Miami Valley community Action™
PARTNERSHIP
Helping People. Changing Lives.

Dear Owner:

Enclosed is the application for Weatherization Assistance that you requested. Please forward **copies** of the following items with the **completed application**:

1. Verification for the past 90 days of Income, for all persons 18 yrs. and older **(award letter, check stubs, printouts, etc.) **
2. Proof of ownership
3. Natural Gas & Electric bill: **Please submit the REQUIRED page #1 & #2 from your most current GAS and ELECTRIC BILL.**
4. Fuel bill (propane, fuel oil, kerosene)
5. Social Security Cards for all household members (copies)
6. ***Please put correct postage or envelope will be returned to you***

Please submit these items and application to me as soon as possible. If you have any questions, please feel free to contact me at the above number Monday – Friday 8:00 a.m. – 4:30 p.m.

Sincerely,

The Home Weatherization Assistance Program
937-341-5000 EXT. 226

Main Office
Montgomery County
719 S. Main Street
Dayton, OH 45402
937-341-5000

Darke County
1469 Sweitzer Street
Greenville, OH 45331
937-548-8143

Greene County
469 Dayton Avenue
Xenia, OH 45385
937-376-7747

Preble County
308 Eaton-Lewisburg Rd.
Eaton, OH 45320
937-456-2800

Weatherization & Housing Services
3155 Elbee Road, Suite 3
Moraine, OH 45439
800-617-2673

Miami Valley Community Action PARTNERSHIP
Helping People. Changing Lives.

719 South Main Street
Dayton, OH 45402

TOLL FREE: 1-800-617-2673
PHONE: 937-341-5000 Ext.226
FAX: 937-331-9362

CenterPoint Energy

PROPERTY OWNER'S RELEASE AND AUTHORIZATION

RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of weatherization materials, I, the customer at the address below, hereby release, acquit and forever discharge, CenterPoint Energy and Miami Valley Community Action Partnership (MVCAP), their officers, agents, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against CenterPoint Energy or MVCAP, their officers, agents, employees, successors, and assigns, on account of, or in any way growing out of the weatherization materials provided as well as the installation and use thereof.

I acknowledge that CenterPoint Energy, MVCAP, and their contractors are providing and installing weatherization materials on an "AS IS" basis, and that CenterPoint Energy and MVCAP, and their contractors DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION. I also acknowledge that any energy savings projected by CenterPoint Energy or MVCAP, or their contractors as a result of the installation of weatherization materials are estimates only.

I authorize CenterPoint Energy to release to its designees information about my account and about weatherization materials installed on the property at the address below.

Signed: _____ Date: _____
(Customer's Signature)

_____
Address

_____
City, State, Zip Code

_____
Customer Account Number

Home Weatherization Assistance Program
Homeowner/Authorized Agent Certification

I, _____ (Name of Homeowner/Authorized Agent) certify that I am the homeowner/authorized agent for the property located at the following address:

_____

_____

I further certify that I have given my permission to allow work on the property listed above which may include the following:

1. Drill sidewalls and replace exterior covering: YES _____ NO_____ N/A _____

2. Drill and plug interior walls: YES _____ NO_____ N/A _____

3. Lower the thermostat on the water heater: YES _____ NO_____ N/A_____

4._____

5._____

6._____

7._____

8._____

9._____

10._____

11._____

12. Other work that must be done in accordance with the State of Ohio Weatherization Field Guide for Home Energy Updates.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

I grant the Ohio Department of Development (Development) and its designees' permission to use information associated with this job for the purpose of conducting weatherization studies or statistical analyses. I understand that no information obtained shall be made public in such manner that the dwelling or its occupant(s) may be identified, except with written consent by the occupant.

