

## **ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2025 - MAY 2026**

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) may help. For HWAP and EPP, visit energyhelp.ohio.gov to find your local provider and contact them for additional information.

You can apply for the energy assistance programs by visiting <u>energyhelp.ohio.gov</u> and completing the online application, by completing this application and mailing it with copies of documentation to the P.O. Box below, 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. Please visit energyhelp.ohio.gov for additional information.

## 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 2025 - MA	Y 2026 Income Guidel	lines ————	
Size of Household	<u> </u>			
1		\$27,387		\$31,300
2		\$37,012		\$42,300
3	(175%)	\$46,637		\$53,300
4	(For PIPP, EPP, HEAP,	\$56,262	(200%)	\$64,300
5	WCP and SCP)	\$65,887	(For HWAP)	\$75,300
6	1	\$75,512		\$86,300
7		\$85,137		\$97,300
8		\$94,762		\$108,300

When determining households up to eight 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 and EPP for all household sizes is 175% of the FPG. When determining 200% of the FPG for HWAP, households with more than eight members must add \$11,000 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: Applications are processed in the order received and may take up to 12 weeks from the date of your signed application.

HEAP benefits may be applied to your utility bill starting January 2026.

IMPORTANT: The HEAP Program runs from July 1, 2025 – May 30, 2026. Applications dated June 1, 2026 – June 30, 2026, will be processed for PIPP, EPP and/or HWAP only. Customers seeking HEAP must submit a new application starting July 1.

If you have questions, please contact your local energy assistance provider or send us a message by visiting <u>energyhelp.ohio.gov</u> and clicking "contact us."

The Chile of Ohio is an Entral Opposition Fundamental Property of Box (22 of ADA Candidae

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

#### Proof of U.S. Citizenship Proof of Legal Resident/Qualified Alien 1. Birth Certificate/Hospital Birth Records/Birth 1. Naturalization Papers/Certifications of Citizenship Registration Card 2. INS ID Card 2. Baptismal Records 3. Alien Registration Cards/Re-entry permits (Only when place and date of birth is shown) 4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993) 3. Indian Census Record INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d) 4. Military Service Record (5), 243(h), or 241(b)(3) of the Immigration and Nationality Act: or b) One or a 5. U.S. Passport combination of the following terms: Refugee, Parolee, or Asylee 6. Verified Citizenship for Ohio Works First (OWF) 6. Permanent Visa INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful Program admission for humanitarian reasons 7. Voter Registration Cards 7. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 8. Social Security Cards 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the immigration (Social Security Cards administered by Social and Nationality Act Security Administration that are valid for work authorization status only will not be accepted for 8. Court order stating deportation has been withheld pursuant to Section 241(b) citizenship verification) (3) or 243(h) or of the Immigration and Nationality Act 9. INS Form I-688

# **Accepted Proof of Income**

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
Award/Benefit letter  Payment printout/ statement from issuing agency  Copy of check or bank statement including deposit  Most recent filed IRS Form 1040 or Tax Transcript  Most recent IRS Form 1099	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)  Completed and signed Employment Verification Form*  Payroll Printout  Most current pay statement (Leave and Earning Statement (LES))	Copy of check/award amount letter  ODJFS documents/ eligibility letter with amounts and dates  Most recent IRS Form 1099  Housing Authority Documentation  Pay stubs received within the previous 30 days from the date of the application  Payment printout/ statement from issuing agency	Statement from Financial Institution  Copy of check or bank statement showing deposit  Most recent IRS Form 1099	Pay stubs indicating amount received within the previous 12 months from the date of the application  Self-Employment Income and Expense Form* for the previous 12 months  Most recent filed IRS Form 1040 and Schedules  Most recent IRS Form 1099  Seasonal Employment Verification Form*
All forms marked with an a	sterisk can be found at <u>ener</u>	gyneip.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 <u>NOT</u> 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.

