

**ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT**

**Complete ONLY if your Utility Bills are in the name of someone who does not reside in the household**

Head of Household's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Utility in non-household member's name (Check all that apply):**

- Electric     Heating

**Name and current address of person listed on utility bill(s):**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**Relationship of the individual on the above-indicated utility bill(s) to the household member (check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Spouse or significant other | <input type="checkbox"/> Landlord               |
| <input type="checkbox"/> Parent                      | <input type="checkbox"/> Deceased family member |
| <input type="checkbox"/> Child                       | <input type="checkbox"/> Other: _____           |

**Please explain barriers to placing the above utility/utilities in the name of a current household member:  
(you must complete this section):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Certification Statement**

I hereby certify that the person (or persons) listed on the utility (or utilities) listed above is not a resident of this household and is not making financial contributions toward the overall household income. I also certify that I have received consent from the above-named account holder to release or allow to be released utility data and information for the purposes of eligibility determination and reporting.

I understand that falsifying this information may result in disqualifying my household for IHCD-administered assistance program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_