

## 2024-2025 CLARK COUNTY

### Winter Crisis Program (WCP), Home Energy Assistance (HEAP) & Percentage of Income Payment Plan (PIPP)

#### TO APPLY FOR THE WCP, HEAP OR PIPP PROGRAMS YOU MUST:

- 1) **Complete an application** (see Where To Get An Application below)
- 2) **Submit the completed application with ALL required documents** (see Required Document List below)
- 3) **Schedule a phone interview appointment** (see How to Schedule an Interview Appointment below)

#### WHERE TO GET AN APPLICATION?

**Applications can be picked-up and dropped off**

**Monday-Friday 8:00a-5:00p (Excluding holidays) at:**

**The E-HEAP DRIVE THRU**

**600 West Main St., Springfield, Ohio 45504**

*(follow the signs to the back of the lot)*

A **drop-slot for after-hours is also available** on the HEAP building (large building) which is to the right of the drive-thru (look for the slot on the building between the 2 doors).

#### REQUIRED DOCUMENT LIST:

**You must submit the following documents prior to your phone appointment:**

- Completed Signed Application
- All household income verification 30 days or past 12 months (**read Required Documents Checklist Details sheet attached**)
- Picture I.D. for Person Applying
- All Household Citizenship (Social Security Cards or Birth Certificates)
- Electric Bill & Gas Bill

#### HOW TO SCHEDULE AN INTERVIEW APPOINTMENT:

**All appointments must be scheduled by phone or online.**

**Schedule by phone CALL: 937-342-3186 Option 2** or

**Schedule online @: <https://app.capappointments.com/>**

Appointment scheduling is available 24 hours a day.

**A live representative is available Monday-Friday between 8am-12pm and 1pm-2pm (Select Prompt #4)**

# REQUIRED DOCUMENTS CHECKLIST DETAILS

**READ CAREFULLY to ensure efficient processing of your application!**

**You are REQUIRED TO PROVIDE THE FOLLOWING DOCUMENTATION to apply for Winter Crisis Program (WCP), home Energy Assistance (HEAP), AND/OR the Percentage of Income Payment Plan Plus (PIPP) Programs:**

- **Proof of Citizenship for ALL household members.** (Social Security cards, birth certificates or other required documents for proof of legal residency)
- **Picture ID card** of the primary household member applying.
- **Applying for HEAP/PIPP? Provide a current electric AND/OR gas bill.**
- **Proof of total household income for everyone in the household 18 years or older.**
- **Income includes: Wages (check stubs must show name of employee, gross income AND year-to-date gross income from previous 12 months. IF this information is not obtainable, you MUST submit a completed **Employment Verification Form**—verified and signed by the employer. (Form is provided in envelope)**
  - Unemployment
  - Utility Assistance
  - TANF, OWF (provide a printout to show activity for the past 12 months)
  - Social Security Income, SSI, or SSDI payments, Lump Sum pay outs from SSI, SSDI
  - Workman’s Compensation (BWC)
  - Alimony
  - IRA’s, Annuities, Other Investments
  - Estate and Trust Settlements
  - Divorce Settlements
  - VA disability or VA Service Connected or Non-service income statement
  - Insurance payout, Lottery Winnings, Interest Income, Work Study
  - Employment Disability
  - Child Support (provide a printout to show activity for the past 12 months)
  - PELL Grant Refunds (provide a statement showing the month of your refund)
  - Do you receive **Seasonal Income** (construction workers, teachers, landscapers etc.)? You must provide 12 months of pay stubs with gross year-to-date AND a Seasonal Employment Form (form is provided in envelope).
  - Are you **Self-Employed** (own your own business, receive rental income, provide babysitting or daycare, do home party sales, odd jobs, etc.)? **IF Yes:**
    - You must provide a copy of your filed IRS form 1040 and Schedule 1.
    - Self-Employment Income and Expense Form for the past 12 months.
    - Most recent 1099.
    - **If you did not** report taxes, an IRS non-filing letter must be provided from the IRS.

