicare Premiums	<input type="checkbox"/> Short and long term disability
<input type="checkbox"/> Prescription Plans		
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 (add amounts from Household Income Section on pages 3 & 4)	Past 30 Days \$	Past 12 Months \$
	Total Household Deductions (from Household Deductions Section on page 5) - \$	Past 12 Months - \$
Total Eligible Income	Total Household Income less Total Household Deductions above \$	Total Household Income less 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 2021 – MAY 2022

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 that perform 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**
- 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 miss three (3) 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 Plus.
 - 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 the PIPP verification and anniversary dates are printed on the utility bills each month.
 - 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 bill 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.
 - That 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 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 _____

SELF - Supports to Encourage Low-income Families CSBG Customer Intake Form

Client Number: _____	Program	Application Date: _____
<input type="checkbox"/> WCP/SCP/Pipp/HEAP <input type="checkbox"/> HWAP <input type="checkbox"/> NWC: HR <input type="checkbox"/> Build Up Academy <input type="checkbox"/> Getting Ahead <input type="checkbox"/> Jobs Now! <input type="checkbox"/> IDA <input type="checkbox"/> Microenterprise		

Primary Applicant

First Name: _____	M.I.: _____	Last Name: _____
Social Security Number	Date of Birth	Gender
___/___/_____	___/___/_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Primary Applicant Demographic Information:

US Citizen?	Client Disabled?	Military Status	Ethnicity:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> None	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins

Race:	Education:
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or post-secondary school

Housing Status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other
Building Type:	Work Status:
<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 (3 stories or more)	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Unemployed (short-term, 6 mos. or less) <input type="checkbox"/> Employed part-time <input type="checkbox"/> Unemployed (long-term, more than 6 mos.) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Youth 14-24 who are neither working nor in school

Source of income:	Income Received:
<input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> No income/Zero Income <input type="checkbox"/> TANF/ADC <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Other (Please Specify) _____	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Household Information:

Address: _____				Apt/Lot: _____
City: _____	State: _____	Zip Code: _____	County: _____	
Phone Number: _____	Email Address: _____			
Mailing Address (if different from above) _____				Apt/Lot _____
Preferred method of contact? <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email				

Household Size	Family Type:
	<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other

Health Insurance Type:	Non-Cash Benefits:
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Medicare <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> State CHIP <input type="checkbox"/> Self-Insured/Direct Pay	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Other _____

Additional Household Members

Social Security #	Last Name	First Name	Date of Birth	Education	Gender	Race	Ethnicity	Disabled (Y/N)	Military	Health Insurance	Relationship	Income Source	Income

I certify that these statements are true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature _____ Date _____

Office Use Only:	Poverty Ratio: _____
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**Supports to Encourage Low-Income Families
Home Weatherization Assistance Program
Income Self-Declaration Form**

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

Zero Income Statement

If income is/was Zero in the past 12 months please explain how you maintained:

Shelter: _____
Have you applied for assistance: Yes _____ No _____ If No, Why _____

Food: _____
Have you applied for assistance: Yes _____ No: _____ If No, Why _____

Medical: _____
Have you applied for assistance: Yes _____ No _____ If No, Why _____

Utility: _____
Have you applied for assistance: Yes: _____ No: _____ If No, Why _____

**If any other means of survival in the past 12 months, or any other comments to be made
please make note below:**

**I, testify that the above income statement represents my only income for the past twelve
months. Your signature confirms that you are responsible for the accuracy of this information
being used to determine your eligibility for participation in the Home Weatherization
Program, and **MUST BE NOTARIZED BY A LOCAL NOTARY BEFORE MAILED BACK.****

SIGNATURE

DATE

Notary:



Supports to Encourage Low-income Families
415 S. Monument Ave
Hamilton, OH 45011
TOLL FREE: 1-888-432-7022 or 513-868-9300

FREE Home Weatherization Assistance Program

I, _____, certify that I am the owner/authorized agent for the property at
(NAME)

(ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE NUMBER)

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

- 1. Drill and plug aluminum and/or vinyl siding YES ___ NO ___ NA ___
- 2. Drill and plug interior walls YES ___ NO ___ NA ___
- 3. Install S-TYPE fuses YES ___ NO ___ NA ___
- 4. Lower the thermostat on the water heater YES ___ NO ___ NA ___
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. Other work that must be done in accordance with the Minimum Weatherization Program Standards.

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: _____
(Owner/Authorized Agent)

Date: _____