

**Non-Household Member Declaration Form**

**Applicant name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** IN **Zip:** \_\_\_\_\_

The individuals below appear on supporting documentation for my Energy Assistance Program application but do not reside in the household as of the date of application:

Document	Name	Person's current location/contact information
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		

If any **utilities** are in a non-household member's name, please indicate barriers to placing utility in the name of a current household member (check all that apply):

- Utility is listed in landlord, property owner, or third-party billing service name, but is my responsibility
- Utility is listed in the name of legal guardian or power of attorney but is my responsibility.
- Account holder in temporarily in a correctional facility, nursing home, rehabilitation center, etc., but is my responsibility.
- Unable to establish utilities due to credit issues, outstanding unpaid bills, etc., but utility bill is my responsibility.
- Utility is handled by a company or service due to disability but is my responsibility.
- Other: \_\_\_\_\_

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in IHCD-administered assistance programs and may be grounds for termination of my assistance and/or repayment of the assistance that I receive based on this misrepresentation or omission.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_