

ENERGY ASSISTANCE PROGRAM (EAP) TENANT VERIFICATION STATEMENT

Landlord/property manager/designee: *Please complete this verification on behalf of your tenant, who is applying to receive benefits to assist with their utility costs. The information provided will be kept confidential and will not be used for any other purposes, nor shared with any other government agency.*
Complete in blue or black ink only.

SECTION I: APPLICANT INFORMATION

Applicant Name:	Date:
Address (including apartment/lot number):	Phone:
City:	State: IN Zip Code:

SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. Completion by an unauthorized third party may result in denial of application. All fields are required.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating device and fuel (check one):
<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant <input type="checkbox"/> Paid to the landlord but not included in rent (Amount: \$_____)	<input type="checkbox"/> Responsibility of the landlord, included in the tenant's monthly rent payment. <input type="checkbox"/> Responsibility of the tenant, but in the landlord's name <input type="checkbox"/> Responsibility of the tenant <input type="checkbox"/> Paid to the landlord but not included in rent (Amount: \$_____)	<input type="checkbox"/> Electric furnace <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Electric wall unit <input type="checkbox"/> Natural gas furnace <input type="checkbox"/> Liquid propane furnace <input type="checkbox"/> Fuel oil furnace <input type="checkbox"/> Wood-burning stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other: _____
Is the primary heating source operable ? <input type="checkbox"/> Yes <input type="checkbox"/> No		How much is the <u>tenant</u> responsible to pay out of pocket monthly in rent after subsidies ? \$_____

All contact information is required.

I grant IHCD permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.	
Landlord or authorized designee name:	Landlord or authorized designee signature:
Address:	Date:
City:	Phone:
State: Zip Code:	Email: