

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.)

<p>Heating costs are (check one):</p> <p><input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment.</p> <p><input type="checkbox"/> Responsibility of the tenant, but in the landlord's name</p> <p><input type="checkbox"/> Responsibility of the tenant</p>	<p>Electric costs are (check one):</p> <p><input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment.</p> <p><input type="checkbox"/> Responsibility of the tenant, but in the landlord's name</p> <p><input type="checkbox"/> Responsibility of the tenant</p>
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- 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 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 or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):