Ohio's Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer's utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home, the Home Weatherization Assistance Program or Electric Partnership Program can help. Visit energyhelp.ohio.gov to find your local provider.

You can apply for the Energy Assistance Programs by completing this application and mailing it in, by scheduling an appointment at your local Energy Assistance Provider or by visiting energyhelp.ohio.gov and completing the application online. If you mail in your application, it can take up to 12 weeks to process. Please note: HEAP benefits will be applied to your bill starting in January.

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

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

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

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

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

- A regulated or unregulated utility (gas & electric)
- A legal fireplace (wood)
- A permanently free-standing fuel tank (oil & propane)
- A legally vented wood/coal stove

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

If eligible, the HEAP benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the energy bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 6% of your total household income for the past 30 days, depending on your heating source.

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

- Home Energy Assistance Program (HEAP)
- Reverification of Percentage of Income Payment Plan Plus (PIPP)

### 2019–2020 Income Guidelines

<table>
<thead>
<tr>
<th>Size of Household</th>
<th>Total Gross Annual Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>up to $18,735</td>
</tr>
<tr>
<td>2</td>
<td>up to $25,365</td>
</tr>
<tr>
<td>3</td>
<td>up to $31,995</td>
</tr>
<tr>
<td>4 <em>(150%)</em></td>
<td>up to $38,625</td>
</tr>
<tr>
<td>5 <em>(175%)</em></td>
<td>up to $45,255</td>
</tr>
<tr>
<td>6 <em>(200%)</em></td>
<td>up to $51,885</td>
</tr>
<tr>
<td>7</td>
<td>up to $58,515</td>
</tr>
<tr>
<td>8</td>
<td>up to $65,145</td>
</tr>
</tbody>
</table>

When determining 150% of the federal poverty guidelines, households with more than eight members must add $6,630 to the yearly income or $552.50 to the 30-day income for each additional member. When determining 175% of the federal poverty guidelines, households with more than eight members must add $7,735 to the yearly income or $644.58 to the 30-day income for each additional member.

### How can I check the status of my application?

To check the status of your application, please visit energyhelp.ohio.gov and create an account.

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

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

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.
### Accepted Citizenship Documentation

<table>
<thead>
<tr>
<th>Proof of U.S. Citizenship</th>
<th>Proof of Legal Resident/Qualified Alien</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Baptismal Records</td>
<td>2. INS ID Card</td>
</tr>
<tr>
<td>(Only when place and date of birth is shown)</td>
<td>3. Alien Registration Cards/Re-entry permits</td>
</tr>
<tr>
<td>3. Indian Census Record</td>
<td>4. INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993)</td>
</tr>
<tr>
<td>4. Military Service Record</td>
<td>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</td>
</tr>
<tr>
<td>5. U.S. Passport</td>
<td>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</td>
</tr>
<tr>
<td>6. Verified Citizenship for Ohio Work First (OWF) Program</td>
<td>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</td>
</tr>
<tr>
<td>7. Voter Registration Cards</td>
<td>8. Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act</td>
</tr>
<tr>
<td>8. Social Security Cards</td>
<td>9. INS Form I-688</td>
</tr>
<tr>
<td>(Social Security Cards administered by Social Security Administration that do not include notes regarding work authorization status will be accepted).</td>
<td></td>
</tr>
</tbody>
</table>

### Accepted Proof of Income

<table>
<thead>
<tr>
<th>Fixed Income</th>
<th>Earned Employment Income</th>
<th>Supplemental Income</th>
<th>Other Sources of Income</th>
<th>Other Earned Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Award/Benefit letter</td>
<td>□ Award/Benefit Income</td>
<td>□ Copy of check/award amount letter</td>
<td>□ Statement from Financial Institution</td>
<td>□ Pay stubs indicating amount received within the previous 12 months from the date of the application</td>
</tr>
<tr>
<td>□ Payment printout/statement from issuing agency</td>
<td>□ All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received</td>
<td>□ ODJFS documents/eligibility letter with amounts and dates</td>
<td>□ Copy of check or bank statement showing deposit</td>
<td>□ Self-Employment Income and Expense Form for the previous 12 months (form can be found at energyhelp.ohio.gov)</td>
</tr>
<tr>
<td>□ Copy of check or bank statement showing deposit</td>
<td>□ Completed and signed Employment Verification Form</td>
<td>□ Most recent IRS Form 1099</td>
<td>□ Most recent filed IRS Form 1040</td>
<td>□ Most recent filed IRS Form 1040 and Schedule 1</td>
</tr>
<tr>
<td>□ Most recent filed IRS Form 1040</td>
<td></td>
<td>□ Housing Authority Documentation</td>
<td>□ Most recent IRS Form 1099</td>
<td></td>
</tr>
<tr>
<td>□ Most recent IRS Form 1099</td>
<td></td>
<td>□ Lease/rental agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Payment printout/statement from issuing agency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Privacy Act Notice

