

## ENERGY ASSISTANCE PROGRAM

### Mail-in Form (page 1 of 2)

**ALL OF THE FOLLOWING MUST BE SENT WITH YOUR APPLICATION, otherwise your application WILL NOT be processed.**

**Proof of Income** for the past 12 months from each household member over 18, (see included list of sources of income).

**The last paid electric bill** (stub) that includes your name, address and account number.

**The last paid gas bill**, that includes your name, address and account number if you heat with gas.

**A delivery statement** from your fuel dealer if you use heating fuel, other than electric or natural gas.

**A copy of your rental lease** if any utilities are included in your rent, or are in the landlord's name, or are in a person's name that is not in your household.

**A copy of your last rent receipt** if you are renting.

**PLEASE PRINT ALL INFORMATION, fill in each blank**

Head of Household:	Date of Birth:
Address:	Phone: (      )
City:	IN, Zip:
Social Security Number:	Email address:
How many people live in this household (including yourself):	

Below list all people currently living in your household, **including YOURSELF**.

Please use the following race code: African American (B) White (W) Multi-Racial (M) Native American (N) Asian or Pacific Islander (A)  
 Ethnicity: Hispanic or Latino (H) Non-Hispanic or Non-Latino (N)

Full Name (for additional names, please use separate sheet)	Gender (m or f)	Date of Birth	Last Grade completed	Disabled Yes or No	Social Security Number	Health Ins Yes or No	Race	Ethnicity

List all household members that are veterans: \_\_\_\_\_

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**Mail-in Form (page 2 of 2)**

**Place an (X) beside those items that apply to your household.**

**If any utility cost is included in the rent or is in the landlord's name, please send a copy of lease**

Live in Single Family House

Live in apartment or townhouse

Live in Mobile Home

Live in Condominium

Own Home or Buying Home  Renting Home

**If renting, indicate monthly rent you pay: \$**

I receive HUD or Section 8 Rent Assistance or live in Public Housing: Yes  No

Is electric included in rent: Yes  No  (if yes, include copy of lease)

Is heating included in rent: Yes  No  (if yes, include copy of lease)

**Indicate which fuel is used to heat your home:**

NIPSCO Gas  Oil  LP Gas  Electric  Wood  Coal  Kerosene

Has your house been weatherized by Real Services in the last 10 years? Yes  No

**Place an (X) beside all categories that apply to your household:**

Two Parents  Single Parent  Other: \_\_\_\_\_

Migrant  Seasonal Farm Worker  Farmer

Do you receive food stamps? Yes  No  Amount per month: \$ \_\_\_\_\_

Is any household member an employee of REAL Services, Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_

This does NOT disqualify you from receiving an EAP benefit

Use the enclosed envelope to send all information requested, along with this application, add your return address, affix 2 - 42cent stamps and return immediately to:

**EAP, Real Services, Inc, P. O. Box 1835, South Bend, IN 46634**

Please sign below, indicating that all information enclosed herein and documentation provided by you is correct and that you give EAP permission to sign the application form for you, which will be prepared from the information submitted by you on this form.

With your signature you give permission to your fuel/electric provider to share your utility usage and payment history.

With your signature you give permission to REAL Services, Inc. to use your information for research and evaluation purposes. The use of information will be conducted with a maximum respect for the confidentiality of the information contained in this application.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

**If you have any questions about this form, please call EAP at 1-800-225-3367 or (574)232-6501**