

ENERGY ASSISTANCE PROGRAMS APPLICATION 2016–2017

The Ohio Development Services Agency (ODSA) offers several programs to income eligible Ohioans to assist in paying their utility bills and to improve the energy efficiency of their homes. This application provides information on the Home Energy Assistance Program (HEAP), Winter Crisis Program (WCP), Summer Crisis Program (SCP), Percentage of Income Payment Plan (PIPP) Plus and the Home Weatherization Assistance Program (HWAP). You can apply for two programs with this application HEAP and PIPP Plus. To apply for SCP, WCP and HWAP you must visit your Local Delegate Agency.

- **HEAP** provides a one-time benefit to your main heating source account. For example, if you heat your home with a gas furnace, a credit will be applied to your gas bill. The HEAP program begins July 1, 2016 and ends June 30, 2017. The one-time benefit is typically credited in January depending on when the application was received. Please note that your mailed-in HEAP/PIPP Plus application will take 12 to 16 weeks to process.
- **SCP** provides a one-time benefit annually to your electric bill, and/or for the purchase of fans and air conditioners. Visit your Local Delegate Agency in person to apply for SCP. The 2016 SCP program begins July 1, 2016 and ends August 31, 2016.
- **WCP** provides a benefit once per heating season to your main and/or electric accounts. The benefit can be used by eligible households that are disconnected (or have a pending disconnection notice), need to establish new service or pay to transfer service or have 25% (or less) of bulk fuel. The program can also assist with fuel tank placement, fuel tank testing and furnace repair. Visit your Local Delegate Agency in person to apply for WCP. The 2016 WCP program begins November 1, 2016 and ends March 31, 2017.
- **PIPP Plus** is an extended payment arrangement that requires regulated gas and electric companies to accept payments based on a percentage of the household income. Under PIPP Plus, if you heat with gas, you pay 6 percent of your monthly household income to your gas company and 6 percent to your electric company. If you heat with electricity, you pay 10 percent of your monthly household income. Enrollment can occur through this application only for the following companies: American Electric Power (AEP), Columbia Gas of Ohio, Dayton Power and Light (DP&L), Dominion East Ohio Gas, Duke Energy, FirstEnergy Companies (Cleveland Illuminating Co., Ohio Edison, Toledo Edison) and Vectren. The household must provide a copy of a current utility bill which should be in the name of the PIPP Plus applicant or an adult household member. Complete this application to apply for PIPP Plus or visit your Local Delegate Agency. PIPP Plus is not available to customers of rural electric co-ops, municipal utilities or users of delivered fuels. Please note that your mailed-in HEAP/PIPP Plus application will take 12 to 16 weeks to process.
- **HWAP** is a residential energy efficiency program that reduces the energy use of qualified households. The types of assistance will be based on the home's energy efficiency assessment. Visit your Local Delegate Agency in person to apply for HWAP.

ELIGIBILITY

Household eligibility is based in part on income; see the next page for specific income guidelines for all programs. If eligible, the benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the energy bill by the utility company.

If you 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 sign letter from your landlord) is required. Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are not eligible for payment assistance, but maybe eligible for weatherization services. All persons who share a common kitchen and bath are considered members of the same household and must apply on one application.

Households with zero income may be required to provide an IRS transcript and must provide documentation on how the household is being supported; example how the bills are being paid (rent, gas, electric, bulk fuel and food). Visit www.irs.gov/Individuals/Get-Transcript or call 1-800-908-9946 for assistance with IRS.

CONTACT INFORMATION

To contact us with questions regarding the Energy Assistance Programs, check the status of your application, or locate your local agency, you can reach us by email or telephone:

Web: energyhelp.ohio.gov and click "contact us"

Telephone: 1-800-282-0880 or 614-644-6600

TTY hearing impaired only: 1-800-686-1557 or 614-752-8808

HOUSEHOLD INCOME EXPLANATION

Household income includes the gross income of all household members, excluding wage income earned by dependent minors less than 18 years of age, unless the minor is emancipated. Gross income includes, but is not limited to, wages (excluding documented health insurance premiums), interest, annuities, pensions, Social Security (excluding Medicare premiums), retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation, utility allowances and any other indirect income. Other exclusions may apply if documented.