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

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

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

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

<table>
<thead>
<tr>
<th>First Name*</th>
<th>M.I.</th>
<th>Last Name*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Social Security Number*</th>
<th>U.S. Citizen / Legal Resident (Qualified Alien)*</th>
<th>Military Status</th>
<th>Date of Birth (MM/DD/YYYY)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Active</td>
<td>Veteran</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disabled*</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
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Gender | Female | Male |
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Ethnicity | Hispanic, Latino or Spanish Origins | Not Hispanic, Latino or Spanish Origins |
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</table>

Race | American Indian/Alaskan Native | Asian | Asian/White | Black/African American | Black/African American/White |
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<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td>American Indian/Alaskan Native &amp; Black/African American</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>American Indian/Alaskan Native &amp; White</td>
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</tr>
</tbody>
</table>

Non-Cash Benefits | Supplemental Nutrition Assistance Program (SNAP) / Food Stamps | Housing Choice Voucher | Affordable Care Act Subsidy | Child Care Voucher |
<table>
<thead>
<tr>
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</table>

Family Type | Single Parent/Male | Non-related Adults with Children | Single Parent/Female | Multigenerational Household | Two-Parent Household | Other |
<table>
<thead>
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</table>

Housing Type | Own | Rent |
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<tbody>
<tr>
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</tbody>
</table>

Residence Structure | Mobile Home | Single-Family | Multi-Family Low Rise (3 stories or less) | Multi-Family High Rise (4 stories or more) |
<table>
<thead>
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</tbody>
</table>

Email Address

Preferred Method of Contact* | Email | Postal |
<table>
<thead>
<tr>
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<tbody>
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</table>

Mailing Address (number and street including route)*

City* | State* | Zip Code* | County* |
<table>
<thead>
<tr>
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<tbody>
<tr>
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</table>

Is Utility Service Address the Same* | Same as above | Different (list below) |
<table>
<thead>
<tr>
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<tbody>
<tr>
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</tbody>
</table>

Current Service Address (if different from above; number and street including route)

City | State | Zip Code | County |
<table>
<thead>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Do You Receive Rental Assistance* | Yes | No |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Landlord Organization (if you rent)

Landlord First Name* | Landlord Last Name* | Landlord Phone Number (including area code) |
<table>
<thead>
<tr>
<th></th>
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<tbody>
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</table>

Landlord Mailing Address (number and street including route)*

City* | State* | Zip Code* | County* |
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<tr>
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<tbody>
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</tr>
</tbody>
</table>

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If you have additional household members (anyone living under your roof at the same address), please complete page 2 of the application. If you have more than 5 household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your Energy Assistance Provider.

*Indicates required information in order to process your application. Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.
Household Members Section
Complete for anyone living in your home.

<table>
<thead>
<tr>
<th>Full Name*</th>
<th>Social Security Number*</th>
<th>Date of Birth (MM/DD/YYYY)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Relationship to person applying

<table>
<thead>
<tr>
<th>Disabled*</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Hispanic, Latino or Spanish Origins</th>
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Race

<table>
<thead>
<tr>
<th>American Indian/Alaskan Native</th>
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<th>Native Hawaiian/Other Pacific Islander</th>
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</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native &amp; Black/African American</td>
<td>Asian/White</td>
<td>Other Multi-Race</td>
</tr>
<tr>
<td>American Indian/Alaskan Native &amp; White</td>
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</tbody>
</table>

| U.S. Citizen / Legal Resident (Qualified Alien)* |
|                                               |
|       | Yes | No |

<table>
<thead>
<tr>
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</tbody>
</table>

| U.S. Citizen / Legal Resident (Qualified Alien)* |
|                                               |
|       | Yes | No |

<table>
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<th>Social Security Number*</th>
<th>Date of Birth (MM/DD/YYYY)*</th>
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</tbody>
</table>

| U.S. Citizen / Legal Resident (Qualified Alien)* |
|                                               |
|       | Yes | No |

<table>
<thead>
<tr>
<th>Relationship to person applying</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Household Income Section*

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fixed Income</th>
<th>Earned Employment Income</th>
<th>Supplemental Income</th>
<th>Other Sources of Income</th>
<th>Other Earned Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

- Social Security
- Supplemental Security (SSI)
- Social Security Disability Insurance (SSDI)
- Pension (Private & VA)
- Widow/Widower's Benefit
- Alimony
- Black Lung Pension

<table>
<thead>
<tr>
<th>Gross Income for the Past 30 Days</th>
<th>Gross Income for the Past 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fixed Income</th>
<th>Earned Employment Income</th>
<th>Supplemental Income</th>
<th>Other Sources of Income</th>
<th>Other Earned Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