- **Have No Income? SEE ZERO INCOME INFORMATION SHEET** (form is provided in envelope)  
You **MUST** to be able to explain how you have been meeting your basic needs for the past 12 months (including how you are paying for housing, purchasing food, etc.).
  - If you receive food stamp assistance and/or child support, provide a printout to show activity for the past 12 months
  - If you receive housing assistance (SMHA/HUD), you will need a copy of your lease or a letter from that office stating your rent amount and your utility allowance you received for the past 12 months.
- **Establishing new service or transferring service? You MUST** call the utility companies first, apply for service(s) and provide new pending account numbers. **Is your utility currently off/disconnected?** You will be responsible for paying the reconnect fee. Please contact the utility companies to pay fee(s) and submit a copy of receipt(s) in your envelope before scheduled appointment.

## ELIGIBLE HOUSEHOLD INCOME GUIDELINES: 175%

1 Person Household	\$26,355
2 Person Household	\$35,770
3 Person Household	\$45,185
4 Person Household	\$54,600
5 Person Household	\$64,015
6 Person Household	\$73,430
7 Person Household	\$82,845
8 Person Household	\$90,515

### ADDITIONAL INFORMATION

- **Are you representing an applicant?** You must provide a **notarized statement** from them giving you permission to process their application on their behalf.
  - If you are representing an applicant who will NOT be with you on the call during their scheduled appointment, you must provide us YOUR photo I.D. in order for the customer's application to be processed.
- If a customer is medically home bound and there is no one in the household that can represent them for their appointment, and they do not have a family member able to represent them, they can request a Home Visit by calling: 937-342-3186 or email: [heap@oicofclarkco.org](mailto:heap@oicofclarkco.org)
- **Customer Service numbers:**
  - Columbia Gas: 1-800-344-4077
  - Ohio Edison: 1-800-633-4766
  - DP&L: 1-800-433-8500
  - Vectren: 1-800-227-1376

**ALL FORMS AND APPLICATIONS CAN BE FOUND ON-LINE @**

**[WWW.ENERGYHELP.OHIO.GOV](http://WWW.ENERGYHELP.OHIO.GOV)**



## ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2024 – MAY 2025

Ohio’s Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer’s utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home to help lower your energy bills, the Home Weatherization Assistance Program (HWAP) or Electric Partnership Program (EPP) can help. For HWAP and EPP, visit [energyhelp.ohio.gov](http://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](http://energyhelp.ohio.gov) and completing the online application, by completing this application and mailing it in, or by scheduling an appointment with your local energy assistance provider or HWAP/EPP provider. Applications completed online or by mail can take up to 12 weeks to process.

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

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

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

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

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

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

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

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

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

### JULY 2024 – MAY 2025 Income Guidelines

Size of Household			
1		\$26,355	\$30,120
2		\$35,770	\$40,880
3		\$45,185	\$51,640
4	<b>(175%) (For PIPP, EPP, HEAP, WCP and SCP)</b>	\$54,600	<b>(200%) (For HWAP)</b>
5		\$64,015	
6		\$73,430	
7		\$82,845	\$94,680

When determining households up to seven members for HEAP, SCP, and WCP, 175% of the Federal Poverty Guidelines (FPG) is used. For HEAP, SCP, and WCP households over eight members, 60% State Median Income (SMI) is used. PIPP for all household sizes is 175% of the FPG. When determining 200% of the FPG, households with more than eight members must add \$10,760 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](http://energyhelp.ohio.gov) and create an account.

**Please note: HEAP benefits will be applied to your utility bill starting in January 2025.**

If you have questions, please contact your local energy assistance provider or send us a message by visiting [energyhelp.ohio.gov](http://energyhelp.ohio.gov) and clicking “contact us.”

## Accepted Citizenship Documentation (DO NOT SEND ORIGINAL DOCUMENTS)

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

## Accepted Proof of Income

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

\*All forms marked with an asterisk can be found at [energyhelp.ohio.gov](http://energyhelp.ohio.gov).