Please visit energyhelp.ohio.gov for a list of included and excluded income.

2016–2017 Income Guidelines

| Size of Household | Total Gross Annual Household Income | | |
|-------------------|------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------|
| 1 | up to \$ 17,820.00 | \$ 20,790.00 | \$ 23,760.00 |
| 2 | up to \$ 24,030.00 | \$ 28,035.00 | \$ 32,040.00 |
| 3 | up to \$ 30,240.00 | \$ 35,280.00 | \$ 40,320.00 |
| 4 | (150%) (For PIPP Plus) up to \$ 36,450.00 | (175%) (For HEAP, WCP and SCP) \$ 42,525.00 | (200%) (For HWAP) \$ 48,600.00 |
| 5 | up to \$ 42,660.00 | \$ 49,770.00 | \$ 56,880.00 |
| 6 | up to \$ 48,870.00 | \$ 57,015.00 | \$ 65,160.00 |
| 7 | up to \$ 55,095.00 | \$ 64,277.00 | \$ 73,460.00 |
| 8 | up to \$ 61,335.00 | \$ 71,557.00 | \$ 81,780.00 |

For households with more than 8 members, add \$6,240 for 150%, \$7,280 for 175% and \$8,320 for 200% per member.

CITIZENSHIP

Please provide proof of citizenship or Legal Resident (Qualified Alien) status for all household members. The following items may be submitted as proof of residency status: **PLEASE DO NOT SEND ORIGINALS**

Proof of U.S. Citizenship

1. Birth Certificate/Hospital Birth Records
2. Baptismal Records
(Only when place and date of birth is shown)
3. Indian Census Record
4. Military Service Record
5. U.S. Passport
6. Verified Citizenship for OWF Program
7. Voter Registration Cards

Proof of Legal Resident/Qualified Alien

1. Naturalization Papers/Certifications of Citizenship
2. INS ID Card
3. Alien Registration Cards/Re-entry permits
4. INS Form I-151 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
7. 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
8. 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
9. Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act
10. INS Form I-688

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 HEAP to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse and for the purpose of responding 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.

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD

Please complete all items and questions and attach required proof.
(An incomplete application will delay assistance.)

| |
|-----------------|
| Office Use Only |
|-----------------|

PERSONAL INFORMATION SECTION

Enter the information completely. **PLEASE USE DARK BLUE OR BLACK INK**

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

| | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Client Number | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> | | | | | | | | |
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PRIMARY APPLICANT/HEAD OF HOUSEHOLD (Please Print or Type)

| | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|------------|------|-----------|
| Social Security Number <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr></table> | | | | | | | | | | | | | | | | First Name | M.I. | Last Name |
| | | | | | | | | | | | | | | | | | | |
| Date of Birth Mo. Day Yr. | Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | U.S. Citizen/Legal Resident (Qualified Alien) <input type="checkbox"/> Yes <input type="checkbox"/> No | Ohio Job and Family Services Case Number | | | | | | | | | | | | | | | |
| Check the box that most closely describes the type of building in which you live. (Check only one) | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family Low Rise (3 stories or less) <input type="checkbox"/> Multi-Family High Rise (4 stories or more) | | | | | | | | | | | | | | | | | | |
| Current Service Address (no. and street, including route) | | | Apt/Lot/Unit/Floor | | | | | | | | | | | | | | | |
| City | State | Zip Code | Ohio County | | | | | | | | | | | | | | | |
| Current Mailing Address (if different above) | | | Apt/Lot/Unit/Floor | | | | | | | | | | | | | | | |
| City | State | Zip Code | Ohio County | | | | | | | | | | | | | | | |
| Daytime Telephone including Area Code () | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> School | Email Address | | | | | | | | | | | | | | | | |

- 1) Are you enrolling or re-verifying for PIPP Plus? Yes No
- 2) How would your household prefer to be contacted? Postal Mail Email

HOUSEHOLD & INCOME SECTION

PLEASE READ THESE INSTRUCTIONS CAREFULLY. Enter the information completely. Including yourself, list the names, relationships, Social Security number(s), date (s) of birth, and gross income of everyone living in your household. **Attach proof of income, disability and citizenship/legal resident status – see citizenship section.** Use a separate sheet if necessary. **Failure to provide the required income documents for the previous 90 days from the application date (12 months is encouraged), will delay the processing of your application. PLEASE DO NOT SEND ORIGINALS.** Anyone 18 or older with zero income must provide an explanation on the next page.

