EAP Intake Specialist Guide

Version 1

Indiana Housing & Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, Indiana 46204
www.in.gov/ihcda and www.in.gov/myihcda

Introduction

IHCDA's Intake Specialist Packet is a tool that can be utilized by all agencies across Indiana. The goal is to make Energy Assistance Program (EAP) documents and information easily accessible. This lessens the amount of questions directed to EAP managers which, in turn, lessens the EAP manager's work load. The packet is also a source for new and current Intake Specialists to get familiar with the EAP process.

The packet contains a series of important documents that are commonly used for the Energy Assistance Program as well as useful information about the program itself. The packet includes the following documents:

- EAP abbreviations
- Local Service Provider contact information
- Indiana Moratorium Legislation
- Income Verification Affidavit
- Utility Affidavit
- Landlord Affidavit
- Declaration of Absent Household Members Form
- EAP Territories Map
- EAP Benefit Matrix Form
- Self-Declaration of Primary Fuel Source Level Form
- Income Quick Reference Chart
- Common Intake Specialist Shorthand Notes
- Income Calculation Worksheet
- Crisis Mitigation Form
- Referral List
- Frequently Asked Questions (FAQ)

IHCDA encourages all Intake Specialists to use this packet as a guide and reference sheet. This guide is to not to be considered a replacement of the EAP Manual. All intake staff are to be knowledgeable of the contents of the EAP manual. We hope that it is useful and successful in lessening work burden for both EAP managers and Intake Specialists. If there are any questions or concerns regarding the packet content please contact LIHEAP@ihcda.in.gov.

ENERGY ASSISTANCE PROGRAM
Administering Local Service Providers

LOCAL SERVICE PROVIDER	ADDRESS	COUNTIES SERVED	PHONE
AREA IV	***Area IV Agency on Aging and Community Action Programs, Inc.*** 660 N. 36th St., PO Box 4727 Lafayette, IN 47903-4727	Boone Carroll Clinton Hamilton Hendricks Tippecanoe White	765-447-7683, 800-382-7556
AREA FIVE	***Area Five Agency on Aging and Community Services, Inc.*** 1801 Smith St., Suite 300 Logansport, in 46947-1577	Cass Howard Miami Tipton Wabash	574-722-4451, 800-654-9421
CANI	***Community Action of Northeast Indiana, Inc.(Bright Point)*** 227 E. Washington Blvd. PO Box 10570 Fort Wayne, IN 46802	Allen LaGrange Noble Whitley Steuben DeKalb	800-589-3506
CAPE	***Community Action Program of Evansville and Vanderburgh County, Inc.*** 401 E 6th St. Ste. 001 Evansville, IN 47547	Posey Gibson Vanderburgh	812-425-4241
CASI	***Community Action of Southern Indiana*** 1613 E. Eighth Jeffersonville, IN 47130	Clark Floyd Harrison	812-288-6451
CFS	***Community & Family Services, Inc.*** 521 S. Wayne St., PO Box 1087 Portland, IN 47371-1087	Adams Blackford Huntington Jay Randolph Wells	260-726-9318
CAPWI	***Community Action Program, Inc of Western Indiana.*** 418 Washington St., P.O. Box 188 Covington, IN 47932-0188	Benton Fountain Montgomery Parke Vermillion Warren	765-793-4881
HUEDC	***Hoosier Uplands Economic Development Corporation*** 500 West Main Street Mitchell, IN 47446	Lawrence Martin Orange Washington	812-849-4457

ENERGY ASSISTANCE PROGRAM
Administering Local Service Providers

LOCAL SERVICE PROVIDER	ADDRESS	COUNTIES SERVED	PHONE
HSI	***Human Services, Inc.*** 4355 E 600 N Columbus, IN 47203	Bartholomew Decatur Jackson Johnson Shelby	812-372-8407
ICAP	***Interlocal Community Action Program, Inc.*** 615 W. State Rd. 38 PO Box 449 New Castle, IN 47362-0449	Delaware Fayette Grant Hancock Henry Madison Rush Wayne	765-529-4403
LHDC	***Lincoln Hills Development Corporation*** 302 Main St., PO Box 336 Tell City, IN 47586-0336	Crawford Perry Spencer	812-547-3435
MCC	***United Way of Central Indiana (Marion County Consortium)*** 2955 N. Meridian St. Suite 300 Indianapolis, IN 46208-0409	Marion	317-921-1208
NCCAA	***North Central Community Action Agencies, Inc.*** 301 E. 8th Street Michigan City, IN 46360	LaPorte Pulaski Starke	219-872-0351
NWICA	***Northwest Indiana Community Action Corporation*** 5240 Fountain Drive Crown Point, IN 46307	Jasper Lake Newton Porter	219-794-1829
OVO	***Ohio Valley Opportunities, Inc.*** 421 Walnut Street, P.O. Box 625 Madison, IN 47250-0625	Jefferson Jennings Scott	812-265-5882
PACE	***PACE Community Action, Inc.*** 525 N. 4th St., P.O. Box 687 Vincennes, IN 47591-0687	Daviess Greene Knox Sullivan	812-882-7927

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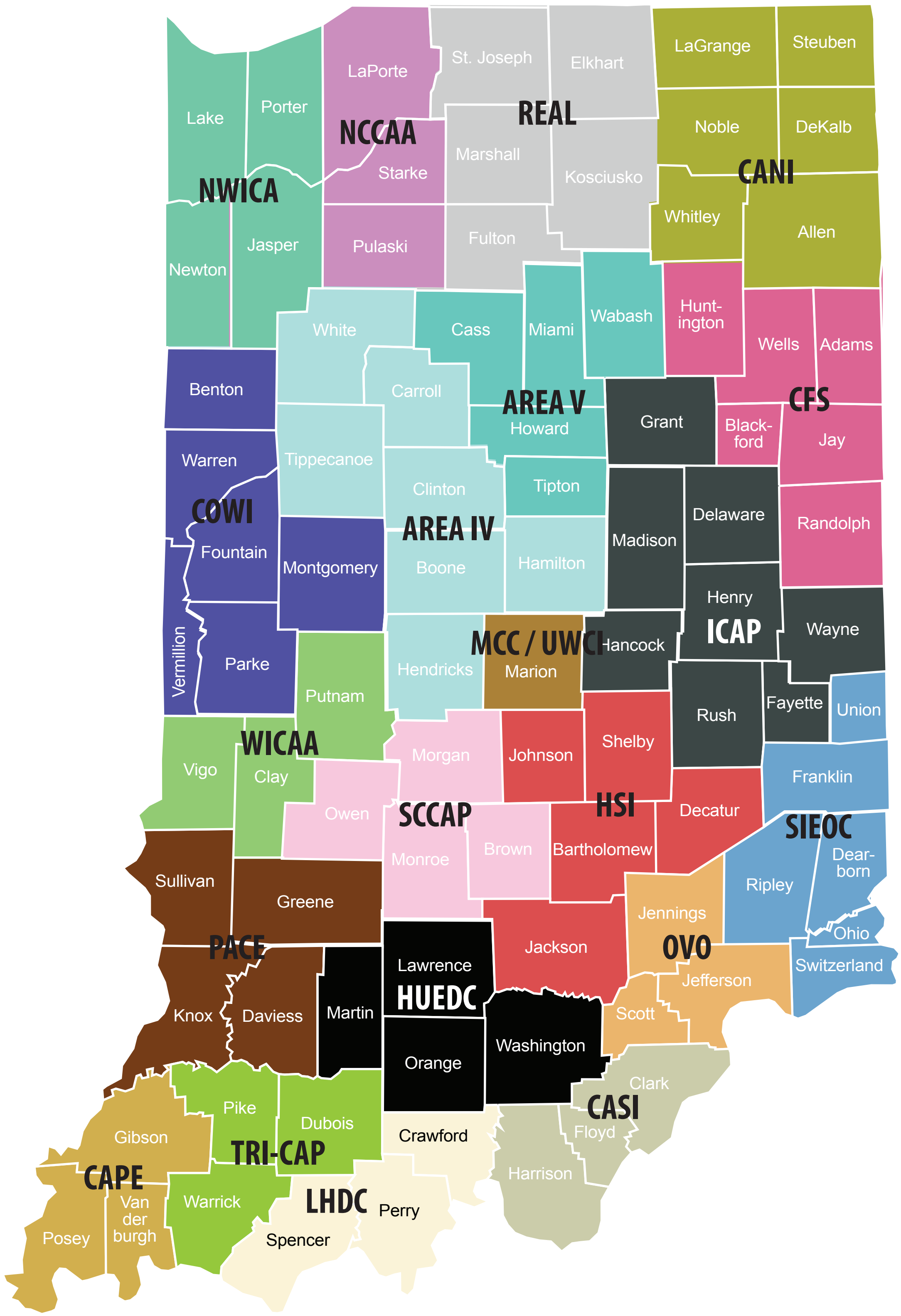
LOCAL SERVICE PROVIDER	ADDRESS	COUNTIES SERVED	PHONE
REAL	***REAL Services, Inc.*** 1151 S. Michigan St., PO Box 1835 South Bend, IN 46601	Elkhart Fulton, Kosciusko Marshall St. Joseph	574-284-7125
SCCAP	***South Central Community Action Program, Inc.*** 1500 W. 15th Street Bloomington, IN 47404	Brown Monroe Morgan Owen	812-339-3447
SIEOC	***Southeastern Indiana Economic Opportunity Corporation*** 110 Importing St., PO Box 240 Aurora, IN 47001-0240	Dearborn Franklin Ohio Ripley Switzerland Union	812-926-1585
Tri-Cap	***Dubois-Pike-Warrick Economic Opportunity Committee, Inc.*** 607 Third Avenue, PO Box 729 Jasper, IN 47547-0729	Dubois Pike Warrick	812-482-2233
WICAA	***Western Indiana Community Action Agency, Inc.*** 705 S. 5th Street, PO Box 1018 Terre Haute, IN 47808-1018	Clay Putnam Vigo	812-232-1264