### Privacy Act Notice

DISCLOSURE: The disclosure of Social Security numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

# Primary Household Member Personal Information Section\*

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

Date Received									
Client Number									

First Name*	M.I.	Last Name*
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Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	Date of Birth (MM / DD / YYYY)*
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Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins
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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 information required in order to process your application.**

## Primary Household Member Income Section\*

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

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

**† These categories MUST provide 12 months of income documentation**

## Household Members and Income Section

If you have additional household members (anyone living in your household at the same address), please complete Household Members and Income Section of the application (this section), on pages 2-4. If you have more than five household members, print an additional household member section page from [energyhelp.ohio.gov](http://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				U.S. Citizen / Legal Resident (Qualified Alien)*					
<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			<input type="checkbox"/> Yes <input type="checkbox"/> No		

  

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

**† These categories MUST provide 12 months of income documentation**



# Household Members and Income Section – Continued

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

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

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

**† These categories MUST provide 12 months of income documentation**



# 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"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>1</sup>		Other Earned Income <sup>1</sup>	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>	
\$		\$		\$		\$		\$	
Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>	
\$		\$		\$		\$		\$	

**† 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"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>1</sup>		Other Earned Income <sup>1</sup>	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>	
\$		\$		\$		\$		\$	
Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>	
\$		\$		\$		\$		\$	

**† 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 30 Days - \$	Past 12 Months - \$
<b>Total Eligible Income</b>	Total Household Income minus Total Household Deductions above \$	Total Household Income minus Total Household Deductions above \$

If applicable, please explain the difference in the past 30 days income from the past 12 months income.

**Please note:** Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit [energyhelp.ohio.gov](http://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 2024 – MAY 2025

## 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](http://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](http://energyhelp.ohio.gov) to report any changes to my total household income or number of household members, within 30 days of the change.
- To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
- To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies performing weatherization services and/or provide other energy related services.
- To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.
- To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.

### I understand

- I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
- If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.
- If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
- If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).
- If I make my PIPP payments in full and on time every month, I will receive a credit for 1/24th of my total past-due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
- If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past-due amounts owed on my utility accounts.
- If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.
- I am legally responsible for all past-due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past-due amounts are not paid in full, the utility companies may use any standard means of collection for the past-due amounts on my accounts.
- I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

## General Authorization

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

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

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

**PLEASE SIGN and Drop off at HEAP Drive-Thru  
or our drop box**

**600 W. Main St., Springfield OH 45504**

**X Sign Here**

**Application Date**

# ZERO INCOME INFORMATION SHEET

## If you claim ZERO INCOME:

- If you own the home, you will need to provide your most recent mortgage and or property tax paper to show how the mortgage and/or property taxes were paid.
- If a family member or friend have been helping you, a **SIGNED** letter will need to be provided by the individual and the letter **MUST** include the following information:
  - The Letter must be **dated and include the address** and **phone number** of the individual providing the assistance.
  - The Letter must detail what the individual has assisted you with, and how often they provide the assistance. **\*\*\*If multiple individuals have assisted you**, a letter from each individual is also required with the following information:
    - ***If money is provided, the letter must state the dates and the amount of money that was provided for the past 12 months.***
    - ***If the assistance is paid on your behalf directly, (bills, clothes, food, etc.), the letter must state the dates and amounts for the past 12 months and must state “No Cash Exchanged”***
- If you have been living off of a **Tax Return** or **Savings**, you will need to provide a copy of your Tax Return or bank statements that show the money being withdrawn for the past 12 months.
- If you claim that you don't receive assistance from a family member or friend, you will be required to provide a **Tax Transcript** from the IRS (*see below for how to access Transcripts*).
- If you are reporting zero income and were not required to file taxes, you will need to provide a **Verification of Non-Filing Status Transcript** from the IRS. (*see below for how to access Transcripts*).
- **IRS Tax Transcripts can be accessed by:**
  - Phone: 1-800-908-9946
  - On-line: <https://www.irs.gov/individuals/get-transcript>



# Client Letter of Support Form

*(This form is needed if claiming Zero Income OR if your Case Manager request during your phone interview)*

