

REQUIRED DOCUMENTS TO REV PIPP

- **Photo ID**
- **Social Security Cards for (all household members)**
- **Utility bills**
- **Income for the last 30 days for all household members**

Fixed income (monthly) - Current award letter or bank statement

Wages – If paid bi-weekly last 3 paystubs

If paid weekly last 5 paystubs

- **PMHA housing** – lease amendment notice

Copies are preferred, if originals are enclosed we can mail them back to you. We will contact you if any more information is needed, please provide a working contact number or msg number. When the application is completed you will be contacted by phone & mailed stamped copies of your PIPP terms & determination.

If you have any questions or concerns, please call the Social Service Department Direct Line at 740-289-2375. Monday-Friday 8:00am to 4:30pm.

Fax documents to 740-289-4148 or email them to cacsocialservices@pikecac.org

PIPP APPLICATION

HOUSEHOLD PROFILE

<u>Primary Applicant</u>	<u>SS #</u>
<u>Phone Number</u>	<u>Date of Birth</u>
<u>Current Service Address</u>	<u>Gender</u>
<u>US Citizen</u> YES NO	<u>Employment Status?</u>
<u>Disabled?</u> YES NO	<u>Do you own your or rent your home?</u>
<u>Race - Ethnicity</u>	<u>Rental Assistance?</u> YES NO
<u>Medical Card?</u> YES NO	<u>Food Assistance?</u> YES NO
<u>Landlord Name</u>	<u>Landlord Phone # & Address</u>

ENERGY SOURCE (S)

MAIN HEAT SOURCE

<u>Company/Vendor</u>	<u>Acct #</u>
<u>Name on Acct?</u>	<u>Shared Meter?</u>
<u>Included in Rent?</u>	

ELECTRIC SOURCE

<u>Company/Vendor</u>	<u>Acct #</u>
<u>Name on Acct</u>	<u>Shared Meter?</u>
<u>Included in Rent?</u>	

INCOME SOURCE (S)

<u>Household Members Name</u>	<u>Source of Income</u>

Household Members

<u>Name</u>	<u>SS #</u>
<u>Date of Birth</u>	<u>Gender</u>
<u>Age</u>	<u>US Citizen</u> YES NO
<u>Education Level</u>	<u>Disabled?</u> YES NO
<u>Race - Ethnicity</u>	<u>Employment Status?</u>
<u>Medical Card?</u> YES NO	<u>Relationship to Client</u>
<u>Name</u>	<u>SS #</u>
<u>Date of Birth</u>	<u>Gender</u>
<u>Age</u>	<u>US Citizen</u> _YES NO
<u>Education Level</u>	<u>Disabled?</u> YES NO
<u>Race - Ethnicity</u>	<u>Employment Status?</u>
<u>Medical Card?</u> YES NO	<u>Relationship to Client</u>

<u>Name</u>	<u>SS #</u>
<u>Date of Birth</u>	<u>Gender</u>
<u>Age</u>	<u>US Citizen?</u> YES NO
<u>Education Level</u>	<u>Disabled?</u> YES NO
<u>Race - Ethnicity</u>	<u>Employment Status?</u>
<u>Medical Card?</u> YES NO	<u>Relationship to Client</u>
<u>Name</u>	<u>SS #</u>
<u>Date of Birth</u>	<u>Gender</u>
<u>Age</u>	<u>US Citizen?</u> YES NO
<u>Education Level</u>	<u>Disabled?</u> YES NO
<u>Race - Ethnicity</u>	<u>Employment Status?</u>
<u>Medical Card?</u> YES NO	<u>Relationship to Client</u>
<u>Name</u>	<u>SS #</u>
<u>Date of Birth</u>	<u>Gender</u>
<u>Age</u>	<u>US Citizen?</u> YES NO
<u>Education Level</u>	<u>Disabled?</u> YES NO
<u>Race - Ethnicity</u>	<u>Employment Status?</u>
<u>Medical Card?</u> YES NO	<u>Relationship to Client</u>

<u>Name</u>	<u>SS #</u>
<u>Date of Birth</u>	<u>Gender</u>
<u>Age</u>	<u>US Citizen?</u> YES NO
<u>Education Level</u>	<u>Disabled?</u> YES NO
<u>Race - Ethnicity</u>	<u>Employment Status?</u>
<u>Medical Card?</u> YES NO	<u>Relationship to Client</u>

If anything has change since last application? Please explain:



Self-Declaration of Income Worksheet

Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If all sections are not complete there may be a delay in processing your application.

Monetary Support section:

If you are receiving help paying your bills and / or expenses from a non-household member, please list their name(s) and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If more than one person is paying expenses, have him/her submit a separate signed statement as well and provide their name(s), phone number (s) and address(es) below.

First Name	Last Name	Telephone Number (include area code) () -
Address		
First Name	Last Name	Telephone Number (include area code) () -
Address		
First Name	Last Name	Telephone Number (include area code) () -
Address		

Explain how the following expenses are paid (Write N/A to any that do not apply):

Bill	Monthly Amount	Gift/Loan (if Other, please explain)		
Rent/Mortgage	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Food	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Gas/Transportation	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Electric	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Phone/Cell	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Car Payment/Insurance	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Cable/Internet	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Personal Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Other Expenses:	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____

Does your household receive any of the following?	Yes or No	Amount
Food stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Reimbursement (HUD) – Please note if this is paid directly to the utility companies.		\$

Income Comments Section

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true

Signature: _____

Date: _____

PERCENTAGE OF INCOME PAYMENT PLAN PLUS (PIPP Plus)

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 community action agency or fill out a HEAP application at least once a year to provide updated household information, and income documentation. If I am using the minimum payment waiver for my electric bill, I agree to update my household income information at my local community action agency before the end of the waiver (no more than 180 days)
- To contact my local HEAP 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 (or before 180 days of enrollment on the minimum payment waiver), I will be dropped from PIPP Plus.
- That I must give proof of my total household income and membership to the HEAP provider or ODSA as required.
- That as long as I pay the PIPP Plus amount that is shown on my utility bills, my service will not be shut off.
- 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.
- That I will not receive any credits toward my past due amounts while on the minimum payment waiver for my electric service. And if I reapply for PIPP Plus and I am not eligible, or 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 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 stop 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

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 providers 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. 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. 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. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45CFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here _____ **Application Date** _____

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