

*****Only complete this form if one or both utilities are included in RENT.*****

**ENERGY ASSISTANCE PROGRAM (EAP)
LANDLORDAFFIDAVIT**

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 blue or black ink only.**

SECTION I: APPLICANT INFORMATION (may be completed by applicant, intake, or landlord)

| | |
|-------------------------------------------|---------------------|
| 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. All fields are required.

| Heating costs are (check one): | Electric costs are (check one): | Water/Wastewater costs are (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"/> 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"/> 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 |

Primary installed heating source (check one):

- Electric (furnace, baseboard, or wall unit)
- Natural gas
- LP gas, fuel oil, wood, coal, pellets, kerosene

How much is the tenant responsible to pay out of pocket monthly in rent **after subsidies**? \$ _____

Is the primary heating source operable?
 Yes No

All contact information is required unless otherwise noted.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <i>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.</i> | |
| Landlord or authorized designee name: | Landlord or authorized designee signature: |
| Address: | Date: |
| City: | Phone: |
| State: Zip Code: | Email (optional): |

*****If you would like direct deposit complete the back of this page.**