FOLO	nice (	se ur	нy			
Date Received						
-						
Client	Numi	oer				

								<u> </u>			
First Name*	***************************************		M.I.		Last Name*	***************************************					
			·	:							
Canial Coqueity Number*	II S Citizon (I	and Decident /Ouglified Alient*		Military Cto				Data of Birth (Mare )	DD ////////		
Social Security Number*	U.S. Citizen/L	egal Resident (Qualified Alien)*		Military Sta				Date of Birth (MM /	יין טט אין אין טט אין אין אין אין אין אין		т г
	<u> </u>	Yes No		Acti	ve Veteran	□ No	Military Service				
Disabled* Yes No G	ender Fe	emałe Male	Ethnicit	by 🗌	Hispanic, Latino	or Spanish	Origins N	lot Hispanic, Latino or	Spanish Origins		
Race American Indian/Alaskan	Native	Asian				Na	tive Hawaiian/Oth	er Pacific Islander			
American Indian/Alaskan I	Native &	Asian/White				☐ ot	her Multi-Race				
Black/African American		<u> </u>									
American Indian/Alaskan I	Native & White	Black/Africa	in America	n		∐ W⊦	iite				
		Black/Africa	n America	n/White							
Non-Cash Supplemental Nutrition As	ssistance Program	Housing Cho	ice Vouch	er		Wo	men, Infants, and	Children (WIC)	Number of Ho	useholo	t
Benefits (SNAP) / Food Stamps		Hud-vash				Otl	har	ļ	Members		
Affordable Care Act Subsid	ly					Ш оп	ilei				
<u> </u>		Permanent S	Supportive	Housing							
Child Care Voucher											
						l					
Family Type Single Parent/Male	Non-rela	ted Adults with Children	House	ng Type	Own	Residen	ce Structure	Mobile Home			
Single Parent/Female	Multigen	erational Household			Rent			Single-Family			
Two-Parent Household	Other							Daniel Families	<b>0</b> 1 to -t 1		
	Other							Multi-Family Lov	v Kise (3 Stories	or iess)	
Single Person								Multi-Family Hig	h Rise (4 stories	or mon	e)
			<u> </u>								······································
Email Address				Phone Nur	nber (including a	rea code)					
				1	1						
				<u> </u>							
Preferred Method of Contact Email	Postal			<b>T</b>							
Mailing Address (number and street including route)*				Apt/Lot/Ur	it/Floor						
City*		State*		ZiP Code*	***************************************		County*				
•											
Is Utility Service Address the Same?* Same	e as above	Different (list below)					ŀ				
Common Common Add Common Common Add Common C		J*- 1-1			Secretary per to		******	and the second second		11115144	eggygge connected
Current Service Address (if different from above; numb	er and street incli	iaing route)		Apt/Lot/Ur	it/Floor						•
City		State		ZIP Code		,	County				
Do You Receive Rental Assistance?* Yes	No			Landlord O	rganization (if yo	ย rent)					7
.andlord First Name*	Landlord Last N	ane*		Landlord D	none Number - C	ell and/or	Landline (includin	g area code)*	, administrative and the second control of	S. (500) 40	agaras de Printe
werrace at 113,182511G	Landiora Last N			/	\ \	ea ariujul	sandini (metadi)	P a. ca cooc!			ļ
				(	<u>)</u>						
andlord Mailing Address (number and street including	route, Apt/Lot/U	nit/Floor)*		Landlord E-	Mail Address*						
_											
City*		State*		ZIP Code*			County*				

\* Indicates information <u>required</u> in order to process your application.

Missing information may delay processing of 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>1</sup>
Social Security Supplemental Security (SSI) Social Security Disability Insurance (SSDI) Pension (Private and VA) Widow/Widower's Benefit Alimony Black Lung Pension Lump Sum payout from these sources	Wages Active Military Pay	Unemployment Utility Assistance Workers' Compensation Employment Disability Payout Strike Benefit	II I (ADITALGAINS	Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment (includes teachers, construction workers, etc.)  categories MUST provide is of income documentation
Gross Income for the Past 30 Days	Gross Income for the Past 30 Days	Gross Income for the Past 30 Days	Gross Income for the Past 30 Days	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months	Gross Income for the Past 12 Months \$

## **Household Members and Income Section**

If you have additional household members (anyone living 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 <a href="mailto:energyhelp.ohio.gov">energyhelp.ohio.gov</a> or pick up another application at your energy assistance provider.

