

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 Ink.**

APPLICANT INFORMATION

Applicant Name:	Date:
Address:	Phone:
City, State: IN , Zip Code:	

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

Heating costs are:	Electric costs are:
<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment.	<input type="checkbox"/> Responsibility of the Landlord, included in the monthly rent payment.
<input type="checkbox"/> Responsibility of the Renter, but in the Landlords name	<input type="checkbox"/> Responsibility of the Renter, but in the Landlords name.
<input type="checkbox"/> Responsibility of the Renter	<input type="checkbox"/> Responsibility of the Renter

Primary Heat Source:

- Electric (furnace or baseboard-no space heaters)
 Natural Gas
 Kerosene, LP Gas, Oil, Wood, Coal, Pellets
 Primary Heat Source is not working (in-operable)

How much does the tenant pay each month in rent? _____

I grant IHADA 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):