ENERGY ASSISTANCE PROGRAM SERVICE AREAS



Energy Assistance Abbreviations

ACH	Automatic Clearinghouse
AGI	Adjusted Gross Income
BLBA	Black Lung Benefits Act
CARE	Customer Assistance for Residential Energy
CCDBG	Childcare and Development Block Grant Funds
CCDF	Childcare and Development funds
CFL	Compact Florescent Light Bulb
CSBG	Community Services Block Grant
DIC	Dependency and Indemnity Compensation
DOE	Department of Energy
DWD	Department of Workforce Development
EAP	Energy Assistance Program
ERR	Emergency Repair and Replace
ES	Emergency Services
GL	General Ledgers
HHS	Department of Health and Human Services
IHCDA	Indiana Housing Community Development and Authority
IRS	Internal Revenue Service
ITIN	Individual Tax Identification Number
LED	Light Emitting Diode

LIHEAP	Low-income Home Energy Assistance Program
LKE	Last Known Employer
LLC	Limited Liability Company
LP	Limited Propane
LSP	Local Service Provider
MAABD	Medical Assistance for Aged, Blind, and Disabled
MOA	Memorandum of Agreement
MQIP	Modified Quality Improvement Plan
QA	Quality Assurance
QIP	Quality Improvement Plan
RRB	Rail Road Retirement Board
SNAP	Supplementary Nutrition Assistance Program
SSA	Social Security Administration
SSBG	Social Services Block Grant Funds
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSN	Social Security Number
SSC	Social Security Cards
TANF	Temporary Assistance for Needy Families
TEFAP	Emergency Food Assistance Program
U.S.	United States
USP	Universal Service Program

VA	Veterans Administration
VFW	Veterans of Foreign Wars Card
VIC	Veteran’s Administration Identification Card
WAP	Weatherization Assistance Program

List of Common Intake Shorthand Abbreviations

s/b	Should be
HH	Household member. If more than one the # will follow
HOH	Head of Household
Co.	County
DWD	Department of Workforce Development
Incl.	Included
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
SS	Social Security Retirement
SSN	Social Security Number
IVA	Income Verification Affidavit
LLA	Landlord Affidavit
Docs	Documents
Acct	Account
Apt.	Apartment
DHH	Duke Helping Hand
Calc.	Calculation
ROI	Release of Information
CEG	Citizens Energy Gas
IPL	Indianapolis Power and Light
DAHM	Declaration of Absent Household Member
AEP	Indiana Michigan Power (also known as American Electric Power)
OVG	Ohio Valley Gas

INDIANA UTILITY DISCONNECT MORATORIUM

UTILITIES AND TRANSPORTATION
INDIANA CODE 8-1-2-121
Sec. 121. (a) Notwithstanding any other provision of law, from December 1 through March 15 of any year, no electric or gas utility, including a municipally owned, privately owned, or cooperatively owned utility, shall terminate residential electric or gas service for persons who are eligible for and have applied for assistance under IC 4-4-33. The commission shall implement procedures to ensure that electric or gas utility service is continued while eligibility for such persons is being determined.

(b) Any electric or gas utility, including a municipally owned, privately owned, or cooperatively owned utility, shall provide any residential customer whose account is delinquent an opportunity to enter into a reasonable amortization agreement with such company to pay the delinquent account. Such an amortization agreement must provide the customer with adequate opportunity to apply for and receive the benefits of any available public assistance program. An amortization agreement is subject to amendment on the customer's request if there is a change in the customer's financial circumstances.

(c) The commission may establish a reasonable rate of interest which a utility may charge on the unpaid balance of a customer's delinquent bill that may not exceed the rate established by the commission under section 34.5 of this chapter.

(d) The commission shall adopt rules under IC 4-22-2 to carry out the provisions of this section.

(e) This section does not prohibit an electric or gas utility from terminating residential utility service upon a request of a customer or under the following circumstances:

1. If a condition dangerous or hazardous to life, physical safety, or property exists.

2. Upon order by any court, the commission, or other duly authorized public authority.

3. If fraudulent or unauthorized use of electricity or gas is detected, and the utility has reasonable grounds to believe the affected customer is responsible for such use.

4. If the utility's regulating or measuring equipment has been tampered with and the utility has reasonable grounds to believe that the affected customer is responsible for such tampering.

As added by P.L.43-1983, SEC.10. Amended by P.L.41-1987, SEC.6; P.L.2-1992, SEC.78; P.L.181-2006,SEC.48

What this means for the client is that once they apply for EAP then they are covered by moratorium from December 1st through March 15th. This protection begins as soon as the application is received by the LSP. The LSP is never required to make a pledge to the utility for the moratorium protections to begin. It is the responsibility of the intake specialist to contact the utility vendor and notify them that an application has been received if the determination cannot be immediately determined. If at any time it is determined that the applicant is considered ineligible for EAP this coverage ends and they will be subject to immediate disconnection by the utility. If the applicant is approved then they are covered during the moratorium period and will not be disconnected by the utility. This includes utilities who are electric or gas, including a municipally-owned, privately-owned, or cooperatively-owned utility (REMCs). The definition of *municipally-owned utility* means every utility owned or operated by any county, city, or town in Indiana.

If the EAP benefit award amount does not cover the complete amount needed during this time the vendor is required to enter into a repayment agreement for the remaining amount. If that amount is not paid prior to March 15th the applicant will be up for immediate disconnection after that date. Entering into this repayment agreement must be documented within the statewide database.

Frequently Asked Client Questions (FAQ)

Q: Do I have to apply every year?

A: Yes, this is a one-time annual benefit. It is necessary to reapply every year.

Q: Is this a one-time benefit?

A: Yes, this is a one-time annual benefit.

Q: How long will it take to process?

A: Local Service Agencies may take up to 55 days to determine if you are eligible, and it may take up to an additional 30 days for the utility company to process your benefit. Clients should continue to pay on their utility bill to prevent disconnection of services while going through this determination period.

Q: Can I use birth certificates for children without a social security number or card?

A: No, all individuals over the age of 1 are required to provide proof of their social security number. If the parent is unable to do so then the child is to be considered an ineligible household member.

Q: What if I don't have a Social Security Card? Where do I get a Social Security card?

A: A client is ineligible for benefits until they can provide proof of a social security number. The web site for the SSN application form and instructions for applying for a new social security number can be found at: http://www.ssa.gov/online/forms.html (Form SS-5 Application for a Social Security Card). Clients may also use a Real ID or alternate forms of ID listed in the manual in section 6.7. Clients may NOT use a tax return for identification verification.

Q: When will I see a credit on my bill?

A: Clients should be notified that their EAP benefit may take up to fifty-five (55) calendar days to process. Clients should continue paying their utility bills according to their regular schedules.

Q: Can I get help if my bill is in someone else's name?

