

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.