Number in Household

| Household Members | Relationship to You (i.e. son, daughter, etc.) | Social Security Number | Date of Birth | Income Source | Current Month | Last 12 Months | Disabled? | U.S. Citizen/ Legal Resident? (Qualified Alien) |
|-------------------|---------------------------------------------------|------------------------|---------------|---------------|---------------|----------------|----------------------------------------------------------|----------------------------------------------------------|
| | Self | | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

HOUSEHOLD & INCOME SECTION (continued)

3) INCOME SOURCE (Check the income source(s) for your household) **DOCUMENTATION MUST BE PROVIDED!**

- | | | | | |
|-----------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Odd Jobs | <input type="checkbox"/> SSDI | <input type="checkbox"/> Unemployment | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Other Income | <input type="checkbox"/> SSI | <input type="checkbox"/> Utility Allowance | <input type="checkbox"/> Wages |
| <input type="checkbox"/> DA (Disability Assistance) | <input type="checkbox"/> Pension | <input type="checkbox"/> TANF/ADC | <input type="checkbox"/> VA Disability | <input type="checkbox"/> Workers' Comp |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Zero Income (For zero income you must provide a signed letter explaining how you are paying yours bills i.e. rent, food and utilities. If someone outside of the household is supporting you please specify if the amounts are gifts or documented loans (see below). (An IRS tax transcript maybe required. See front page "Eligibility" section for instructions). | | |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Social Security | | | |

ZERO INCOME SELF-DECLARATION SECTION

If you are receiving help paying your bills from a non-household member, list the name(s) and phone number(s) of that person below. A signed letter from the person(s) supporting you is required and it must include your supporters full name, address and phone number. The signed letter must also state how much and how often the money is given, and if the money is given to you or paid to your creditors directly. If bills are paid directly to the creditor, proof of cancelled checks and receipts are required. An IRS tax transcript for the most recent year may also be required.

| | | |
|------------|-----------|--------------------------------------------------|
| First Name | Last Name | Daytime Telephone including Area Code () |
| Address | | |
| City | State | Zip Code |
| | | |
| First Name | Last Name | Daytime Telephone including Area Code () |
| Address | | |
| City | State | Zip Code |
| | | |
| First Name | Last Name | Daytime Telephone including Area Code () |
| Address | | |
| City | State | Zip Code |
| | | |

UTILITY ACCOUNT INFORMATION

Fill out this section completely, answering every question. Tell us your utility information including the name of your utility company and your utility account number. Include a copy of your most recent utility bill.

4) What is your **MAIN** source of heat? (Check only one)

- Natural Gas (Includes Steam Heat, Gas Well)
 Propane or Bottle Gas (L.P. Gas)
 Fuel Oil or Kerosene
 Coal, Wood or Pellets
 Electric (Includes Baseboard)
 Other _____