Full Name*		Socia	l Security Numl	per*	Date	of Birth (MM /	DD/YYYY)*	
Relationship to person applying								
Disabled* Yes No	Gender Female Ma	le Ethnicity	Hispanic, L	atino or Spanish Origins	Not Hispan	ic, Latino or Sp	anish Origins	
American India	n/Alaskan Native & As merican Bla	ian an/White ick/African American ick/African American/White		ative Hawaiian/ ther Pacific Islander ther Multi-Race hite	U.S. Cì		sident (Qualified 'es	1 Alien)*
Fixed Income	Earned Employment Income	Supplemental income		Other Sources of Income <sup>†</sup>		Other Earn	ed Income <sup>†</sup>	
Social Security Supplemental Security (SSI) Social Security Disability Insurance (SSDI) Pension (Private and VA) Widow/Widower's Benefit Alimony Black Lung Pension Lump Sum payout from these sources	Wages Active Military Pay	Unemployment Utility Assistance Workers' Compensatio Employment Disability Strike Benefit		Cash withdrawn from I Annuities / Other Inves Interest Income Lump Sum Payouts (Estate and Trust Settl. Divorce Settlements / Payout / Lottery Winni Dividends Capital Gains Other	ements / nsurance ngs)  † These	(includ babysi jobs, O Seasor (includ constru	nployment les owning own tting, home par hio Electronic C mal employment les teachers, uction workers, s MUST pro-	ty sales, odd hild Care, etc.) etc.) vide
Gross Income for the Past 30 Days	Gross Income for the <b>Past 30 Days</b>	Gross Income for the Past	30 Days	Gross Income for the Past	30 Days	Gross Incom	ne for the <b>Past</b>	30 Days
Gross Income for the Past 12 Months	Gross Income for the Past 12 Months	Gross Income for the Past 1	2 Months	Gross Income for the Past 1:	2 Months		e for the <b>Past 1</b> :	2 Months

# Household Members and Income Section - Continued

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

Fuli Name*			Social S	ecurity Nur	nber*	T 7 1	Da	te of Birth (MM	/ DD / YYYY)*	T1
Relationship to person applying										
Disabled* Yes No	Gender Female h	lale Ethnici	ity [	Hispanic	, Latino or Spanish O	rigins	Not Hispa	anic, Latino or S <sub>l</sub>	anish Origins	
Race American Ind	lian/Alaskan Native	isian			Native Hawaiian/		U.S.	Citizen / Legal R	esident (Qualifie	d Alien)*
ļ	L	sian/White			Other Pacific Islande	r			Yes No	
Black/African		llack/African American			Other Multi-Race					
American Ind	lian/Alaskan Native & White	llack/African American/	White		White					
Fixed income	Earned Employment Income	Supplemental Inco	ome		Other Sources o	f Income <sup>‡</sup>		Other Earr	ed income <sup>t</sup>	
Social Security	Wages	Unemploymen	ıt.		Cash withdr	awn from IRAs,	/	☐ Self-ei	nployment	
Supplemental Security (SSI)	Active Military Pay	Utility Assistan				)ther Investme		(inclus	ies owning own	
Social Security Disability Insurance	The manage of the same of the	Workers' Comp			Interest Inco	me			tting, home par hio Electronic C	-
(SSDI)					Lump Sum P	ayouts Frust Settlemer	ste (		nal-employment	
Pension (Private and VA)		Employment D	isability Pa	yout	1	lements / Insur		(includ	les teachers,	
		Strike Benefit			I	tery Winnings)		Constr	uction workers,	etc.)
Black Lung Pension					Dividends	_	† Thes	( se categorie:	· MUST ares	بأمام
Lump Sum payout from these sources					Capital Gains Other			ths of incom	-	
Gross Income for the Past 30 Days	Gross income for the Past 30 Days	Gross Income for th	ne <b>Past 30</b>	Days	Gross Income for	the Past 30 D	ays	Gross Incor	ne for the <b>Past</b>	30 Days
\$	\$	\$			\$			\$		
Gross Income for the Past 12 Months	Gross Income for the Past 12 Months	Gross Income for the	Past 12 M	onths	Gross Income for t	he Past 12 Mo	nths	Gross Incom	e for the Past 12	2 Months
\$	\$	\$			\$			\$		
Full Name*			Social Sec	urity Num	ber*		Date	of Birth (MM /	DD/YYYY)*	
Relationship to person applying	***************************************									
Disabled* Yes No	Gender Female Ma	lo rational		l uicanaia i	Latino or Spanish Ori	aina Ma	a b 13 la a a a	aia I atian	-1-1-0-1-1-	
DISPOILED TIES TIMO	Gender Compare Compare	le Ethnicit		mispanic, i	cauno or spanish or:	giiiz 🔲 i	оснізраі	nic, Latino or Spa	nish Origins	
Race American India	an/Alaskan Native As	ian		۱	ative Hawaiian/ Ither Pacific Islander		U.S. C	itizen / Legal Res	ident (Qualified	Alien)*
American India Black/African A	the state of the s	ian/White			ther Multi-Race			Ye	s No	
_	ın/Alaskan Native & White	ack/African American			hite					
- Anterior in the	81:	ack/African American/W	hite	Ш"	Title					
Fixed Income	Earned Employment Income	Supplemental Incor	ne	1 1	Other Sources of	Income <sup>†</sup>		Other Earne	d Income <sup>r</sup>	Markania
Social Security	Wages	Unemployment			I	wn from IRAs/		<del></del>	ployment	
Supplemental Security (SSI)	Active Military Pay	Utility Assistanc	:e		l —	her Investmen	ts	1 :	s owning own bi ing, home party	
Social Security Disability Insurance (SSDI)		Workers' Compe	ensation		Interest Incon				io Electronic Chi	
Pension (Private and VA)		Employment Dis	ability Pay	out	Lump Sum Pa (Estate and Tr	youts rust Settlement	s/	Seasona Seasona	l employment	
Widow/Widower's Benefit		Strike Benefit	- •		Divorce Settle Payout / Lotte	ements / Insura ery Winnings)	nce	1	s teachers, ction workers, et	tc.)
Alimony					Dividends	y statomigaj				
Black Lung Pension					Capital Gains		These	categories	MUST provi	de
Lump Sum payout from these sources				77	Other	12	monti	hs of income 	documenta	ation
Gross Income for the Past 30 Days	Gross Income for the Past 30 Days	Gross Income for the	Past 30 D	ays	Gross Income for t	the Past 30 Da	ys	Gross Incom	e for the Past 3	0 Days
\$	\$	\$			\$			\$		
Gross Income for the Past 12 Months	Gross Income for the Past 12 Months	Gross Income for the I	Past 12 Mo	nths	Gross Income for th	e Past 12 Mon	ths	Gross Income	for the Past 12 i	Months
\$	\$	\$			\$			Ś		