A: Utilities must be in the name of a household member (eligible or ineligible), age eighteen (18) or over with these exceptions:

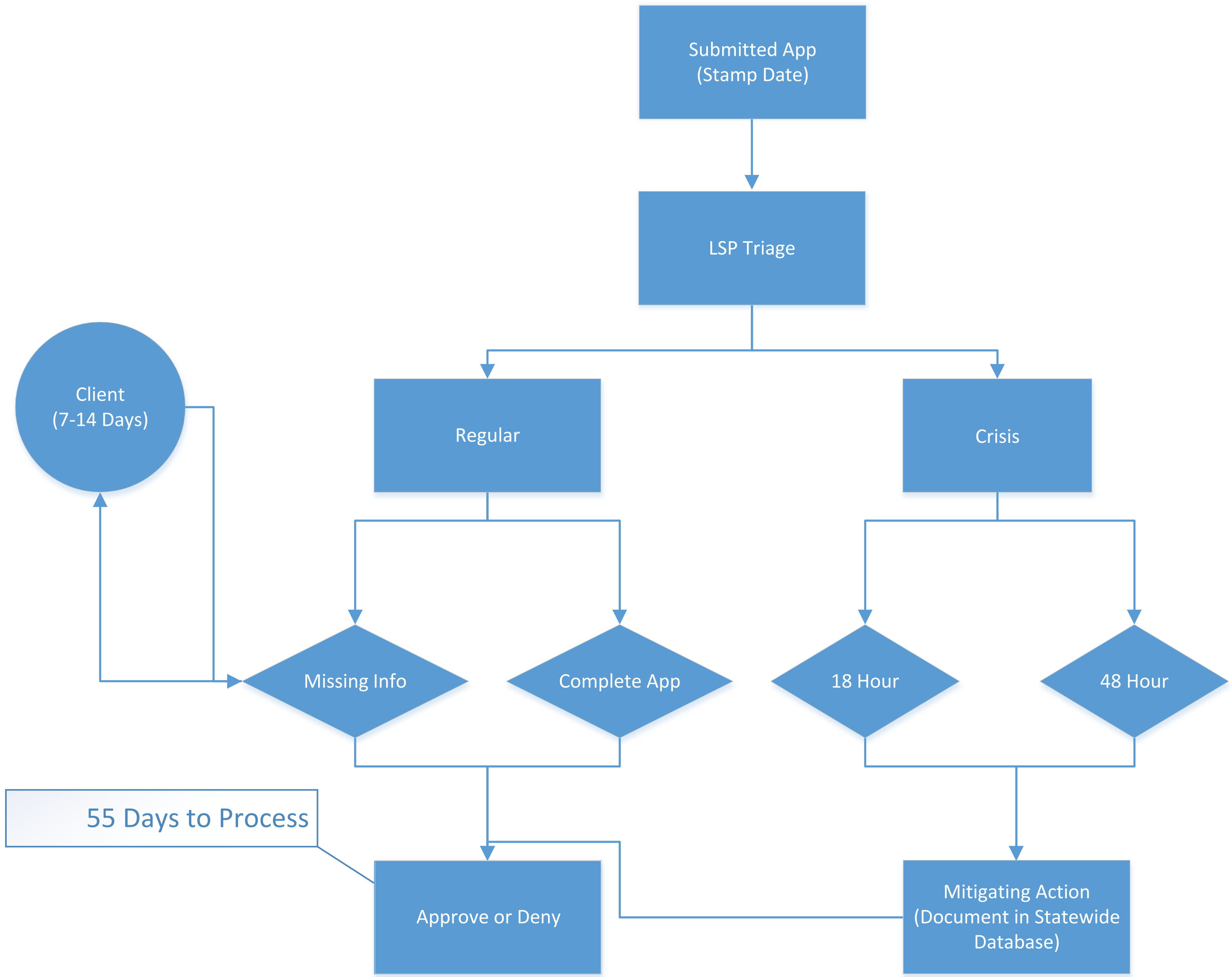
- Lease or landlord affidavit states that the utilities are listed in the landlord's name. A lease agreement or contract with the landlord stating the landlord's name, address, telephone number, or a Landlord Affidavit is required.
- Applicant is a person with a disability and the utilities are handled by a company or service.
- If utilities are listed in a household member's name who is temporarily in a correctional facility, nursing home or rehabilitation center, supporting documentation must be provided.
- Utilities are listed in a person's name but there is a court ordered protection against the person.

- Utilities are listed in the name of a legal power of attorney. The power of attorney should be kept in the client's file and have the name of the attorney and the name of the person who has the power to act on behalf of the principal person. The power of attorney should be signed by the principal person and be a legal document.
- The utilities are listed in someone else's name because the applicant could not get the utilities listed in his or her name due to other reasons such as credit problems or unpaid bills. Applicant may still be eligible if service address corresponds with the applicant's residence, and an explanation is given as to why the utilities are not in the applicant's name. **The applicant must sign a Utility Affidavit.**

The household will be ineligible for a utility benefit (either electric or primary heating source) if the bill is not listed in the name of a household resident or in the name of someone who qualifies under the above exceptions.

Q: Can I get help with my prepaid account?

A: Yes, when a client has a prepaid account, generally, the client must pay in advance for his or her utility. Because the account is always prepaid, it will usually have a credit. However, prepaid customers are still eligible for crisis assistance in addition to their regular benefit if they have certified that the prepaid utility will run out within ten calendar days.



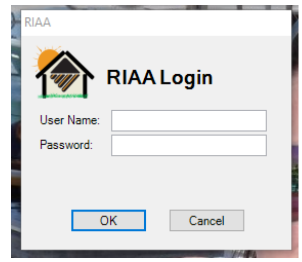
EAP Mail-In Application Processing Cycle

EAP RIAA Application Process

1 Have a supervisor sign out a mail-in application packet to you or call the client from the waiting room.

2 Check the application to make sure you have all the required documentation. If documentation is missing, complete an incomplete letter, make two copies, one for the file, and mail one to the client. Complete the following steps for both complete and incomplete applications.

3 Open RIAA and log in.



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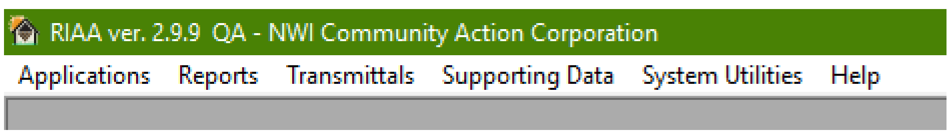
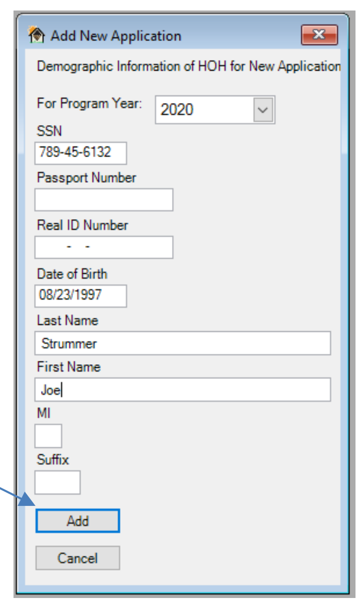
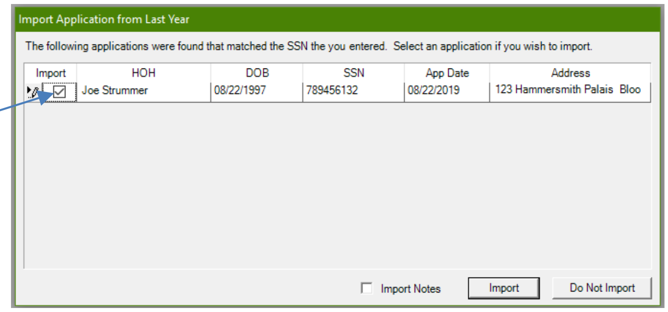


Click on the application tab and click “Add EAP App”.

5 Make sure the correct program year is chosen. Enter the social security number, real ID/passport number (if provided), date of birth, last name, and first name. Click Add.



6 If the client has completed an EAP application in a prior program year RIAA will ask if you would like to import the application. If you would like to you click on the import box next to the name and click the import button on the bottom right side of the screen. If you do not want to import click the do not import button. Make sure you verify that the name, date of birth, and social security number match.



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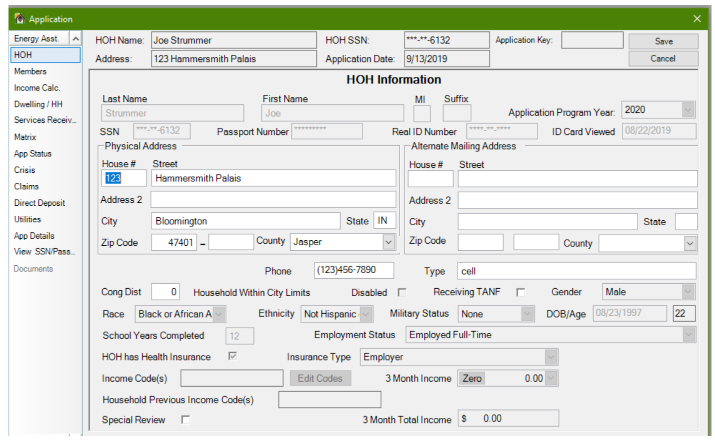
7 Complete the HOH information page. Enter or verify the clients address and mailing address (if applicable), phone number, check box if they are disabled, enter gender, race, ethnicity, military status, years completed in school, employment status, check box if they have insurance, and insurance type. If you have chosen to import, you will need to review the information to make sure it is correct. When you import you will have to make corrections on the members tab.



