

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2025 – MAY 2026

Ohio's Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer's utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home to help lower your energy bills, the Home Weatherization Assistance Program (HWAP) or Electric Partnership Program (EPP) may help. For HWAP and EPP, visit energyhelp.ohio.gov to find your local provider and contact them for additional information.

You can apply for the energy assistance programs by visiting energyhelp.ohio.gov and completing the online application, by completing this application and mailing it with copies of documentation to the P.O. Box below, or by scheduling an appointment with your local energy assistance provider or HWAP/EPP provider. Applications completed online or by mail can take up to 12 weeks to process. Please visit energyhelp.ohio.gov for additional information.

Here's what you'll need to complete this application:

- · Proof of citizenship for each member of the household
- Proof of income for each member of household for either the previous 30 days or 12 months
- · Copies of your most recent utility bills
- Disability verification (if applicable)

A household is defined as any individual or group of individuals living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent (Per Section 2603 (5) of the Low-Income Energy Assistance Act of 1981). If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. A copy of the utility bill or documentation of responsibility (example: copy of your rental agreement/lease or signed letter from your landlord) is required.

For a dwelling unit to be eligible for energy assistance benefits, its primary heat source must be:

- A regulated or unregulated utility (gas and electric).
- A permanent, free-standing fuel tank (oil and propane).
- A legal fireplace (wood).
- · A legally vented wood/coal stove or furnace.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are also not eligible.

If eligible, the HEAP benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the heating bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 5% of your total household income for the past 30 days, depending on your heating source.

These are the programs you can apply for with this application:

- · Home Energy Assistance Program (HEAP).
- · Percentage of Income Payment Plan Plus (PIPP).
- Home Weatherization Assistance Program (HWAP).

	JULY 2025 – MA	Y 2026 Income Guidel	ines	
Size of Household			p	
1		\$27,387		\$31,300
2		\$37,012	The a become	\$42,300
3	(a===0/)	\$46,637		\$53,30
4	(175%) (For PIPP, EPP, HEAP,	\$56,262	(200%)	\$64,30
5	WCP and SCP)	\$65,887	(For HWAP)	\$75,30
6		\$75,512		\$86,30
7		\$85,137	a-ro-v-v-v-v-v-v-v-v-v-v-v-v-v-v-v-v-v-v-	\$97,30
8		\$94,762		\$108,30

When determining households up to eight members for HEAP, SCP, and WCP, 175% of the Federal Poverty Guidelines (FPG) is used. For HEAP, SCP, and WCP households over eight members, 60% State Median Income (SMI) is used. PIPP and EPP for all household sizes is 175% of the FPG. When determining 200% of the FPG for HWAP, households with more than eight members must add \$11,000 for each additional member.

How can I check the status of my application?

To check the status of your application, please visit energyhelp.ohio.gov and create an account.

Please note: Applications are processed in the order received and may take up to 12 weeks from the date of your signed application.

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

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

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

Accepted Citizenship Documentation (DO NOT SEND ORIGINAL DOCUMENTS)

Pro	oof of U.S. Citizenship	Pro	oof of Legal Resident/Qualified Alien
1.	Birth Certificate/Hospital Birth Records/Birth Registration Card	1.	Naturalization Papers/Certifications of Citizenship INS ID Card
2.	Baptismal Records (Only when place and date of birth is shown)	3.	Alien Registration Cards/Re-entry permits
3.	Indian Census Record	4.	, , ,
4.	Military Service Record	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
5.	U.S. Passport		combination of the following terms: Refugee, Parolee, or Asylee
6.	Verified Citizenship for Ohio Works First (OWF) Program	6.	Permanent Visa INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful
7.	Voter Registration Cards		admission for humanitarian reasons
8.	Social Security Cards (Social Security Cards administered by Social Security Administration that are valid for work	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
	authorization status only will not be accepted for citizenship verification)	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