## 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 Sec	urity Number*	N. S.	Date of Birth (MM / DD / YYYY)*
Relationship to person applying				<b></b>	
Disabled* Yes No	Gender Female	fale Ethnicity	Hispanic, Latino or Spanish Origi	ins Not	Hispanic, Latino or Spanish Origins
Race American Ind	ian/Alaskan Native	Asian	Native Hawaiian/		
	· · · · · · · · · · · · · · · · · · ·	Asian/White	Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*  Yes No
Black/African	American	Black/African American	Other Multi-Race		
American Ind	an/Alaskan Native & White	Black/African American/White	White		
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of In	ocome <sup>†</sup>	Other Earned Income <sup>‡</sup>
					0 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Social Security  Supplemental Security (SSI)	Wages	Unemployment	Cash withdraw Annuities / Oth		Self-employment (includes owning own business,
Social Security Disability Insurance	Active Military Pay	Utility Assistance	Interest Income	e	babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.
(SSDI)		Workers' Compensation	Lump Sum Paye	outs ist Settlements /	
Pension (Private and VA)		Employment Disability Payo	Divorce Settlen	nents / Insuranc	e (includes teachers,
		Strike Benefit	Payout / Lotter	y Winnings)	construction workers, etc.)
Black Lung Pension			Dividends  Capital Gains	† T	 hese categories MUST provide
Lump Sum payout from these sources			Other		onths of income documentation
Gross Income for the Past 30 Days	Gross Income for the Past 30 Days	Gross Income for the Past 30 D	ays Gross Income for th	ne Pact 30 Dave	Gross Income for the Past 30 Days
\$	\$	\$	\$	.c. 1 23: 30 Day 3	\$
Gross Income for the Past 12 Months	Gross Income for the Past 12 Months	Gross Income for the Past 12 Mor		Past 12 Months	
\$	\$	\$	\$		\$
Full Name*		Social Secu	rity Number*		Date of Birth (MM / DD / YYYY)*
Full Name*		Social Secu	rity Number*		Date of Birth (MM / DD / YYYY)*
		Social Secu	rity Number*		Date of Birth (MM / DD / YYYY)*
Relationship to person applying					
	Gender Female Ma		rity Number*  dispanic, Latino or Spanish Origin	ns Not F	Date of Birth (MM / DD / YYYY)*  Iispanic, Latino or Spanish Origins
Relationship to person applying  Disabled* Yes No  Race American India	n/Alaskan Native				lispanic, Latino or Spanish Origins  J.S. Citizen / Legal Resident (Qualified Alien)*
Relationship to person applying  Disabled* Yes No  Race American India	n/Alaskan Native As	ale Ethnicity	dispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander		lispanic, Latino or Spanish Origins
Relationship to person applying  Disabled* Yes No  Race American India Black/African A	n/Alaskan Native As n/Alaskan Native & As merican BI n/Alaskan Native & White	ale Ethnicity []	dispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race		lispanic, Latino or Spanish Origins  J.S. Citizen / Legal Resident (Qualified Alien)*
Relationship to person applying  Disabled* Yes No  Race American India Black/African A	n/Alaskan Native As n/Alaskan Native & As merican BI n/Alaskan Native & White	ale Ethnicity	dispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander		lispanic, Latino or Spanish Origins  J.S. Citizen / Legal Resident (Qualified Alien)*
Relationship to person applying  Disabled* Yes No  Race American India Black/African A	n/Alaskan Native As n/Alaskan Native & As merican BI n/Alaskan Native & White	ale Ethnicity []	dispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race		lispanic, Latino or Spanish Origins  J.S. Citizen / Legal Resident (Qualified Alien)*
Relationship to person applying  Disabled* Yes No  Race American India Black/African American India	n/Alaskan Native As n/Alaskan Native & As merican BI n/Alaskan Native & White BI	sian sian/White ack/African American ack/African American/White	dispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race  White  Other Sources of Inc.  Cash withdrawn	.come <sup>†</sup>	Jispanic, Latino or Spanish Origins  J.S. Citizen / Legal Resident (Qualified Alien)*  Yes No  Other Earned Income!  Self-employment
Relationship to person applying  Disabled* Ves No  Race American India Black/African American India  Fixed Income  Social Security Supplemental Security (SSI)	n/Alaskan Native As n/Alaskan Native & As merican Bl n/Alaskan Native & White Bl	ale Ethnicity	dispanic, Latino or Spanish Origin Native Hawaiian/ Other Pacific Islander Other Multi-Race White Other Sources of Inc	come <sup>†</sup> I from IRAs /	Jispanic, Latino or Spanish Origins  J.S. Citizen / Legal Resident (Qualified Alien)*  Yes No  Other Earned Income!
Relationship to person applying  Disabled* Yes No  Race American India Black/African American India  Fixed Income  Social Security	n/Alaskan Native As n/Alaskan Native & As merican Bl n/Alaskan Native & White Bl Earned Employment Income Wages	ale Ethnicity sian sian/White ack/African American ack/African American/White  Supplemental Income Unemployment	ispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race  White  Other Sources of Inc  Cash withdrawn Annuities / Othe	come <sup>†</sup> I from JRAs / Ir Investments	Jispanic, Latino or Spanish Origins  J.S. Citizen / Legal Resident (Qualified Alien)*  Yes No  Other Earned Income!  Self-employment (includes owning own business,
Relationship to person applying  Disabled* Yes No  Race American India Black/African American India  Fixed Income Social Security Supplemental Security (SSI) Social Security Disability Insurance	n/Alaskan Native As n/Alaskan Native & As merican Bl n/Alaskan Native & White Bl Earned Employment Income Wages	sian sian/White ack/African American ack/African American/White  Supplemental Income  Unemployment Utility Assistance	dispanic, Latino or Spanish Origin Native Hawaiian/ Other Pacific Islander Other Multi-Race White Other Sources of Inc Cash withdrawn Annuities / Othe Interest Income Lump Sum Payo (Estate and Trus	come <sup>†</sup> I from IRAs / Ir Investments  uts  uts	J.S. Citizen / Legal Resident (Qualified Alien)*  Yes No  Other Earned Income!  Self-employment (includes owning own business, babysiting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment