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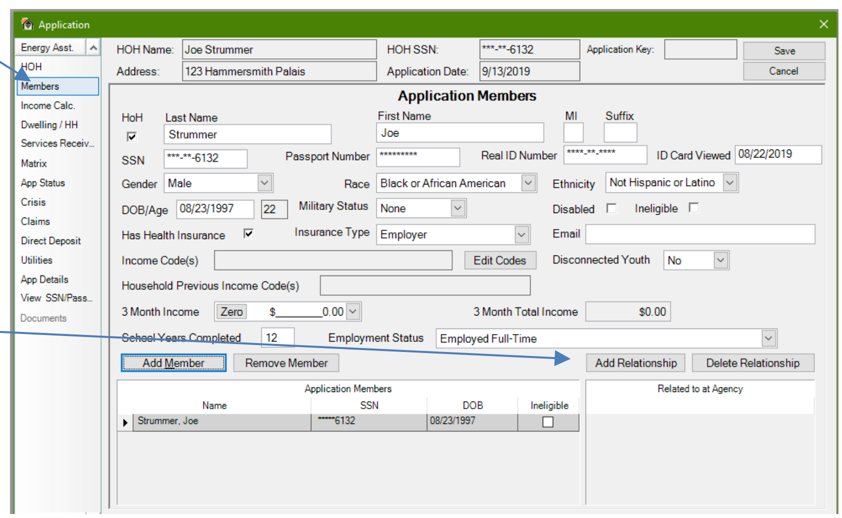
8 Complete the Application Members screen. Click the add member button to additional household members. You will enter the same demographic information as the head of household. If the client is related to anyone in the agency click the add relationship button and add what position the person is that they are related to. If the client is ineligible for the program click the ineligible box next to their name.



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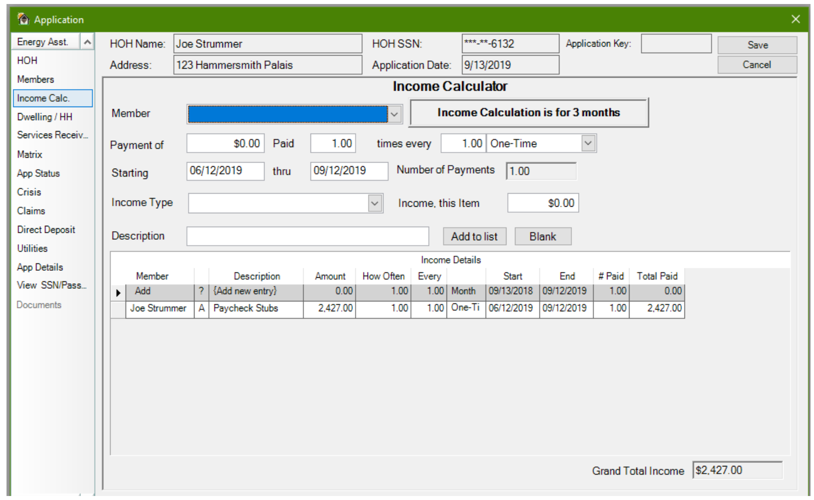
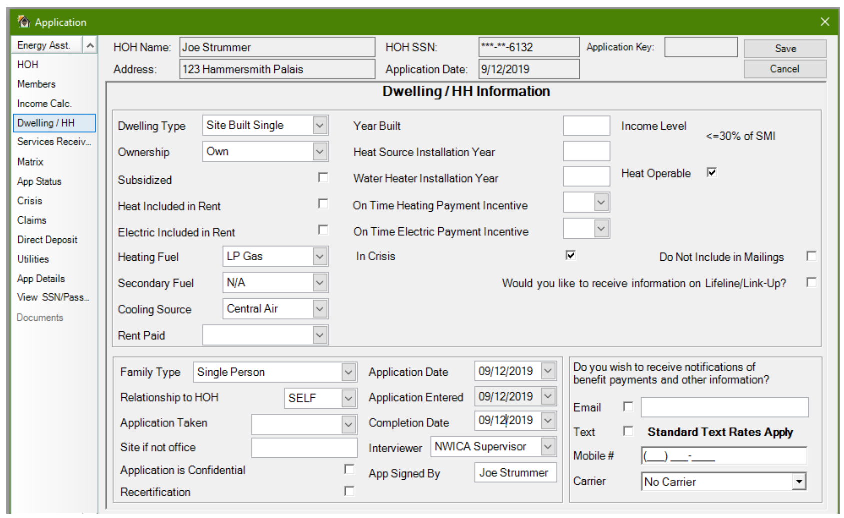
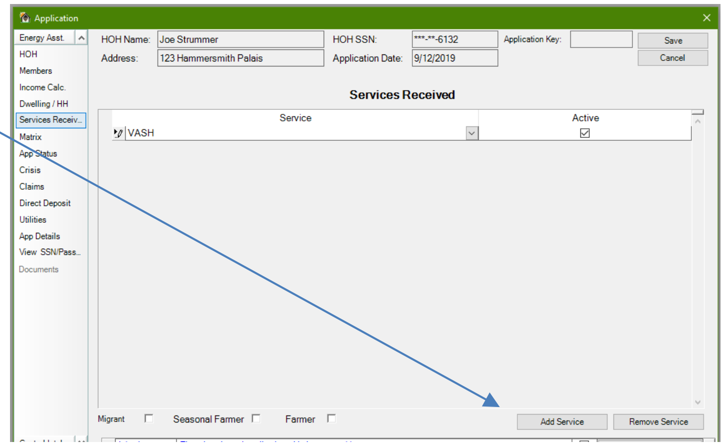
9 Enter each household member income in the income calculator even if they are zero income. In payment of enter their 3 months of income. Paid box should be 1.00 times every 1.00 then you will need to use drop down box to the right to it and choose One-Time. Enter the 3 full months the income represents in the dates. Enter the income type. Enter what type of document you used in the description. For example, award letter, paycheck, bank statement, etc…. Click add to list for each additional income you need to enter. Check grand total in the bottom right corner to make sure it is correct.



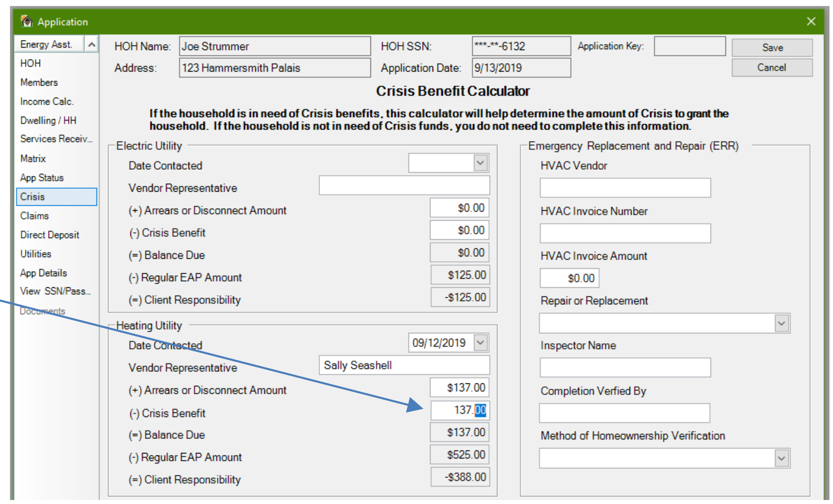
10 Complete the Dwelling/HH Information screen. Enter the dwelling type, rent or owner, check if subsidized, check boxes if utilities are included in rent, heating fuel, secondary fuel, cooling source (if you know it), and on time payment in the top section of screen. If a client turns in a disconnect or final bill you must check the In Crisis box. If a client's heat source is inoperable, you must uncheck the Heat Operable box. For the bottom half of the screen you will need to enter the family type, relationship to HOH (should remain self), application taken, application date, completion date, and app signed by (this is the clients name). If the client provides an email address and said it was okay to use, you will enter it on the email line and check the box. If a client provides a phone number and you know the carrier you can enter it in the mobile # and check the box. <u>You must</u> know the carrier if you are going to enter the number in the box. If the applicant is someone that is related to an employee please check the application is confidential box.



11 Complete Services Received screen. On this screen you will need to add all assistance the client receives. Click add service button, use the drop down arrows to select what service the client receives. When importing applications if the client no longer receives the service uncheck the active box.

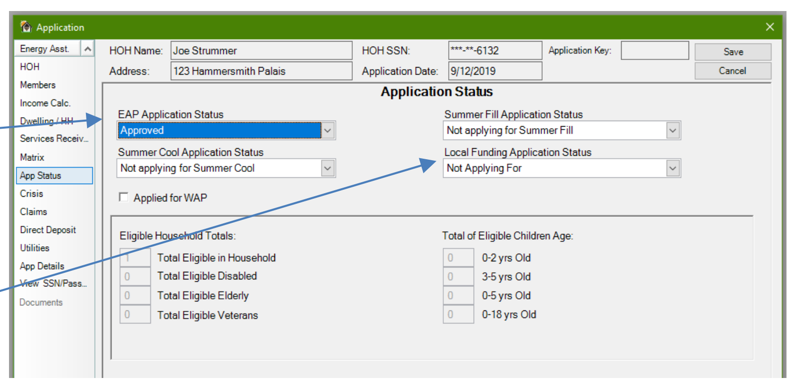


12 For clients in disconnect, input the date contacted and the representative with whom you spoke. Fill in the arrears/disconnect amount and the corresponding crisis amount in the Crisis Benefit amount. This will automatically populate in the matrix screen.