- Social Security
- Supplemental Security (SSI)
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Page 3 of 6 (OVER)
Fill out the table below for additional household members. Print additional pages, as needed, for other household members with income.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Fixed Income</th>
<th>Earned Employment Income</th>
<th>Supplemental Income</th>
<th>Other Sources of Income</th>
<th>Other Earned Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Social Security</td>
<td>□ Wages</td>
<td>□ Unemployment</td>
<td>□ Cash withdrawn from IRAs / Annuities / Other Investments</td>
<td>□ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)</td>
</tr>
<tr>
<td>□ Supplemental Security (SSI)</td>
<td>□ Active Military Pay</td>
<td>□ Utility Assistance</td>
<td>□ Interest Income</td>
<td>□ Seasonal-employment (includes teachers, construction workers, etc.)</td>
</tr>
<tr>
<td>□ Social Security Disability Insurance (SSDI)</td>
<td>□ Utility Assistance</td>
<td>□ Workers’ Compensation</td>
<td>□ Lump Sum Payouts (SSI / SSDI / Estate &amp; Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings)</td>
<td>■ This category MUST provide 12 months of income documentation</td>
</tr>
<tr>
<td>□ Pension (Private &amp; VA)</td>
<td>□ Social Security Disability Insurance (SSDI)</td>
<td>□ Ohio Works First (TANF, ADC)</td>
<td>□ Other</td>
<td></td>
</tr>
<tr>
<td>□ Widow/Widower’s Benefit</td>
<td>□ Widow/Widower’s Benefit</td>
<td>□ Pension (Private &amp; VA)</td>
<td>□ Other</td>
<td></td>
</tr>
<tr>
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<td>□ Black Lung Pension</td>
<td>□ Black Lung Pension</td>
<td></td>
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</tbody>
</table>

Gross Income for the Past 30 Days: $ 
Gross Income for the Past 12 Months: $
Household Deductions Section*

Total Household Income Deductions (Choose all that apply)

- Attorney fees for estate or trust settlements
- Medicare Part B
- Self-employment IRS
- Medicaid Spend down (deductibles)
- Short and long term disability
- Child Support paid-out
- Medicare Part D (RX premium)
- Prescription Plans
- Reimbursement for work expenses
- Health Insurance Premiums
- Prescription Plans
- Health Care Spending Accounts

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.

<table>
<thead>
<tr>
<th>Total Household Income (add amounts from Household Income Section on Pages 3 &amp; 4)</th>
<th>Past 30 Days</th>
<th>Past 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Household Deductions (from Household Deductions Section on Page 5)</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

Total Eligible Income

$  

Total Household Income less Total Household Deductions above

$  

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

Please note: If there is no income in your household, please visit your local Energy Assistance Provider. Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit energyhelp.ohio.gov. Documentation of excluded income may be required to complete your application.

Utility Information Section*

If you wish to enroll in PIPP and have a regulated utility provider, please visit your local Energy Assistance Provider.

A list can be found at energyhelp.ohio.gov.

<table>
<thead>
<tr>
<th>How do you heat your home?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Gas</td>
</tr>
<tr>
<td>Fuel Oil or Kerosene</td>
</tr>
<tr>
<td>Electric (Includes baseboards)</td>
</tr>
<tr>
<td>Propane or Bottle Gas (L.P. Gas)</td>
</tr>
<tr>
<td>Coal, Wood, or Pellets</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company/Vendor</th>
<th>Account Number</th>
<th>Costs included in rent?</th>
<th>Shared Meter?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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?  
Yes  
No

Please provide your electric utility provider information (if not provided above):

<table>
<thead>
<tr>
<th>Electric Company/Vendor</th>
<th>Account Number</th>
<th>Costs included in rent?</th>
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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?  
Yes  
No

Page 5 of 6 ►
ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2019 – MARCH 2020

Terms of Agreement

I agree

To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.

To go to my local Energy Assistance Provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.

To contact my local Energy Assistance Provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.

To accept any energy efficiency programs offered by ODSA or its designated providers, if eligible.

To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to ODSA and agencies that perform weatherization services and/or provide other energy related services.

To allow ODSA to release my name, address, telephone number, household member information, and current status to the utility companies, and other Energy Assistance Providers.

To allow ODSA to share my usage and demographic data with organizations contracted by ODSA to evaluate the programs administered by ODSA.

I understand

That I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.

That if I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.

That if I do not make up missed PIPP payments by my stated Anniversary Date, I will be dropped from PIPP.

That I will be dropped from PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.

That if I move out of the service area for my gas/electric company I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past due amounts.

That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past due amounts are not paid in-full, the utility companies may use any standard means of collection for the past due amounts on my accounts.

That I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

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

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

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

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

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

X Sign Here

Application Date

Date Printed – May 2019

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