Relationship to person applying  Disabled* Ves No  Race American India Black/African A American India  Fixed Income Social Security Supplemental Security (SSI) Social Security Disability Insurance (SSDI)	n/Alaskan Native As n/Alaskan Native & As merican Bl n/Alaskan Native & White Bl Earned Employment Income Wages	sile Ethnicity  sian sian/White ack/African American ack/African American/White Supplemental Income Unemployment Utility Assistance Workers' Compensation	ispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race  White  Other Sources of Inc  Cash withdrawn Annuities / Othe Interest Income	come!  Infrom IRAs / Infrom IR	J.S. Citizen / Legal Resident (Qualified Alien)*  Yes No  Other Earned Income!  Self-employment (includes owning own business, babysiting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment
Relationship to person applying  Disabled* Yes No  Race American India Black/African A American India  Fixed Income Social Security Supplemental Security (SSI) Social Security Disability Insurance (SSDI) Pension (Private and VA)	n/Alaskan Native As n/Alaskan Native & As merican Bl n/Alaskan Native & White Bl Earned Employment Income Wages	sian sian/White ack/African American ack/African American/White  Supplemental Income  Unemployment Utility Assistance Workers' Compensation Employment Disability Payor	dispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race  White  Other Sources of Inc  Cash withdrawn Annuities / Othe Interest Income Lump Sum Payo (Estate and Trus Divorce Settlem	ome <sup>†</sup> I from IRAs / Ir Investments  uts  uts tt Settlements / ents / Insurance Winnings)	J.S. Citizen/Legal Resident (Qualified Alien)*  Yes No  Other Earned Income!  Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment (includes teachers, construction workers, etc.)
Relationship to person applying  Disabled* Yes No  Race American India Black/African American India Black/African American India  Fixed Income Social Security Supplemental Security (SSI) Social Security Disability Insurance (SSDI) Pension (Private and VA) Widow/Widower's Benefit Alimony Black Lung Pension	n/Alaskan Native As n/Alaskan Native & As merican Bl n/Alaskan Native & White Bl Earned Employment Income Wages	sian sian/White ack/African American ack/African American/White  Supplemental Income  Unemployment Utility Assistance Workers' Compensation Employment Disability Payor	Alispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race  White  Other Sources of Inc  Cash withdrawn Annulties / Othe Interest Income Lump Sum Payo (Estate and Trus Divorce Settlem Payout / Lottery Dividends Capital Gains	come!  I from JRAs / Ir Investments  uts  ut Settlements / ents / Insurance Winnings)	Other Earned Income!  Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment (includes teachers, construction workers, etc.)
Relationship to person applying  Disabled* Yes No  Race American India Black/African American India Black/African American India Social Security Supplemental Security (SSI) Social Security Disability Insurance (SSDI) Pension (Private and VA) Widow/Widower's Benefit Alimony	n/Alaskan Native As n/Alaskan Native & As merican Bl n/Alaskan Native & White Bl Earned Employment Income Wages	sian sian/White ack/African American ack/African American/White  Supplemental Income  Unemployment Utility Assistance Workers' Compensation Employment Disability Payor	ispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race  White  Other Sources of Inc  Cash withdrawn Annuities / Othe  Interest Income  Lump Sum Payo (Estate and Trus Divorce Settlem Payout / Lottery  Dividends	come!  I from JRAs / Ir Investments  uts  ut Settlements / ents / Insurance Winnings)	J.S. Citizen/Legal Resident (Qualified Alien)*  Yes No  Other Earned Income!  Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment (includes teachers, construction workers, etc.)
Relationship to person applying  Disabled* Yes No  Race American India Black/African A American India Black/African A American India  Fixed Income Social Security Supplemental Security (SSI) Social Security Disability Insurance (SSDI) Pension (Private and VA) Widow/Widower's Benefit Alimony Black Lung Pension Lump Sum payout from these sources  Gross Income for the Past 30 Days	n/Alaskan Native Asmerican Bl n/Alaskan Native & Bl Earned Employment Income Wages Active Military Pay  Gross Income for the Past 30 Days	ale Ethnicity   sian sian/White ack/African American ack/African American/White  Supplemental Income  Unemployment Utility Assistance Workers' Compensation Employment Disability Payor Strike Benefit	Alispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race  White  Other Sources of Inc  Cash withdrawn Annuities / Othe  Interest Income  Lump Sum Payo (Estate and Trus Divorce Settlem Payout / Lottery  Dividends  Capital Gains  Other	omer  from IRAs / fr Investments  uts tt Settlements / ents / Insurance Winnings)	Other Earned Income!  Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment (includes teachers, construction workers, etc.)
Relationship to person applying  Disabled*	n/Alaskan Native Asmerican BI n/Alaskan Native & White BI  Earned Employment Income  Active Military Pay	ale Ethnicity  sian  sian/White  ack/African American  ack/African American/White  Supplemental Income  Unemployment  Utility Assistance  Workers' Compensation  Employment Disability Payou  Strike Benefit	Alispanic, Latino or Spanish Origin  Native Hawaiian/ Other Pacific Islander  Other Multi-Race  White  Other Sources of Inc  Cash withdrawn Annuities / Othe  Interest Income  Lump Sum Payo (Estate and Trus Divorce Settlem Payout / Lottery  Dividends  Capital Gains  Other	omer  from IRAs / fr Investments  uts tt Settlements / ents / Insurance Winnings)	Other Earned Income!  Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment (includes teachers, construction workers, etc.)
Relationship to person applying  Disabled* Yes No  Race American India Black/African A American India Black/African A American India  Fixed Income Social Security Supplemental Security (SSI) Social Security Disability Insurance (SSDI) Pension (Private and VA) Widow/Widower's Benefit Alimony Black Lung Pension Lump Sum payout from these sources  Gross Income for the Past 30 Days	n/Alaskan Native Asmerican Bl n/Alaskan Native & Bl Earned Employment Income Wages Active Military Pay  Gross Income for the Past 30 Days	ale Ethnicity   sian sian/White ack/African American ack/African American/White  Supplemental Income  Unemployment Utility Assistance Workers' Compensation Employment Disability Payor Strike Benefit	Native Hawaiian/Other Pacific Islander	ome!  I from IRAs / Ir Investments  uts It Settlements / ents / Insurance Winnings)  † Th  12 me	Other Earned Income!  Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.)  Seasonal employment (includes teachers, construction workers, etc.)  Mese categories MUST provide onths of income documentation  Gross Income for the Past 30 Days