*This form is required for each individual that has assisted the client*

## Name of Client that Support is for:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## Name of Person Providing Support:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## Address of Person Providing Support:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Telephone Number of Person Providing Support

Phone Number: \_\_\_\_\_

## If Money is provided, state the dates and the amount of money for the past 12 months:

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

## If Assistance is Paid on Behalf of Client Directly (bills, clothes, food, etc.)

state the dates and amounts for the past 12 months and must state **"No Cash Exchanged"**

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

**Signature of person providing support:** \_\_\_\_\_





# Client Letter of Support Form

*(This form is needed if claiming Zero Income OR if your Case Manager request during your phone interview)  
This form is required for each individual that has assisted the client*

## Name of Client that Support is for:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## Name of Person Providing Support:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## Address of Person Providing Support:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Telephone Number of Person Providing Support

Phone Number: \_\_\_\_\_

## If Money is provided, state the dates and the amount of money for the past 12 months:

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

## If Assistance is Paid on Behalf of Client Directly (bills, clothes, food, etc.)

state the dates and amounts for the past 12 months and must state **"No Cash Exchanged"**

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

**Signature of person providing support:** \_\_\_\_\_

**Appendix VIII: Employment Verification**

**Employment Verification Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**If pay stubs are not available, the client's employer must complete the box below.**

Please submit information to local Energy Assistance Provider:

**\*\*To be completed by the Employer Only\*\***

Please complete the below information, sign and return to the agency listed above.  
Your assistance is appreciated.

Date employment began: \_\_\_\_\_ Date first paycheck issued: \_\_\_\_\_

Date employment ended (if applicable): \_\_\_\_\_

Date last paycheck was issued: \_\_\_\_\_ Gross amount of last pay: \_\_\_\_\_

Provide the information below for the last 30 days, if providing 12 months of employment attach a separate document with that information.

Date paycheck issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:

Employer Address: \_\_\_\_\_

Employer Name (print): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Employer Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix VII: Self-Employment Income and Expense Form**

**Self-Employment Income and Expense Form**

**Failure to complete all sections below, may delay the processing of your application.**

Examples of self-employment include owning your own business, babysitting, daycare, home party sales, landlord, odd jobs, rideshare drivers, Ohio Electronic Child Care, selling items on eBay or similar platform, etc.

If you do not file a Form 1040 with the IRS, you must provide an **IRS Verification of Non-Filing Letter**, along with this completed form.

Name of Self-Employed Person: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
<b>12-month Income Total:</b>			<b>12-Month Expense Total:</b>		
<b>Total Business Income (Income minus Expenses):</b>					

Attach additional pages as necessary.

I certify under penalty of perjury, that this income and expenditure information is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Appendix IX: Seasonal Employment Verification**

**Seasonal Employment Verification Form**

Seasonal employees are required to provide **12 months of income documentation**. If pay stubs are not available, the employer **must** complete the information below.

Household members who work on a 12-month contract but will be paid over a period of less than 12 months or are **employees** hired into a position for a short term. They are mostly part-time or temporary workers helping with increased work demands or **seasonal** work arising in different industries.

Local Energy Assistance Provider Contact Information: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

**\*\*To be completed by the Employer Only\*\***

Please complete the below information, sign and return to the agency listed above.  
Your assistance is appreciated.

Date employment began: \_\_\_\_\_ Date first paycheck issued: \_\_\_\_\_

Date employment ended (if applicable): \_\_\_\_\_

Date last paycheck was issued: \_\_\_\_\_ Gross amount of last pay: \_\_\_\_\_

Provide the information below for the last 12 months from the date above or attach a separate document to this form.

Date issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:

Employer Name (print): \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name (print): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_



**OPPORTUNITIES  
FOR INDIVIDUAL CHANGE**

**Please take a minute and take our Customer Survey to help better serve you as our valued clients!**

**You can either scan the below QR Code or you can go to:**

**<https://www.surveymonkey.com/r/ZW9VFRX>**