Signed _____ Date _____
(Owner/Authorized Agent)

Signed _____ Date _____
(Energy Auditor)

30 E. Broad Street
Columbus, Ohio 43215 U.S.A.

614 | 466 6282
jfs.ohio.gov

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

Miami Valley Community Action Partnership
Weatherization Customer Intake Application

Client Number:	Program Name:	Application Date:
	☐ HEAP ☐ PIPP+ ☐ Winter Crisis ☐ Summer Crisis	

Primary Applicant

First Name:	M.I.:	Last Name:
Social Security Number:	**Date of Birth:**	**Gender:**
		☐ Female ☐ Male ☐ Other
Disabled: ☐ Yes ☐ No	**Veteran:** ☐ Yes ☐ No	**Food Stamps:** ☐ Yes ☐ No

Current Residential Address:

Current Mailing Address (if different from above):

City:	State:	Zip Code:	County:
Phone Number:		Email Address:	

Race:	Education:	Ethnicity:
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Other	☐ 0-8 ☐ 9-12 (Non Grad) ☐ HS Grad/GED ☐ 12 + Post-Secondary ☐ 2-4 Yr. Grad College	☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Household Information:

# In Household:	Family Type	Building Type	Work Status	Health Insurance Type
Housing Status ☐ Own ☐ Rent ☐ Other Permanent ☐ Housing ☐ Homeless ☐ Other	☐ Single Parent/Female ☐ Single Parent/Male ☐ Two-Parent Household ☐ Single Person ☐ Two Adults/No Children ☐ Non-related Adults with children ☐ Multigenerational Household ☐ Other	☐ Mobile Home ☐ Single Family ☐ Multi-family low- rise (3 stories or less) ☐ Multi-family high-rise (3 stories or more)	☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm Worker ☐ Unemployed (short-term, 6 months or less) ☐ Unemployed (long-term, more than 6 months) ☐ Unemployed (not in labor force) ☐ Retired ☐ Unknown/not reported ☐ Youth ages 14-24 who are neither working nor in school	☐ Medicaid ☐ Medicare ☐ Private/Employment ☐ Self-Insured/Direct Pay ☐ None ☐ State Children's Health Insurance Program ☐ State Health Insurance for Adults

Source of Income:	Income Period:	Income Amount:
☐ Employment ☐ Unemployment ☐ Self-Employment ☐ No Income ☐ Social Security ☐ TANF/ADC ☐ SSI/SSD ☐ Pension ☐ Disability ☐ Child Support ☐ Other (Please Specify) _____	☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly	

Household Members:

Last Name:						
First Name:						
Social Security #						
Date of Birth:						
Gender:						
Race:						
Education:						
Ethnicity:						
Disabled Y/N:						
Health Insurance:						
Relationship (i.e. daughter, son, spouse etc.)						
Income source:						

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____ Date: _____

CenterPoint Energy

CenterPoint Energy Weatherization Program Application

Name: _____ **SS#:** _____

Address: _____

Phone: _____ **Number in Household:** _____

CenterPoint account #: _____ e-mail address: _____

Household Income

List all persons in the household and identify all income sources and amounts for the past 90 days. You *must* provide documentation of all household income in order for this application to be processed. Attach additional page(s) if necessary.

Name	Age	Source of Income	Amount for past 90 days
			$
			$
			$
			$
			$
			$

Please read the following statement. If you do not understand any part of it or if you have any questions about what you are asked to sign, please ask someone at this agency to help you.

I certify that the information given by me in this application is true, accurate and complete to the best of my knowledge and understand that all of this information is subject to verification. I understand that by signing this application I authorize this agency and its representatives and designee's access to bank, employment, public assistance, utility account or any other records as may be required to verify any and all statements made in this application. I understand that no information obtained through this application shall be made public in such a manner that the dwelling or occupants can be identified. By signing this application, I understand that I may be held civilly and/or criminally liable under federal and State laws for knowingly making false or fraudulent statements.

_____ _____

Signature of Applicant **Date**

For Office Use Only:
CenterPoint Energy Client Information
Total Income prior to application date: 12 Months: _____
Verified by: _____ Date: _____

☐ 200% ☐ 300%

Department of Job & Family Services

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2026 – MAY 2027

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 energyhelp.ohio.gov and completing the online application, by completing this application and mailing it to your local energy assistance provider, 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).
- ☐ Electric Partnership Program (EPP).

