ENERGY ASSISTANCE PROGRAM (EAP)
TENANT VERIFICATION STATEMENT

Landlord/property manager/designee: *Please complete this verification on behalf of your tenant, who is applying to receive benefits to assist with their utility costs. The information provided will be kept confidential and will not be used for any other purposes, nor shared with any other government agency.*
Complete in blue or black ink only.

SECTION I: APPLICANT INFORMATION

Applicant Name:	Date:
Address (**including apartment/lot number**):	Phone:
City: State: **IN** Zip Code:	

SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. Completion by an unauthorized third party may result in denial of application. All fields are required.

Electric costs are (check one):	**Heating costs are (check one):**	**Primary installed heating device and fuel (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 ❑ Paid to the landlord but not included in rent (Amount: $_____)	❑ 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 ❑ Paid to the landlord but not included in rent (Amount: $_____)	❑ Electric furnace ❑ Electric baseboard ❑ Electric wall unit ❑ Natural gas furnace ❑ Liquid propane furnace ❑ Fuel oil furnace ❑ Wood-burning stove ❑ Pellet Stove ❑ Other: _____
Is the primary heating source **operable and working**? ❑ Yes ❑ No	How much is the tenant responsible to pay monthly in rent **after subsidies**? **$_____**	

All contact information is required.

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 , property manager, or authorized designee name:	Landlord, property manager, or authorized designee signature:
Contact Address:	Date:
City: State: Zip Code:	Phone: Email: