

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 Ink.**

APPLICANT INFORMATION

| | |
|--|--------|
| Applicant Name: | Date: |
| Address: | Phone: |
| City: _____ State: IN Zip Code: _____ | |

UTILITY INFORMATION (to be completed by the Landlord; Check appropriate lines)

| Heating costs are: | Electric costs are: |
|--|--|
| <input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment <input type="checkbox"/> Responsibility of the Renter, but in the Landlords name <i>PROVIDE UTILITY STATEMENT COPY-if checked above</i> <input type="checkbox"/> Responsibility of the Renter <input type="checkbox"/> Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known) | <input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment <input type="checkbox"/> Responsibility of the Renter, but in the Landlords name <i>PROVIDE UTILITY STATEMENT COPY-if checked above</i> <input type="checkbox"/> Responsibility of the Renter <input type="checkbox"/> Responsibility of the Renter, but in a legal Power of Attorney's name: _____ (if known) |

Primary Heat Source:

- Electric (furnace or baseboard- no space heaters)
 Natural Gas
 Kerosene, LP Gas, Oil, Wood, Pellets (wood or corn) or Coal
 Primary Heat Source is not working (in-operable)

Number of Household Members:

Adults: _____ Children: _____

Dwelling Type:

- Mobile home
 Single site
 Multi-unit (duplex to apartment complex)

| | |
|---|--------------------------|
| <i>I grant IHEDA 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 Name (printed) | Landlord Name(Signature) |
| Address: | Date: |
| City: | Phone: |
| State: _____ Zip Code: _____ | Email (optional): _____ |

LSP: The information on this document must include the landlord's complete address and telephone number. A copy of this affidavit must be filed with the EAP application.