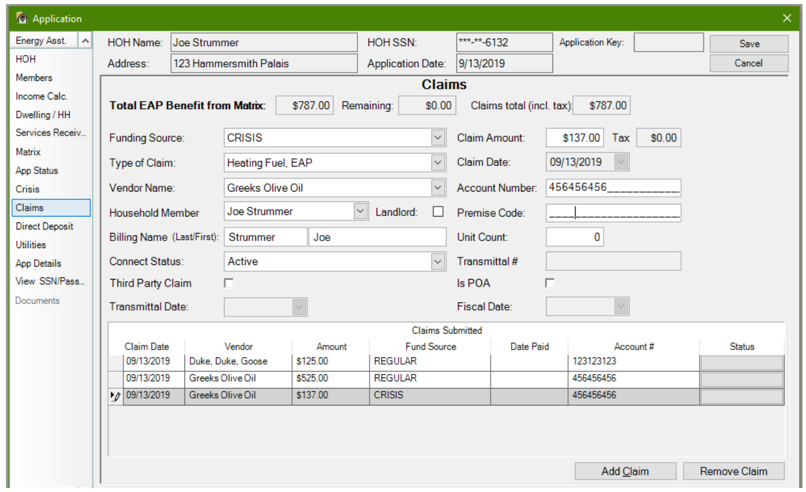


13 Check the Application Status page. If the eap application is incomplete or denied change the EAP Application Status.

If the client is approved for hardship or Energy Share programs, the local funding source needs to be approved.



14 Complete the Claims screen. Click add claims in the lower right hand corner. The first claim that will pop up is the electric. Enter the vendor name, household member, connect status, and account number. If the bill is in the landlord's name, click the landlord box. Click add claim again to get the heat benefit and enter all required fields. Continue to click add claims until you have entered all required claims. Don't' forget to add the State EAP regular claim for homeowners to the heat vendor.



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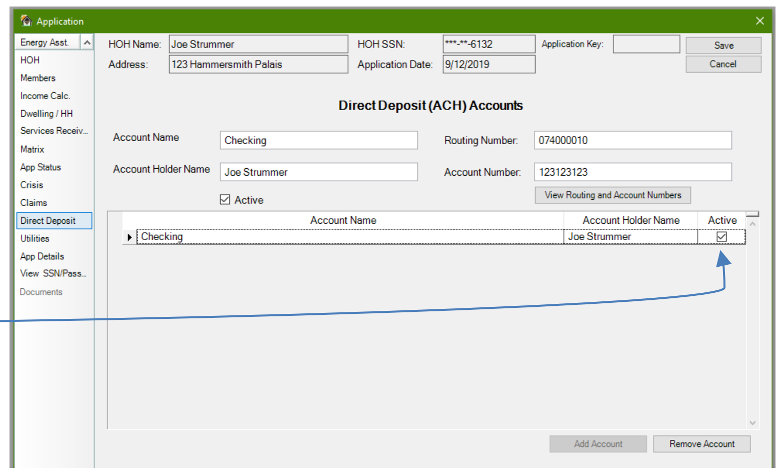
15 If the client has utilities included in their rent and they supply direct deposit information you should complete the Direct Deposit (ACH) Accounts screen. Click add account on the bottom right corner. Complete the account name, account holders name, routing number, and account number on the upper half of the screen.

*Make sure you double check to make sure it is correct. Once saved you can no longer see it.



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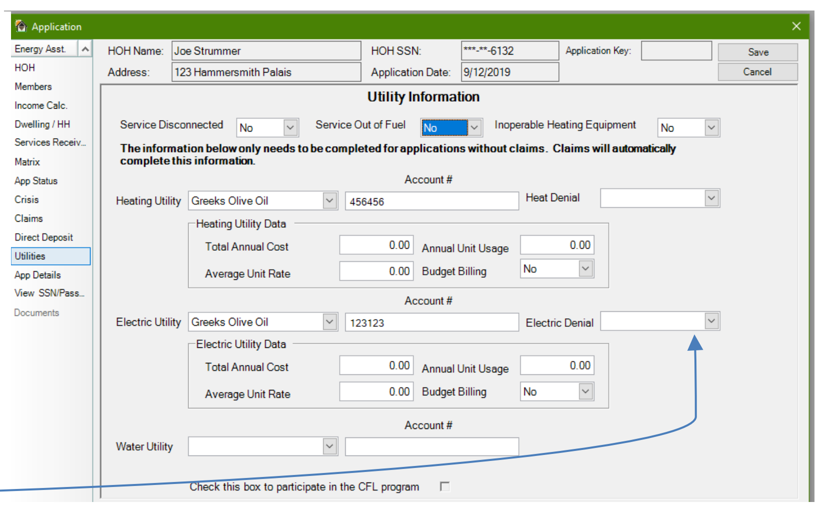
16 Complete the Utility Information screen. Answer all three questions at the top of the screen with the drop down boxes. The heating and electric utilities should auto populate if you have already entered the claims. Double check to make sure the vendors and account numbers are correct. Answer whether the client is on a budget for both vendors. (Highlighted) If either the heat or electric vendor is denied for any reason, you must enter the denial reason next to the vendor.



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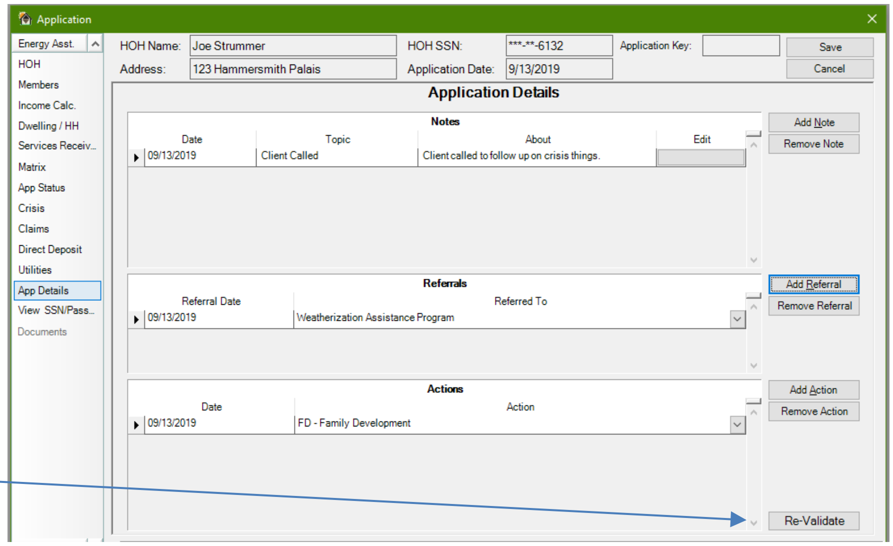
Complete the Application details screen. On this screen, you will need to add notes, referrals, and actions. You can add or delete each item by clicking on the buttons on the right side of the screen. Also, on this screen is a Re-Validate button, this button will recheck your errors and remove any that have been resolved once you click it.



Income Quick Reference Chart

Income Type	Count as Income?	Gross/ Net Income	Notes and Documentation (when more than one is listed, only one is required)
Adoption Assistance	No		
Alimony	Yes	Gross	Divorce settlement, bank statements
Annuities, Pensions and other retirement plans	Yes	Gross	Letter from insurer, bank statements
Assets	No		
Black Lung for Recipient	No		
Black Lung for Survivor of Recipient	Yes	Gross	Award letter, benefit statement, bank statement
Blood plasma payment	No		
Child Care Assistance Vouchers when received by a parent for childcare	No		
Child Care Assistance Vouchers when received by a provider for child care service	Yes	Gross	
Child Nutrition programs (school lunch programs)	No		
Child Support – when received	No		
Child Support – when paid	No		A parent who pays child support may deduct the amount paid from his/her income. Proof of payment may be bank statements, pay stubs with garnishment, proof from a government agency, etc.
Children of Vietnam War Vets living with disabilities	No		
College scholarships	No		
Combat Zone Pay from the military	No		
Disability Payments from Insurance	Yes	Gross	Letter from insurance company, bank statements
Dividends, Interest	Yes	Gross	Bank statements, tax returns
Divorce Settlement	No		
Earned Income Credit	No		
Elderly programs (nutrition, AARP)	No		
Employer Paid Benefits	No		
Foster Child Stipend	No		
Gifts and Inheritances	No		

