

**Primary Applicant**

<b>First Name:</b>		<b>MI:</b>		<b>Last Name:</b>			
<b>SS Number:</b>				<b>Date of Birth:</b>			
<b>US Citizen:</b>	Yes	No	<b>Gender:</b>	Female	Male	Other	
<b>Employment Status</b>	Employed full-time	<b>Education:</b>	0-8	9-12 / Non-Graduate			
	Employed part-time		HS Grad / GED	12 + Some Post-Secondary			
	Migrant Seasonal Farm Worker		2 or 4 Year College Graduate				
	Unemployed (6 months or less)		Graduate or other post-secondary school				
	Unemployed (more than 6 months)		<b>Military Status :</b>	Veteran	Active Military	N/A	
	Unemployed (not in labor force)		<b>Email:</b>				
Retired	<b>Disabled?</b>	Yes	No				
Unknown/not reported	<b>Non-Cash Benefits</b>	SNAP (Food Stamps)					
Youth ages 14-24 who are NOT working or NOT in school		Affordable Care Act Subsidy					
		Childcare Voucher					
		Housing Choice Voucher					
		HUD-VASH (Veterans Affairs Supportive Housing)					
		Permanent Supportive Housing					
	Public Housing (Metro)						
	WIC				None		
	Other						
<b>Health Insurance</b>	Medicaid (Caresource, Molina etc.)	<b>Household Size:</b>					
	Medicare						
	Private/Employment Based						
	Self-Insured/Direct Pay						
None	<b>Family Type</b>						
State Children's Health Insurance Program							
State Health Insurance for Adults							
<b>Race</b>	American Indian/Alaskan Native	Single Person				Single Parent	
	Asian	Two-Parent Household				Two Adults / No Children	
	Black/African American	Non-related Adults with children					
	Native Hawaiian/Other Pacific Islander	Multigenerational Household					
Other	<b>Housing Type:</b>				Own	Rent	Land contract
White					Other:		
Unknown / Not-reported							
<b>Ethnicity</b>	Hispanic, Latino or Spanish Origins						
	Not Hispanic, Latino or Spanish Origins						
<b>Building Type</b>	Mobile Home (Modular)	Multifamily low rise (3 stories or less)					
	Single Family (House)	Multifamily high rise (3 stories or more)					
<b>Phone Number:</b>				<b>Preferred contact:</b>	Phone	Email	
<b>Service Address:</b>						<b>Apt / Unit:</b>	
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>		<b>County:</b>	
<b>Do you receive mail at this address?</b>		Yes	No	<b>Do you receive rental assistance?</b>		Yes	No
<b>PO Box / Mailing Address:</b>							
<b>Landlord Name:</b>							
<b>Phone Number:</b>							
<b>Address:</b>						<b>Apt / Unit:</b>	
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			

Additional Household Members

<b>First Name</b>			
<b>Middle Initial</b>			
<b>Last Name</b>			
<b>SS Number</b>	- -	- -	- -
<b>Date of Birth</b>	/ /	/ /	/ /
<b>Relationship to Primary Applicant</b>			
<b>U.S. Citizen</b>	Yes No	Yes No	Yes No
<b>Gender</b>	Female Male Other	Female Male Other	Female Male Other
<b>Employment Status</b>	Full Time Part Time Migrant Farm Worker Unemployed - 6 months or less Unemployed 6 months + Not in labor force Retired Unknown / not reported Youth ages 14-24 who are not working or not in school	Full Time Part Time Migrant Farm Worker Unemployed - 6 months or less Unemployed 6 months + Not in labor force Retired Unknown / not reported Youth ages 14-24 who are not working or not in school	Full Time Part Time Migrant Farm Worker Unemployed - 6 months or less Unemployed 6 months + Not in labor force Retired Unknown / not reported Youth ages 14-24 who are not working or not in school
<b>Health Insurance (Type)</b>	Medicaid Medicare None Private Self-Insured State Children's Health Insurance State Health Insurance for Adults	Medicaid Medicare None Private Self-Insured State Children's Health Insurance State Health Insurance for Adults	Medicaid Medicare None Private Self-Insured State Children's Health Insurance State Health Insurance for Adults
<b>Race</b>	American Indian / Alaskan Native Black / African American Native Hawaiian / Other Pacific Islander Asian White Other Unknown / Not-reported	American Indian / Alaskan Native Black / African American Native Hawaiian / Other Pacific Islander Asian White Other Unknown / Not-reported	American Indian / Alaskan Native Black / African American Native Hawaiian / Other Pacific Islander Asian White Other Unknown / Not-reported
<b>Ethnicity</b>	Hispanic, Latino or Spanish Origin Not Hispanic, Latino or Spanish Origin	Hispanic, Latino or Spanish Origin Not Hispanic, Latino or Spanish Origin	Hispanic, Latino or Spanish Origin Not Hispanic, Latino or Spanish Origin
<b>Education (Highest Level)</b>	0-8 9-12 / Non Grad HS Grad / GED 2 to 4 yr college graduate 12 + Some Post-Secondary Graduate or Post Secondary	0-8 9-12 / Non Grad HS Grad / GED 2 to 4 yr college graduate 12 + Some Post-Secondary Graduate or Post Secondary	0-8 9-12 / Non Grad HS Grad / GED 2 to 4 yr college graduate 12 + Some Post-Secondary Graduate or Post Secondary
<b>Military Status</b>	Active Veteran N/A	Active Veteran N/A	Active Veteran N/A
<b>Disabled</b>	Yes No	Yes No	Yes No
<b>Has this person received income in the past 30 days?</b>	Yes No	Yes No	Yes No

INCOME SOURCES FOR THE <u>WHOLE</u> HOUSEHOLD ( Circle <u>ALL</u> that apply )				
Active Military Pay	Interest Income	Self-Employment	Utility Assistance	Unemployment
Adoption Assistance	Ohio Electronic Child Care	Social Security	VA Disability	Wages
Alimony	Ohio Works First (TANF, ADC)	SSA	VA Pension	
Black Lung Pension	Pension	SSDI	Widow/Widower's benefit	
Child Support	School/Pell Grants	SSI	Workers Compensation	
Cash Withdrawal from IRA, Annuities, Other Investments		No Income	Other:	_____
Lump sum pay-out from: SSI, SSDI, Estate & Trust settlements, Divorce settlements, Insurance pay-out, lottery winnings, Tax-return				

INCOME PERIOD ( Circle <u>ALL</u> that apply )						
Daily	Weekly	Bi-Weekly	Monthly	Bi-Monthly	Quarterly	Yearly
Semi-Annually Seasonal		Lump Sum	None	Other: _____		

ENERGY SOURCES (List the name of your providers)		
Electric Company:	_____	
Natural Gas Company:	_____	
Fuel or Propane:	_____	
Coal/Kerosene/Wood/Wood Pellets:	_____	
Do you heat your home with Electric Only?	Yes	No

Is a child support order in place?	Yes	No
Do you receive child support?	Yes	No
Do you pay child support?	Yes	No
Would you like to apply for weatherization services?	Yes	No

## 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 or employee 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 agent or employee of the Director, or 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 Development Services Agency 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, the Ohio Development Services Agency, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Development Services Agency, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Development Services Agency, 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 Development Services Agency, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP 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. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Rev. 2019.06.20 BB Client ID: \_\_\_\_\_ Date Completed: \_\_\_\_\_