Accepted Proof of Income

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) Most recent filed IRS Form 1099 Most recent IRS Form 1099 Seasonal Employment Verification Form* Werification Form* Most recent IRS Form 1099 Seasonal Employment Verification Form*	Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
	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	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	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	Financial Institution Copy of check or bank statement showing deposit Most recent IRS Form 1099	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

Privacy Act Notice

DISCLOSURE: The disclosure of Social Security numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Primary Household Member Personal Information Section*

Enter the information completely. Do <u>NOT</u> send originals. PLEASE USE DARK BLUE OR BLACK INK. Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

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Disabled* Yes No Gende	der Female Maie	Ethnicity	, <u> </u>	Hispanic, Latino or S	Spanish Or	igins N	lot His	panic, L	atino or	Spar	nish Or	igins			
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Child Care Voucher	☐ · · · · · · · · · · · · · · · · · · ·														
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Family Type Single Parent/Male	Non-related Adults with Children	Housin	ng Type	Own F	Residence	Structure		Mobile	Home						
Single Parent/Female	Multigenerational Household			Rent				Single-	Family						
Two-Parent Household	Other							Multi-Fa	amily Lo	w Ris	se (3 st	ories c	r less)		
Single Person								Muiti-Fa	amily Hi	gh Ri	se (4 st	tories (or mor	e)	
Email Address			Phone Nu	mber (including area	a code)										
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Preferred Method of Contact Email Pr	Postal		I		······································										
Mailing Address (number and street including route)*			Apt/Lot/U	Init/Floor											
City*	State*		ZIP Code*			County*									
Is Utility Service Address the Same?* Same as	is above Different (list below)					***************************************			·						
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Current Service Address (If different from above; number a	and street including route)		Apt/Lot/U	init/Floor											
City	State		ZIP Code			County									
Do You Receive Rental Assistance?* Yes	No		Landlord	Organization (if you	rent)										
Landlord First Name*	Landlord Last Name*		Landlord	Phone Number - Cel	ll and/or L	andline (includi	ng are	a code)*	,	أتاميد			المسيد		
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Landlord Mailing Address (number and street including ro	oute, Apt/Lot/Unit/Floor)*		Landlord	E-Mail Address*											
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City*	State*		ZIP Code*			County*									

* Indicates information required in order to process your application.

Missing information may delay processing of your application.

Primary Household Member Income Section*

Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income [†]	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		Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) Seasonal employment (includes teachers, construction workers, etc.) categories MUST provide as of income documentation
Gross Income for the Past 30 Days	Gross Income for the Past 30 Days	Gross Income for the Past 30 Days	Gross Income for the Past 30 Days	Gross Income for the Past 30 Days
Gross Income for the Past 12 Months	Gross Income for the Past 12 Months	Gross Income for the Past 12 Months	Gross Income for the Past 12 Months	Gross Income for the Past 12 Months

Household Members and Income Section

If you have additional household members (anyone living in your household at the same address), please complete Household Members and Income Section of the application (this section), on pages 2–4. If you have more than five household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your energy assistance provider.

Full Name*		Social Security Num	ber*	Date of Birth (MM / DD / YYYY)*
Relationship to person applying	AND			
Disabled* Yes No	Gender Female Ma	e Ethnicity Hispanic,	Latino or Spanish Origins No	t Hispanic, Latino or Spanish Origins
Black/African Ar	//Alaskan Native & Asi merican Bla //Alaskan Native & White	ian/White color/White color/Wh	iative Hawaiian/ Other Pacific Islander Other Multi-Race White	U.S. Citizen / Legal Resident (Qualified Alien)* 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		babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) Seasonal employment (includes teachers,
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\$	\$	\$	\$	\$
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 Mont	l .
\$	\$	\$	\$	\$

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 Nur	nber*	Date of	f Birth (MM / (DD/YYYY)*		
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Relationship to person applying								<u></u>	
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Fixed Income	Earned Employment Income	Supplemental Inc	:ome	Other Sources of Income ^t		Other Earne	ed Income ^t		
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Full Name*			Social Security Nu	mber.	Date of	f Birth (MM /	JU / YYYY)"	ГТ	
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Supplemental Security (SSI)	Active Military Pay	Utility Assista	ance	Interest income	LS	babysi	tting, home par	ty sales	s, odd
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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.