Housing Assistance	No		
Income from House members under 18	No		SSA benefits made to an adult representative payee in the household on behalf of a household member under 18 is counted as household income.
Income from Rental Property	Yes	Gross	Previous year tax return, receipts of payment, self-declaration
In-Kind payments	No		
Insurance Settlement	No		
Irregular income	Yes	Gross	Self-declaration, receipts of payment
Job Corps	No		
Jury Duty Pay	Yes	Gross	Pay stubs, bank statements
Life Insurance Payments	Yes	Gross	Statement from company, bank statements
Loans	No		
Lump sum Retirement	No		
Lump Sum Social Security Payments within the 3 months being considered	Yes	Net	Lump sum payments should be counted if the time period that the payments was for can be determined. If time the payment period cannot be determined, the lump sum payment can be excluded as income.
Medical Reimbursements	No		
Medicare/Medicaid	No		
Military Allotments (pay)	Yes	Gross	Paystubs, tax statements
One-time payment from a welfare agency	No		
Payments on behalf of a Household	No		
Plasma donation payments	No		
Pensions and Annuities	Yes	Gross	Award letter, benefits statement, bank statement
Railroad Benefits/Railroad Retirement	Yes	Net	Letter from Railroad administration, Social security documentation when applicable
Retirement benefits (recurring)	Yes	Gross	W-2's, Wage inquiries, letter or written statements from retirement provider
Reverse Mortgages	No		
Royalties	Yes	Gross	Contracts, pay stub, bank statements
Sale of Property	No		
Savings Principal	No		
School Lunch	No		
Self-employment Income	Yes	Gross	Previous year's tax return, self-declaration
Sheltered Workshops/Work Centers	No		

SNAP (Food Stamps)	No		
Social Security Retirement Benefits/Social Security Disability (SSDI)/ Supplemental Security Income (SSI)	Yes	Net	Social Security Award Certification Letter, bank statements, Social Security checks, tax forms, a letter from the bank including the deposit amount and date of receipt, Report of Confidential Social Security Benefit Information (SSA 2458) or written verification from the Social Security Administration (SSA) with a Form L634
Strike Benefits	Yes	Gross	Statements from the union, check stub.
Subsidized Housing	No		
Supportive Services for Employment	No		
TANF (Temporary Assistance for Needy Families)	No		
Tax refunds	No		
Township Trustee assistance	No		
Unemployment Compensation Benefits	Yes	Gross	Wage or Benefit Transcript from the LKE report. The net column on the LKE is the gross income.
Veterans Affairs Disability	Yes	Gross	Award letter, benefit statement, bank statement
Veterans Pension/Survivors Pension	Yes	Gross	Award letter, benefit statement, bank statement
Veterans Reduction Assistance Allowance	No		
Victims of Nazi Persecution	No		
VISTA	No		
Wages, salaries, tips, bonuses, garnished wages, tips, vacation pay, commission	Yes	Gross	Paystubs, W-2s, written statements from employers
Winnings, Prizes, and awards	Yes	Gross	Receipts, tax statements, self-declaration
Worker's Compensation	Yes	Gross	

Energy Assistance Program Income Verification Affidavit

This form is to be completed by anyone claiming zero income or undocumented income

Household Member: ______________________________________ **Application Key:** ____________________________

Section 1: I verify that I have received income as defined below, by the month but I have **NO** documentation for this income. Please write the year below the month. **Source of my income is:** ___________________________________

$	$	$	$	$	$	$	$	$	$	$	$
Jan 20____	**Feb 20____**	**Mar 20____**	**Apr 20____**	**May 20____**	**June 20____**	**July 20____**	**Aug 20____**	**Sept 20____**	**Oct 20____**	**Nov 20____**	**Dec 20____**

(Income sources may include but are not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, cashed vacation or sick pay, tips, pensions, disability payments from any source, dividends, interest, gambling winnings, railroad retirement benefits, military allotments, life insurance payments, workers compensation, unemployment or strike benefits, social security benefits for any age, and royalties.)

Section 2: I received **NO** income during the following months. *Check all that apply and write the year below the month.*

Jan 20____	**Feb 20____**	**Mar 20____**	**Apr 20____**	**May 20____**	**June 20____**	**July 20____**	**Aug 20____**	**Sept 20____**	**Oct 20____**	**Nov 20____**	**Dec 20____**

Section 3: Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. Include the amount of assistance received for each category and source. List State and Federal assistance, or other help. Please list **ALL** amounts and **from whom** help was received to meet living expenses over the past 3 months.
(For example: Section 8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)

Rent/Mortgage:	Help Received:$____________________ From Whom: ____________________________________ Paid to me ❑ Paid directly to landlord or mortgage company ❑
Utilities:	Help Received:$____________________ From Whom: ____________________________________ Paid to me ❑ Paid directly to utility ❑
Food:	Help Received:$____________________ From Whom: ____________________________________ Paid to me ❑ Paid directly to grocery store/retailer ❑
Other Household Expenses:	Help Received:$____________________ From Whom: ____________________________________ Paid to me ❑ Paid directly to store/retailer ❑

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

____ ____/____/____

Signature of Zero Income Applicant ***Date***

NOTARY ACKNOWLEDGEMENT **(Use for Weatherization Assistance Program Referral ONLY)**

WITNESS my hand and seal this ______ day of ___________________ 20____.

County of Residence: ________________ Notary Public – Signature ____

Commission Expires: ________________ Notary Public -Printed Name ____

Directions: Enter the clients **CURRENT** **Federal Gross Taxable Wage** off the **most recent paystub** and then enter the number of months the wages cover to calculate monthly pay. The form will automatically calculate 3 months worth of wages to be entered into database.
Print this form and include with file. Be sure to type or write CLIENT NAME, INCOME SOURCE, and APP KEY.

CLIENT NAME: ______________________ **APPLICATION KEY:** ____________

Use detail below to figure monthly earnings with a CURRENT pay stub:

Please be sure client signs a **ZERO INCOME AFFIDAVIT** for ANY months with **ZERO INCOME** for each person 18 years and over that is not a Full-Time student. A DWD is no longer required, but may be used with identifying Unemployment Benefits for income calculation process.
PLEASE BE SURE FORM CLARIFIES HOW THEY LIVE.

CLIENT NAME: ______________________

Year to Date Gross Federal Taxable wage	
(-)Child Support Paid (proof required)	
Enter number of months for above wages	
Total average monthly wage	#DIV/0!
# of months needed	
Total Wages for this Participant	#DIV/0!

____
Income Source/Type

Total Wages To Be Counted **#DIV/0!**

CLIENT NAME: ______________________

Year to Date Gross Federal Taxable wage	
(-)Child Support Paid (proof required)	
Enter number of months for above wages	
Total average monthly wage	#DIV/0!
# of months needed	
Total Wages for this Participant	#DIV/0!

____
Income Source/Type

Total Wages To Be Counted **#DIV/0!**

Intake Worker: ______________________

QA Initials: ______________________

Directions: To use the income calculation spreadsheet, you must have current documentation for benefits received monthly in equal allotments. You may use the stub from a payment voucher, bank statement, copy of check, or annual benefit notice.

Print this form and include with file. Be sure to type or write PARTICIPANT'S NAME, INCOME TYPE, AND APP KEY.

CLIENT NAME: ______________________ **APP KEY:** ______________

Use detail below for applications with regularly occurring income:

Social Security/ SSI/Other <u>REGULAR</u> Monthly Benefit - WE ONLY NEED <u>3 MONTHS OF CURRENT BENEFITS</u>.

Enter Soc Sec/SSI/monthly award amount:

Enter # of months: (# of months vary, use tool below.)

Income Type

Total Wages To Be Counted **$0.00**

Enter Soc Sec/SSI/monthly award amount:

Enter # of months: (# of months vary, use tool below.)

Income Type

Total Wages To Be Counted **$0.00**

If monthly income varies, use below method for calculating gross total **FOR 3 MONTHS ONLY** - documented proof required:

Year	Month	Monthly Amount
	January	
	February	
	March	
	April	
	May	
	June	
	July	
	August	
	September	
	October	
	November	
	December	

GROSS Total Wages for this Section **$0.00**

Intake Worker:

QA Initials:

Directions: Enter the clients **CURRENT** **Federal Gross Taxable Wage** in Box 1 on W-2's from January through April, as noted in your EAP manual. For Social Security* Benefits, you should use box 5 for 1099's. **Print this form and include with file. Be sure to type or write CLIENT NAME, INCOME SOURCE, and APP KEY.**

CLIENT NAME: ______ **APPLICATION KEY:** ______

USING W-2 or 1099 (January - April cutoff date in Manual), figure quarterly earnings:

Enter Amount Received in Box 1 for W-2's or Box 5 for Net Deposit on Social Security:

3 Months of Wages: $0.00

Income Type

***1099 for Social Security may be used year round.**

Total Wages To Be Counted **$0.00**

CLIENT NAME: ______ **APPLICATION KEY:** ______

USING W-2 or 1099 (January - April cutoff date in Manual), figure quarterly earnings:

Enter Amount Received in Box 1 for W-2's or Box 5 for Net Deposit on Social Security:

3 Months of Wages: $0.00

Income Type

***1099 for Social Security may be used year round.**

Total Wages To Be Counted **$0.00**

Intake Worker: ______

QA Initials: ______

Client Name: ____________________ Application Key: ____________

This form is locked to only input in the mauve spaces. Use to just tally consecutive pays to assess eligibility based on actual pay received. This may be used when a client is over income, using the wage calculator with the gross year-to-date or a W-2.