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. A copy of your most recent fuel or heating bill from your current address must be included and should be in the name of the primary applicant.</p> <p>If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application, if eligible. Mailing in a HEAP/PIPP Plus application will take 12 to 16 weeks to process.</p> <p>5) <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not on PIPP Plus would you like to enroll?</p> <p>If you would like to be removed from PIPP Plus, please call 1-800-282-0880.</p> <p>Company/Vendor <input style="width: 100%;" type="text"/></p> <p>Account # <input style="width: 100%;" type="text"/></p> <p>6) <input type="checkbox"/> Yes <input type="checkbox"/> No Are your heating costs included in your rent?</p> <p>7) <input type="checkbox"/> Yes <input type="checkbox"/> No Is the name on your heating bill different from the Applicant's name? If yes, what name is on the bill.</p> <p>First: <input style="width: 80%;" type="text"/> Last: <input style="width: 20%;" type="text"/></p> <p>8) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you share a main heating source meter with another household?</p> | <p>Complete this section with your electric company name and account number. A copy of your most recent electric bill from your current address must be included and should be in the name of the primary applicant.</p> <p>If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application, if eligible. Mailing in a HEAP/PIPP Plus application will take 12 to 16 weeks to process.</p> <p>9) <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not on PIPP Plus would you like to enroll?</p> <p>If you would like to be removed from PIPP Plus, please call 1-800-282-0880.</p> <p>Company/Vendor <input style="width: 100%;" type="text"/></p> <p>Account # <input style="width: 100%;" type="text"/></p> <p>10) <input type="checkbox"/> Yes <input type="checkbox"/> No Are your electric costs included in your rent?</p> <p>11) <input type="checkbox"/> Yes <input type="checkbox"/> No Is the name on your heating bill different from the Applicant's name? If yes, what name is on the bill.</p> <p>First: <input style="width: 80%;" type="text"/> Last: <input style="width: 20%;" type="text"/></p> <p>12) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you share a main electric meter with another household?</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ADDITIONAL INFORMATION ABOUT YOUR HOME

Provide us with information about your home. Fill in every box completely.

13) Do you rent or own your home? Rent Own (if own, skip question 17).

14) Landlord's Name

| | |
|------------------------------------|---------------|
| First and Last Name: | Organization: |
| Address, City, State and Zip Code: | |
| Phone Number: | |

15) Yes No Do you rent a room in someone else's home? If yes, please list all household members' information in HOUSEHOLD & INCOME SECTION.

16) Yes No Do you receive rental assistance from the government (i.e. Section 8, HUD, and Metropolitan Housing)?

17) Number of American Indians in the household (as defined by the U.S. Bureau of Indian Affairs).

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ENERGY ASSISTANCE PROGRAMS APPLICATION 2016-2017

Terms of Agreement

- I agree** To pay my Percentage of Income Payment Plan amount for my electric and/or natural gas service every month.
- To go to my Local Delegate Agency or update my application at least once a year to provide updated household information, and income documentation.
- To contact my Local Delegate Agency provider or the Ohio Development Services Agency (ODSA) to report any changes to my total household income or number of household members.
- To accept any energy efficiency programs offered by ODSA or its designated providers, if eligible.
- To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to ODSA and agencies that perform weatherization services and/or provide other energy related services.
- To allow ODSA to release my name, address, telephone number, household member information, and current status to the utility companies, HEAP, and other energy assistance providers. And to allow ODSA to share my usage and demographic data with organizations contracted by ODSA that evaluate the programs administered by ODSA.

- I understand** That I will not be re-verified if I owe any PIPP Plus payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
- That if I do not re-verify my income at least once every 12 months. I will be dropped from PIPP Plus.
- That if I don't make up missed PIPP Plus payments by my anniversary date, I will be dropped from PIPP Plus.
- That if I make my PIPP Plus 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 billing amount.
- If I reapply for PIPP Plus and I am not eligible, or if I choose to be removed from PIPP Plus, I can enroll in Graduate PIPP Plus for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.
- That if I move out of the service area for my gas /electric company I can enroll in the Post PIPP Plus program to make payments on my closed account and receive credits toward the past due amounts.
- That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP Plus, 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.**

GENERAL AUTHORIZATION

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP Plus 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 designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated employee of the Director, to disclose to the Director of the Ohio Development Services Agency or any designated 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 would otherwise prohibit disclosure and agrees to hold both the Ohio Department of Taxation and the Ohio Development Services Agency and its agents and employees harmless with respect to the limited disclosure 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/or the Director of the Ohio Development Services Agency. This authorization shall be irrevocable for a period of three years from the date that the application is signed, and is binding on any and all heirs, beneficiaries, survivors, assigns, executors, administrators, successors, receivers, trustees or other beneficiaries.

I understand that by signing this application, I grant the Ohio Development Services Agency or its authorized provider's access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Development Services Agency, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP Plus 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 within 60 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. I declare under penalty of perjury that the information submitted in this application, including declaration of citizenship status, is true and correct.

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

X Sign Here _____ Application Date _____