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Household Deductions	Section'	•			
Total Household Income Deductions (Choose all that a	oply)	Attorney fees for estate or trust	Health Care Spending Ac	counts	Reimbursement for work expenses
		settlements	Medicaid Spend Down (d	eductibles)	Self-employment IRS allowable business expenses
		Child Support paid-out Health Insurance Premiums	Medicare Premiums		Short- and long-term disability
	<u> </u>] Realth insulance Flemiums	Prescription Plans		
Total Deductions for the past 30 Days			Total Deductions for the past 12 h	Months	
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lease note: Documentation of dedu	ıction(s) is <u>rec</u>	quired.			
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otal Household Eligib	e Incom	e Section*			
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tease and the total income received	TOI Each addi		then subtract the total nod		
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(add amounts from Household Income Sec	ion on pages 3 & 4)	\$ 		\$	
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		Total Household Income minus	Total Household Deductions above	Total Househo	ld Income minus Total Household Deductions above
Total Eli _l	ible Income	\$		\$	
fapplicable, please explain the difference in the past 3	0 days income from t	the past 12 months' income.			
lease note: Income from child sup nergyhelp.ohio.gov. Documentation					ete list of excluded income, please vis
nergynetp.omo.gov. Documentation	TOTEXCUACEA	meome may be requi	ed to complete your applic	ation.	
Jtility Information Sec	tion*				
How do you heat your home? Natural o		Fuel Oil or Kerc	sene Electric (Includes b	aseboards)	
	or Bottle Gas (L.P. Ga	as) Coal, Wood, or	Pellets Other		
Company/Vendor	Account Number	er	Costs included in rent?	Yes No	Shared Meter? Yes No
Company, vendoi	Account realise	Li	Costs metades milette	I 143	
Account Holder's First Name		Account Holder's Last Name		Relationship	to Primary Client
If you are currently enrolled in PIPP, do you wish	Yes	No	Do you wish to enroll in PIPP a	nd do you have a	Yes No
to reverify on this account?	L res L	NO .	regulated utility provider?	na ao you nave a	
rlease provide your electric utility pr	ovider inform	nation (if not provided	above):		
Electric Company/Vendor	Account Numbe			Yes No	Shared Meter? Yes No
Account Holder's First Name		<u> </u>			
		Account Holder's Last Name	!	Rela	ationship to Primary Client
		Account Holder's Last Name		Rela	ationship to Primary Client
If you are currently enrolled in PIPP, do you wish h	o reverify on this ac		2	Rela	ationship to Primary Client
If you are currently enrolled in PIPP, do you wish to Do you wish to enroll in PIPP and do you have a re		count? Yes No	2	Rela	ationship to Primary Client

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2025 - MAY 2026

Terms of Agreement

l agree

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

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

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

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

To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies performing weatherization services and/or provide other energy related services.

To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.

To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.

I understand

I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.

If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.

If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.

If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).

If eligible for EPP, I agree and/or understand that enrollment to accept EPP services is required to maintain eligibility for PIPP Plus.

If I make my PIPP payments in full and on time every month, I will receive a credit for 1/24th of my total past-due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.

If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past-due amounts owed on my utility accounts.

If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.

I am legally responsible for all past-due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past-due amounts are not paid in full, the utility companies may use any standard means of collection for the past-due amounts on my accounts.

I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

An applicant who provides inaccurate income or household composition information risks; being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

Lauthorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, to the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to the Director, or 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 to confidentiality provisions of the Ohio Revised Code which night otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted, any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Development, 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 Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. If I am or become a PIPP customer I understand that I liding 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 authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

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

	PLEASE SIGN AND MAIL A MIAMI COUNTY COMMUNIT	Y ACTION COUNCIL	
	1695 TROY-SIDNEY RD	TROY, OH 45373	
X Sign Here	111 COLUMN AND AND AND AND AND AND AND AND AND AN	Application Date	