ENERGY ASSISTANCE PROGRAM (EAP)
LANDLORD/HOUSING AFFIDAVIT

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

APPLICANT INFORMATION (to be completed by the LSP or Landlord)

Applicant Name:	Date:
Address:	Phone:
City: State: **IN** Zip Code:	Renter: _____ Life Estate: _____

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

Heating costs are:	**Electric costs are:**
____ Responsibility of the Landlord, included in the monthly rent payment _____ Responsibility of the Renter, but in the Landlords name ***PROVIDE UTILITY STATEMENT COPY****-if checked above* _____ Responsibility of the Renter _____ Responsibility of the Renter, but in a legal Power of Attorney's name:_____ (if known)	____ Responsibility of the Landlord, included in the monthly rent payment _____ Responsibility of the Renter, but in the Landlords name ***PROVIDE UTILITY STATEMENT COPY****-if checked above* _____ Responsibility of the Renter _____ 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)

Rental Assistance (from a government funded program):

_____ Yes _____ No
If yes, which program: _____

I grant IHCDA permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.	
Landlord Name (printed)	Landlord Name(Signature)
Address:	Date:
City: State: Zip Code:	Phone: 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.*

This form is mandated by Indiana Housing and Community Development Authority. Failure to sign this form may disqualify your renter from further LIHEAP (Energy) benefits.