

ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD AFFIDAVIT

Landlord: Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in blue or black ink only.**

APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City:	State: IN Zip Code:

UTILITY INFORMATION (to be completed by the landlord, property owner, leasing agent, or authorized designee **only**. Please complete entirely.)

Heating costs are (check one):	Electric costs are (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment.	<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment.
<input type="checkbox"/> Responsibility of the tenant, but in the landlord's name	<input type="checkbox"/> Responsibility of the tenant, but in the landlord's name
<input type="checkbox"/> Responsibility of the tenant	<input type="checkbox"/> Responsibility of the tenant

Primary heating source (check one):

- Electric (furnace, baseboard, or wall unit)
- Natural gas
- LP gas, fuel oil, wood, coal, pellets, kerosene

How much does the tenant pay each month in rent? \$ _____

Is the primary heating source operable?
 Yes No

<i>I grant IHCD permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.</i>	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):