JULY 2026 – MAY 2027 Income Guidelines

Size of Household	(175%) (For PIPP, EPP, HEAP, WCP and SCP)	(200%) (For HWAP)
1	$27,930	$31,920
2	$37,870	$43,280
3	$47,810	$54,640
4	$57,750	$66,000
5	$67,690	$77,360
6	$77,630	$88,720
7	$87,570	$100,080

When determining households up to seven members for HEAP, 175% of the Federal Poverty Guidelines (FPG) is used. For HEAP, households over seven 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 seven members must add $11,360 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 as early as October 2026.

IMPORTANT: The HEAP Program runs from July 1, 2026 – May 30, 2027. Applications dated June 1, 2026 – June 30, 2027, will be processed for PIPP, EPP and/or HWAP only. Customers seeking HEAP must submit a new application starting July 1, 2026.

If you have questions, please contact your local energy assistance provider 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.

Acceptable 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 Registration Card 2. Baptismal Records (Only when place and date of birth is shown) 3. U.S. Indian Census Record 4. Military Service Record 5. U.S. Passport 6. Verified Citizenship for Ohio Works First (OWF) Program 7. Voter Registration Card 8. Social Security Card (Social Security Cards administered by Social Security Administration that are valid for work authorization status only **will not** be accepted for citizenship verification)	1. Naturalization Papers/Certifications of Citizenship 2. INS ID Card 3. Alien Registration Cards/Re-entry permits 4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993) 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 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 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 8. Court order stating deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act 9. INS Form I-688

Acceptable 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 asterisk contact your local energy assistance provider to obtain a copy of the document

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.

For Office Use Only

Date Received
Client Number

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.

First Name*	M.I.	Last Name*

Social Security Number* ☐ Applying for Social Security Number		U.S. Citizen / Legal Resident (Qualified Alien)* ☐ Yes ☐ No	Military Status ☐ Active ☐ Veteran ☐ No Military Service	Date of Birth (MM / DD / YYYY)*

Disabled* ☐ Yes ☐ No	Gender ☐ Female ☐ Male	Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race

- ☐ American Indian/Alaskan Native
- ☐ American Indian/Alaskan Native & Black/African American
- ☐ American Indian/Alaskan Native & White
- ☐ Asian
- ☐ Asian/White
- ☐ Black/African American
- ☐ Black/African American/White
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other Multi-Race
- ☐ White

Non-Cash Benefits

- ☐ Supplemental Nutrition Assistance Program (SNAP) / Food Stamps
- ☐ Affordable Care Act Subsidy
- ☐ Child Care Voucher
- ☐ Public Housing
- ☐ HUD-VASH
- ☐ Permanent Supportive Housing
- ☐ Women, Infants, and Children (WIC)
- ☐ Other

Number of Household Members

Family Type

- ☐ Single Parent/Male
- ☐ Single Parent/Female
- ☐ Two-Parent Household
- ☐ Single Person
- ☐ Non-related Adults with Children
- ☐ Multigenerational Household
- ☐ Other

Housing Type

- ☐ Own
- ☐ Rent

Residence Structure

- ☐ Apartment
- ☐ Basement
- ☐ Building
- ☐ Mobile Home
- ☐ Single-Family
- ☐ Multi-Family Low Rise (3 stories or less)
- ☐ Multi-Family High Rise (4 stories or more)

Does anyone in your household receive any of the following Categorical Eligibility benefits? ☐ Yes ☐ No

If yes: ☐ SSI ☐ TANF ☐ LIHEAP ☐ HUD ☐ SNAP ☐ PRC ☐ WIC

Email Address ☐ Email ☐ Postal	Phone Number (including area code) ( )
Preferred Method of Contact	
Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor

City* ☐ Same as above	State* ☐ Different (list below)	ZIP Code*	County*

Is Utility Service Address the Same?*

Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor

City ☐ Yes ☐ No	State	ZIP Code	County

Do You Receive Rental Assistance?*	Landlord Organization (if you rent)

Landlord First Name*	Landlord Last Name*	Landlord Phone Number – Cell and/or Landline (including area code)* ( )

Landlord Mailing Address (number and street including route, Apt/Lot/Unit/Floor)*	Landlord E-Mail Address*

City*	State*	ZIP Code*	County*

*** Indicates information <u>required</u> in 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†	Other Earned 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	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other **† These categories MUST provide 12 months of income documentation**	☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)
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 energyhelp.ohio.gov or pick up another application at your energy assistance provider.

