**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.)

|  |  |
| --- | --- |
| **Heating costs are (check one):** | **Electric costs are (check one):** |
|  Responsibility of the landlord, included in the  tenant’s monthly rent payment.   Responsibility of the tenant, but in the landlord’s  name   Responsibility of the tenant |  Responsibility of the landlord, included in the tenant’s  monthly rent payment.   Responsibility of the tenant, but in the landlord’s  name   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 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 or authorized designee name: | Landlord or authorized designee signature: |
| Address: | Date: |
| City:  State: Zip Code: | Phone:  Email (optional): |