### **Household Deductions Section\*** Health Care Spending Accounts Total Household Income Deductions (Choose all that apply) Attorney fees for estate or trust Reimbursement for work expenses Medicaid Spend Down (deductibles) Self-employment IRS allowable business expenses Child Support paid-out Medicare Premiums Short- and long-term disability Health Insurance Premiums Prescription Plans Total Deductions for the past 30 Days Total Deductions for the past 12 Months Ś \$ 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. Past 30 Davs Past 12 Months 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) Total Household Income minus Total Household Deductions above Total Household Income minus Total Household Deductions above Total Eligible Income \$ \$ If applicable, please explain the difference in the past 30 days income from the past 12 months' income. Please note: Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit energyhelp.ohio.gov. Documentation of excluded income may be required to complete your application. **Utility Information Section\*** How do you heat your home? Natural Gas Fuel Oil or Kerosene Electric (Includes baseboards) Propane or Bottle Gas (L.P. Gas) Coal, Wood, or Pellets Other Company/Vendor Yes Account Number Costs included in rent? No Shared Meter? Account Holder's First Name Account Holder's Last Name Relationship to Primary Client No Do you wish to enroll in PIPP and do you have a Yes If you are currently enrolled in PIPP, do you wish Yes to reverify on this account? regulated utility provider? Please provide your electric utility provider information (if not provided above): Electric Company/Vendor **Account Number** Costs included in rent? 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

