

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 Landlord's name	<input type="checkbox"/> Responsibility of the Renter, but in the Landlord's 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>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.</i>	
Landlord Name (printed)	Landlord Name(Signature)
Address:	Date:
City:	Phone:
State: Zip Code:	Email (optional):