RECEIVED DATE **Use this, if counting the last 90 days income.**	(MM/DD/YYYY)	**Please count all employment income paid through and including date shown here.**	(Cell will update after date is entered)

WE NEED ALL STUBS FOR 3 COMPLETE MONTHS, PRIOR TO THE MONTH OF APPLICATION.

Total benefits here, then **PRINT** and **INCLUDE** with application:

Gross Taxable Wages Received: **$ -**

Paid Date	**Gross Federal Taxable Wage**

Paid Date	**Gross Federal Taxable Wage**

Intake Worker: ____________________

QA Initials: ____________________

Directions: Enter Gross Income on Federal Tax Document. Total wages to be counted will be automatically calculated. Remember to subtract employement wages, if any, if household members have additional employment income listed on tax return. Be sure to request **CURRENT pay stubs for those wages as well**. **Print this form and include with the file.**

CLIENT(S) MUST BE SELF-EMPLOYED TO USE THIS FORM.

CLIENT NAME: ____________ **APPLICATION KEY:** ____________

Use detail below to capture 3 months wages for self-employed participants:

GROSS INCOME (BEFORE DEDUCTIONS)

(-) MINUS ALL OLD YEAR EMPLOYMENT INCOME, if any, and **ASK** for **CURRENT** documentation of this income.

(+)Utility Deduction, if taken AND business is out of the home.

Please copy clients taxes with **ALL** supporting schedules.

SELF EMPLOYED

Income Source/Type

GROSS INCOME can be found on Schedule 1, which also defines what other schedules to request. On Schedule C - Use line 7, Schedule E - Use line 3, Schedule F - Use line 9, and for Schedule SE - Line 5a.

Total Quarterly Wages to be counted $ -

Total Wages To Be Counted **$ -**

CLIENT NAME: ____________

GROSS INCOME (BEFORE DEDUCTIONS)

(-) MINUS ALL OLD YEAR EMPLOYMENT INCOME, if any, and **ASK** for **CURRENT** documentation of this income.

(+)Utility Deduction, if taken AND business is out of the home.

Please copy clients taxes with **ALL** supporting schedules.

SELF EMPLOYED

Income Source/Type

GROSS INCOME can be found on Schedule 1, which also defines what other schedules to request. On Schedule C - Use line 7, Schedule E - Use line 3, Schedule F - Use line 9, and for Schedule SE - Line 5a

Total Quarterly Wages to be counted $ -

Total Wages To Be Counted **$ -**

Intake Worker: ____________

QA Initials: ____________

Client Name - Claimant: ____________________ Application Key: ____________________

This form is locked to only input in the mauve spaces. When calculating "Benefit Paid" for Unemployment Compensation, please take caution to use the actual GROSS Benefit, which is identified in the "NET" column. Do note this is not truly NET, but gross earnings for THIS income source.

RECEIVED DATE **Use this, if counting the last 90 days income.**	(MM/DD/YYYY)	**Please count all unemployment paid through and including date shown here.**	(Cell will update after date is entered)

DO YOU HAVE THE LAST 3 **COMPLETE** MONTHS WAGES, PRIOR TO THE RECEIVED DATE?

Total benefits here, then **PRINT** and **INCLUDE** with application: **Gross Unemployment Benefits Received:** $ -

Processed Date	"NET"

Processed Date	"NET"

Intake Worker: ____________________

QA Initials: ____________________

INCOME CALCULATION FORM

(PLEASE COLLECT ONLY THE LAST 3 MONTHS INCOME PRIOR TO THE APPLICATION DATE)

Household Member: **Application Key:**

Enter **NUMBER** for **MONTH** of **APPLICATION** **(Months requiring income documentation needed will highligh below, except for the following months: Jan (1), Feb (2), and March (3), which are typed to the left.)**

PLEASE IDENTIFY YEAR FOR EACH MONTH (ie. January 2016)				Income Source #1 / who's:	Income Source #2 / who's:	Income Source #3 / who's:	Income Source #4 / who's:
OCT - DEC	1	January:					
NOV - JAN	2	February:					
DEC - FEB	3	March:					
2nd QTR	4	April:					
	5	May:					
	6	June:					
3rd QTR	7	July:					
	8	August:					
	9	September:					
4th QTR	10	October:					
	11	November:					
	12	December:					
		TOTAL		$ -	$ -	$ -	$ -

Intake Worker: ______________________

QA: ______________________

Household income for this page: $ -

Client Name: ______________________ Application Key: ______________

This form is locked to only input in the mauve or red spaces. Drastic Loss includes conditions that prohibit employment, beyond the clients control. **Use this only for the individual requesting drastic loss exception.** Other household members must provide the last 3 MONTHS WAGES, prior to application month.

RECEIVED DATE OF APPLICATION	(MM/DD/YYYY)	**DRASTIC LOSS EVENT MUST HAVE HAPPENED PRIOR TO DATE SHOWN.**	(Cell will update after date is entered)

Drastic loss does NOT include voluntary resignation or dismissal. Loss MUST have happen within the last 90 days, the date shown in YELLOW.

Please answer **Y**es or **N**o to the following questions, before assessing a household under Drastic Loss of Income.
PRINT and **INCLUDE** with application and all supporting documents. Please include case notes below about your activities:

Has household been denied for being over income?		(Client must have been denied for being over income.)
Has there been a drastic change in income due to a sudden loss of earning within the last 3 months, related to unplanned business closing, layoff, or medical reasons?		(If yes, client is within the drastic loss period. Begin gathering information below.)
Did client provide a copy of the statement from his employer, union, or workforce development that employment was terminated or interrupted?		(A letter or other form of notification regarding employment status must accompany this request to be considered under "Drastic Loss of Income" by program manager.)
If no, was agency able to acquire this detail from another source?		
Has client COMPLETED and SIGNED an Income Verification Affidavit? Client should be treated as a zero income client.		(Income Verification Affidavit must be done and accompany this form)

NOTES:

(If any items are still red above, please revisit the item to clarify question/need, before providing this form with required detail to the program manager for consideration of "Drastic Loss of Income". If all documents are not included, you are require to define why it could not be obtain below. Please document all attempts to help our client obtain required detail for this consideration to be made. Make sure to date all correspondence and intial after each item.

Intake Worker: ______________________

QA Initials: ______________________

PY 2019 – 2020 BENEFIT MATRIX INSTRUCTION

Household Information (EAP Manual 8.2)

Name of Head of Household:	
Application No.:	County:
Household Income:	Date of Application:

- Enter household and case identification as indicated.

Poverty Level Determination (EAP Manual Section 8.3)

- Compute the household's gross income for the most recent three months available.
- Locate the point on the chart where the income falls and circle the income amount and the number of points to be awarded.
- Enter the number of points on the matrix under Poverty Points.

The maximum number of points is eight.

Dwelling (EAP Manual 8.4)

- Award two (2) points if the household lives in a mobile home.
- Award two (2) points if the household lives in a single, site built dwelling.
- Award one (1) point for households living in a duplex or multiplex (apartments).
- Award zero (0) points for a household living in any type of dwelling in which the **primary heating utility** is included in the monthly rent payment.

The maximum number of points two.

Fuel Source (EAP Manual 8.5)

- Award eleven (11) points if the household uses one of the bulk fuel sources: kerosene, LP Gas, oil, coal, wood, wood pellets, corn, or biofuel.
- Award two (2) points if the household heats with natural gas.
- Award two (2) points if the household heats with electric.

The maximum number of points eleven.

At Risk (EAP Manual 8.6 and 3.4)

- Award four (4) points only if the household has a member who has at least one of the at-risk factor elements.
- Veteran status can be illustrated with a DD214 form, VA benefit documentation, or military ID reflecting current or previous duty.

The maximum number of points four.

Total Points (EAP Manual 8.10)

- Add all of the points in each category for the Total Points.
- Multiply that amount by **$25** per point and enter the subtotal.
- Add the **$125** for the Electric utility, which is already on the form.
- Enter the amount of any Crisis benefit that the household is to receive. (See EAP Manual 7.1, 8.8, and 8.9)
- Add the amount of the benefit from the number of points, the electric benefit, and the crisis (if applicable) to determine the Total EAP Benefit.

