

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): <input type="checkbox"/> Electric <input type="checkbox"/> Heating
Name and <u>current</u> 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: _____ _____ _____
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: _____