

## 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: <span style="float: right;">State: <b>IN</b> Zip Code:</span>	

**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 tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant	<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

**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 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.*

Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: <span style="float: right;">Zip Code:</span>	Email (optional):