Full Name*	Social Security Number* ☐ Applying for Social Security Number	Date of Birth (MM / DD / YYYY)*
Relationship to person applying		

Education and Employment Information
☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate
☐ Graduate of other post-secondary school

Disabled* ☐ Yes ☐ No

Gender ☐ Female ☐ Male

Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race
☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/ Other Pacific Islander
☐ Other Multi-Race
☐ White

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

Do you currently have health insurance ☐ Yes ☐ No

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned 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	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other **† These categories MUST provide 12 months of income documentation**	☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)
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 – 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* ☐ Applying for Social Security Number	Date of Birth (MM / DD / YYYY)*
Relationship to person applying		

Education and Employment Information

☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school

Disabled* ☐ Yes ☐ No

Gender ☐ Female ☐ Male

Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race

☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/ Other Pacific Islander
☐ Other Multi-Race
☐ White

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

Do you currently have health insurance ☐ Yes ☐ No

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned 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	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other	☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)
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** $

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

Full Name*	Social Security Number* ☐ Applying for Social Security Number	Date of Birth (MM / DD / YYYY)*
Relationship to person applying		

Education and Employment Information

☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school

Disabled* ☐ Yes ☐ No

Gender ☐ Female ☐ Male

Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race

☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/ Other Pacific Islander
☐ Other Multi-Race
☐ White

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

Do you currently have health insurance ☐ Yes ☐ No

☐ 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	☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other	☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)
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** $

† **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* ☐ Applying for Social Security Number	Date of Birth (MM / DD / YYYY)*
Relationship to person applying		

Education and Employment Information

☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school

Disabled* ☐ Yes ☐ No | Gender ☐ Female ☐ Male | Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race

☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/ Other Pacific Islander
☐ Other Multi-Race
☐ White

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

Do you currently have health insurance ☐ Yes ☐ No

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income†	Other Earned 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	☐ Wages ☐ Active Military Pay	☐ Unemployment ☐ Utility Assistance ☐ Workers' Compensation ☐ Employment Disability Payout ☐ Strike Benefit	☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other	☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)
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** $

† These categories MUST provide 12 months of income documentation

Full Name*	Social Security Number* ☐ Applying for Social Security Number	Date of Birth (MM / DD / YYYY)*
Relationship to person applying		

Education and Employment Information

☐ Grade 0-8 ☐ Grade 9-12/Non-Graduate ☐ High School Graduate ☐ GED/Equivalency Diploma ☐ 12+ Some Post-Secondary ☐ Unknown/not reported ☐ 2 or 4 years college graduate ☐ Graduate of other post-secondary school

Disabled* ☐ Yes ☐ No | Gender ☐ Female ☐ Male | Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race

☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White
☐ Asian
☐ Asian/White
☐ Black/African American
☐ Black/African American/White
☐ Native Hawaiian/ Other Pacific Islander
☐ Other Multi-Race
☐ White

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

Do you currently have health insurance ☐ Yes ☐ No

☐ 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	☐ Cash withdrawn from IRAs / Annuities / Other Investments ☐ Interest Income ☐ Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) ☐ Dividends ☐ Capital Gains ☐ Other	☐ Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) ☐ Seasonal employment (includes teachers, construction workers, etc.)
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** $

† These categories MUST provide 12 months of income documentation

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)			
☐ Attorney fees for estate or trust settlements	☐ Health Care Spending Accounts	☐ Reimbursement for work expenses
☐ Child Support paid-out	☐ Medicaid Spend Down (deductibles)	☐ Self-employment IRS allowable business expenses
☐ Health Insurance Premiums	☐ Medicare Premiums	☐ Short- and long-term disability
	☐ 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.

