ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD/HOUSING AFFIDAVIT

Landlord: Please complete this affidavit on behalf 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.**

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APPLICANT INFORMATION (to be completed by the LSP)	
Applicant Name:	Date:
Address:	Phone:
City: State: IN Zip	Code: Renter: Life Estate:
UTILITY INFORMATION (to be completed by the Landlord)	
Heating costs are:	Electric costs are:
Included in the monthly rent payment	Included in the monthly rent payment
Are the responsibility of the renter , but in the Landlord's name	Are the responsibility of the renter, but in the Landlord's name
Are the responsibility of the renter. In the name of who lives in the household or is	Are the responsibility of the renter. In the name of who lives in the household or is
a legal power of attorney (if known)	a legal power of attorney (if known)
Special Arrangements:	Special Arrangements:
Primary Heat Source: Electric (furnace or baseboard) Natural Gas Kerosene, LP Gas, Oil, Wood, Pellets (wood or corn) or Coal Primary Heat Source is not working (in-operable)	
Dwelling Type: Rental Assistance (from a government funded program): Mobile home Yes No Single site if yes, which program: Multi-unit (duplex to apartment complex)	
I grant IHCDA permission to obtain utility information on this property for the purpose of data consumption tracking.	
Landlord Name (printed)	Landlord Name(Signature)
Address:	Date:
City:	Phone:
State: Zip Code:	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.

Revised 07/2015

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.