Do you wish to enroll in PIPP and do you have a regulated utility provider?

Yes

## **ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2025 - MAY 2026**

### Terms of Agreement

#### l agree

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

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

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

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

To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies 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 eligible for EPP, I agree and/or understand that enrollment to accept EPP services is required to maintain eligibility for PIPP Plus.

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.

lauthorize 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 any designated agent or employee of the Director, or 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 notice of the disclosure and agrees to hold thou 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 Substantian of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Substantian of Taxation, the Ohio Department of Development, and the Director of the Ohio Department of Substantian of Taxation, the Ohio Department of Development, and the Director of the Ohio Department of Substantian of Taxation, the Ohio Department of Development, and the Director of the Ohio Department of Substantian of Taxation, the Ohio Department of Development, and the Director of the Ohio Department of Substantian of Taxation, the Ohio Department of Development of Development, and the Director of the Ohio Department of Substantian of Taxation, the Ohio Department of Development of Development of Development of Development of Taxation, the Ohio Department of Development of Development of Taxation of Taxation of Taxation of Taxation of Taxation of Taxation of Ta

tunderstand 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 electrics 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 MAIL APPLICATION TO:	
	Office of Community Assistance, Home Energy Assistance Program P.O. Box 1240, 43216 Columbus, Ohio	
X Sign Here	Application Date	
	Date Printed - June 2025	