	Past 30 Days	Past 12 Months
Total Household Income (add amounts from Household Income Section on pages 3 & 4)	$	$
Total Household Deductions (from Household Deductions Section on page 5)	– $	– $
Total Eligible Income	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. 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	Account Number	Costs included in rent? ☐ Yes ☐ No	Shared Meter? ☐ Yes ☐ 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? ☐ Yes ☐ No	Do you wish to enroll in PIPP and do you have a regulated utility provider? ☐ Yes ☐ No

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

Electric Company/Vendor	Account Number	Costs included in rent? ☐ Yes ☐ No	Shared Meter? ☐ Yes ☐ 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? ☐ Yes ☐ No

Do you wish to enroll in PIPP and do you have a regulated utility provider? ☐ Yes ☐ No

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2026 – MAY 2027

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 Ohio Department of Job and Family Services 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 Ohio Department of Job and Family Services and agencies performing weatherization services and/or provide other energy related services.

To allow Ohio Department of Job and Family Services to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.

To allow Ohio Department of Job and Family Services to share my usage and demographic data with organizations contracted by Ohio Job and Family Services to evaluate the programs administered by Ohio Job and Family Services .

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.

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 Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Job and Family Services 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, 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, 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 Job and Family Services , 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 Job and Family Services , 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.

Return this application to your local energy assistance provider.

To find the location nearest to you, visit jfs.ohio.gov/communitymap.

X Sign Here _____ **Application Date** _____

Homeowner/Tenant Acceptance

Dear Customer:

AES Ohio offers the Residential Low-Income Assistance Program to customers who are qualifying homeowners and tenants to help make their homes safe and more energy efficient, as well as to assist the customer in reducing energy costs.

The Program is designed to provide energy efficiency, weatherization, and electrical safety services to qualifying customers. When possible, funding is also obtained from the Ohio Home Weatherization and Assistance Program (HWAP), the Ohio Home Energy Assistance Program (HEAP), the Ohio Energy Credits Program (OECP), and the Percentage of Income Payment Plan (PIPP) resources.

We will examine these specific areas:

1. The electric wiring, lighting, heating system, water heater, refrigerator, stove, and other electric energy users will be examined to verify they are operating safely and efficiently.

2. If your home is electrically heated or cooled, the attic, sidewalls, floors, windows, and doors will be checked to determine the structure's insulation needs.

If you qualify and would like this service, please read, sign, and return this form, the release forms, and **a copy of your most recent electric bill**, in the enclosed self-addressed envelope.

I ACCEPT the services provided by the Residential Low-Income Assistance Program.

_____

Name of Owner/Tenant (Please Print)

_____

Signature of Owner/Tenant Date

_____

Address of Owner/Tenant: Street City State Zip

Electric Utility Providing Service: AES Ohio

Account Number: _____

Agency: Miami Valley Community Action Partnership

Applicant's Assistance Agreement

RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

In consideration of the receipt and installation of eligible measures through the Residential Low-Income Assistance Program, I, the customer at the address below, do hereby release, acquit, and forever discharge AES OHIO and **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency), their officers, agents, employees, successors, and assigns, of an from any and all actions, causes of action including by way of compensation, which I not have or may hereafter have, or that my heirs, executors or administrators can or may have against AES OHIO or **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency), their officers, agents, employees, successors, and assigns, on account of, or in any way growing out of the weatherization materials provided as well as the installation and use thereof. I acknowledge that **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency) and their contractors are providing and installing eligible measures on an "AS IS" basis and that **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency) and their contractors **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION**. I also acknowledge that any energy savings projected by **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency) or their contractors as a result of the installation of eligible measures are only an estimate.

I authorize **MIAMI VALLEY COMMUNITY ACTION PARTNERSHIP** (Agency) to release to its designees information about my account and about eligible measures installed on the property at the address below.

Signed: _____ Date: _____

_____

Address

_____

City State Zip

Electric Utility Providing Service: AES Ohio

Account Number: _____

Agency: Miami Valley Community Action Partnership