

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
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ Other: _____		
☐ Utility Bill: _____ ☐ Lease ☐ 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. | ☐ Unable to establish utilities due to credit issues, outstanding unpaid bills, etc., but utility bill is my responsibility. |
| ☐ Utility is listed in the name of legal guardian or power of attorney but is my responsibility. | ☐ Utility is handled by a company or service due to disability but is my responsibility. |
| ☐ Account holder in temporarily in a correctional facility, nursing home, rehabilitation center, etc., 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: _____