**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.)

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| --- | --- |
| **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 |

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| --- | --- | --- | --- |
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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 |

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| *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): |