Energy Assistance Program PY 2019 – 2020 Benefit Matrix

Name of Head of Household (HOH):	
Application No.:	**County:**
Household Income: $ **1 Mo./ 3 Mo. (circle one)**	**Date of Application:**

HOUSEHOLD SIZE	**≤ 30% of SMI**		**30% to 45% of SMI**		**45% to 60% of SMI**	
	1 Month	Three Months	One Month	Three Months	One Month	Three Months
1	$ 1,034	$ 3,102	$ 1,552	$ 4,656	$ 2,069	$ 6,209
2	$ 1,353	$ 4,059	$ 2,029	$ 6,087	$ 2,706	$ 8,119
3	$ 1,671	$ 5,013	$ 2,507	$ 7,521	$ 3,343	$ 10,029
4	$ 1,989	$ 5,967	$ 2,984	$ 8,952	$ 3,979	$ 11,940
5	$ 2,308	$ 6,924	$ 3,462	$ 10,386	$ 4,616	$ 13,850
6	$ 2,626	$ 7,878	$ 3,940	$ 11,820	$ 5,253	$ 15,760
7	$ 2,686	$ 8,058	$ 4,029	$ 12,087	$ 5,372	$ 16,119
8	$ 2,746	$ 8,238	$ 4,119	$ 12,357	$ 5,492	$ 16,477
	≤ 75% of FPL		**75% to 112.5% of FPL**		**112.5% to 150% of FPL**	
9	$ 2,990	$ 8,971	$ 4,485	$ 13,457	$ 5,980	$ 17,940
Points	**8**		**6**		**4**	

CATEGORY	**FACTORS**	**POINTS POSSIBLE**	**POINTS AWARDED**
Poverty Points	From Chart Above	**8, 6, 4**	
Dwelling	Mobile Home Single Site Built Multi-Unit *(duplex or greater)* Any dwelling with primary heat included in rent	**2** **2** **1** **0**	
Fuel Source	Bulk Fuels *(Kerosene, LP Gas, Oil, Coal)* *Wood/Wood Pellets/Bio Fuel/Corn* Natural Gas Electric	**11** **11** **2** **2**	
At-Risk	Elderly *(60+)*, individual with disability, veterans, and/or children *(5 years old or under)*	**4**	

Notes & Comments:

= Total Points	
x $25 per point	
+ Electric	$125
+ Crisis EAP	
= Total EAP Benefit	**$**

Intake Worker: **Date:**

Application Number: _______________ **Applicant Last Name:** ______________________

Application Type:____________________**Date of Application:** _______________________

Were additional Referrals given?

Was Client instructed to contact the Utility Vendor to make payment arrangements?

If in office appointment did intake specialist assist applicant with contacting vendor?

Has disconnect notice been received?

If so, what is the disconnect date? _________

Is service disconnected?

Utility vendor:

Gas/Bulk Fuel __________________ Electric____________________

Account #___________________ Account # ___________________

Was Utility Company Contacted?

Yes No

Gas/Bulk Fuel:

Date Contacted_____________ Time Contacted______________ CSR_____________

Electric:

Date Contacted____________ Time Contacted______________ CSR______________

Additional notes as needed:

____

____

____

____

Intake Specialist Initials:____________ Date:____________________

Indiana Housing & Community Development Authority

Self-Declaration of Primary Fuel Source Level

I, ______________________________________ *(print name)*, being of sound mind and at least 18 years of age, affirm that I have personal knowledge of the facts described in this form. *(Check the appropriate box)*

☐ I am a person who is within 10 days of having no heat due to low fuel source or prepaid electric

HEAT FUEL SOURCE *(describe)*:____

NOTE: Benefits will not be provided to individuals who move out of the State of Indiana or on behalf of individuals who are deceased.

CURRENT ADDRESS:

____

Address

__________________________ ________________ ______________________________________

City State Zip Code

UTILITY COMPANY/BULK FUEL PROVIDER/ACTIVE ACCOUNT NUMBER:

____ ________________________________

Utility Company or Bulk Fuel Provider Name Account Number

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this fraud or omission.**

Signature: ____ Date: ____/____/_____

Telephone Number: (_____)______-_________ *(in case IHCDA must contact you to process your request)*

Applicant/Head of Household: ____________________ **App Key:** ____________

Crisis Benefit Calculation Worksheet

This form is required if crisis is awarded!

Check the following information prior to calling the utility company (must answer Y or N):

Are the accounts in **household member's name age 18 or over?**

If no, did household complete **Utility Affidavit?**

Are the accounts at the **address of the EAP application?**

DID YOU CHECK THE CRISIS BOX AND PUT IN CASE NOTES?

Remember: Crisis cannot pay for water, sewage, trash, etc.

ELECTRIC Vendor:	
Date ELECTRIC Vendor Contacted:	
Vendor Representative talked to:	
Account Name:	
Electric Utility **Acct #**:	
Is there an outstanding deposit due?	
Arrears or DISCONNECT amount:	
(-) CRISIS AMOUNT USED:	
(-) Amount of REGULAR EAP:	
(-) Private funds used:	
(source of private funds)	
Total Benefit:	$0.00
Client responsibility prior to pledging:	**$0.00**

All utilities may receive up to $200 maximum crisis each. Total electric households may receive up to $400 maximum crisis - $200 toward the base electric and $200 toward heating costs. If disconnection or reconnection amount is less than $200, only apply the exact amount of crisis needed to prevent disconnection or restore service.

****

HEATING FUEL Vendor:	
Date HEAT Vendor Contacted:	
Vendor Representative talked to:	
Account Name:	
Heat Utility **Acct #**:	
Is there an outstanding deposit due?	
Arrears or DISCONNECT amount:	
(-) CRISIS AMOUNT USED:	
(-) Amount of REGULAR EAP:	
(-) Private funds used:	
(source of private funds):	
Total Benefit:	$0.00
Client responsibility prior to pledging:	**$0.00**

If there is a positive amount in the "Client responsibility prior to pledging" field, the client must pay his or her required contribution or you must document that the vendor has agreed to cancel disconnection or restore service for the amount of your pledge.

Remember: We can use federal funds for **connection and reconnection fees**. Deposits **CANNOT** be paid with LIHEAP funds.

Intake Caseworker: Date:

Intake Referral List

If a utility is about to be disconnected or is disconnected contact your utility vendor and notify them that you have applied for the Energy Assistance Program. You should make an attempt to establish a repayment agreement in order to prevent your utility from being disconnected. Fill in the information that pertains to your service area.

Local trustees: ____________________________________

Address:

Telephone Number:

Organization 1:

Address:

Telephone number:

Organization 2:

Address:

Telephone number:

Organization 3:

Address:

Telephone number:

Organization 4:

Address:

Telephone number:

Indiana Housing & Community Development Authority

Declaration of Absent Household Members

Application Key: ________________________

I, ____ *(name)*, being of sound mind and at least 18 years of age, affirm that I have personal knowledge of the facts described in this form.

APPLICATION ADDRESS:

____
Address

________________________________ IN ________________
City State Zip Code

Household Size ____________

The below individuals no longer reside in the household:

Name	**Where is the individual?**
______________________________________	_____________________
______________________________________	_____________________
______________________________________	_____________________
______________________________________	_____________________
______________________________________	_____________________
______________________________________	_____________________

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this misrepresentation or omission.**

Signature: _________________________________ Date: ____/____/_____

Telephone Number: (_____) ______ - ______________

(IHCDA may follow-up while your request for assistance is being processed or after your application has been processed.)

Indiana Housing & Community Development Authority

UTILITY AFFIDAVIT

Complete ONLY if your Utility Bills are in the name of someone not listed as a household member

Head of Household's Name: ______________________ Date: ______________

Address: ______________________ City/State/Zip: ______________________

Name of person listed on Heating bill:	**Name and address of person listed on Electric bill:**
Name: ______________________	Name: ______________________
Address: ______________________	Address: ______________________
City/State/Zip: ______________________	City/State/Zip: ______________________
Relationship of the household member to the individual listed on the utility bill (check one): ☐ Spouse or significant other ☐ Landlord ☐ Parent ☐ Child ☐ Deceased family member ☐ Other ______________________	Relationship of the household member to the individual listed on the utility bill (check one): ☐ Spouse or significant other ☐ Landlord ☐ Parent ☐ Child ☐ Deceased family member ☐ Other ______________________

In the space provided, please explain why your utility bill(s) is in the name of someone not listed as a household member:

____

____

Utility Affidavit

I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the monthly heating and electric bills.

I understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.

Signature of Head of Household: ______________________ Date: ______________

ENERGY ASSISTANCE PROGRAM (EAP)
LANDLORD AFFIDAVIT

Landlord: *Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency.* **Complete in blue or black ink only.**

APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City: State: **IN** Zip Code:	

UTILITY INFORMATION (to be completed by the landlord, property owner, leasing agent, or authorized designee **only**. Please complete entirely.)

Heating costs are (check one):	**Electric costs are (check one):**
❑ Responsibility of the landlord, included in the tenant's monthly rent payment. ❑ Responsibility of the tenant, but in the landlord's name ❑ Responsibility of the tenant	❑ Responsibility of the landlord, included in the tenant's monthly rent payment. ❑ Responsibility of the tenant, but in the landlord's name ❑ Responsibility of the tenant

Primary heating source (check one):
- ❑ Electric (furnace, baseboard, or wall unit)
- ❑ Natural gas
- ❑ LP gas, fuel oil, wood, coal, pellets, kerosene

How much does the tenant pay each month in rent? **$**_________________

Is the primary heating source operable?
❑ Yes ❑ No

I grant IHCDA permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City: State: Zip Code:	Phone: Email (optional):