ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD/HOUSING AFFIDAVIT

Landlord: Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with their utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in Ink.**

APPLICANT INFORMATION (to be completed by the LSP)

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Applicant Name:			Date:
Address:			Phone:
City:	State: IN	Zip Code:	Renter: Life Estate:

UTILITY INFORMATION (to be completed by the Landlord; Check appropriate lines)

Heating costs are:	Electric costs are:	
Responsibility of the Landlord, included in the monthly	Responsibility of the Landlord, included in the monthly	
rent payment	rent payment	
Responsibility of the Renter, but in the Landlords	Responsibility of the Renter, but in the Landlords	
name	name	
PROVIDE UTILITY STATEMENT COPY -if checked above	PROVIDE UTILITY STATEMENT COPY -if checked above	
Responsibility of the Renter Responsibility of the Renter, but in a legal Power of Attorney's name:	Responsibility of the Renter Responsibility of the Renter, but in a legal Power of Attorney's name: (if known)	

Primary Heat Source:	Number of Hou	sehold Members:
Electric (furnace or baseboard- no space heaters)	Adults:	_ Children:
Natural Gas		
Kerosene, LP Gas, Oil, Wood, Pellets (wood	or corn) or Coal	
Primary Heat Source is not working (in-ope	erable)	

Dwelling Type:	Rental Assistance (from a government funded program):
Mobile home	Yes No
Single site	If yes, which program:
Multi-unit (duplex to apartment complex)	

-		unt status, energy cost and consumptions data tion on this pl
Landlord Name (printe	he purpose of data consumption tracking. dlord Name (printed) Landlord Name(Signature)	
Address:		Date:
City:		Phone:
State:	Zip Code:	Email (optional):

LSP: The information on this document must include the landlord's complete address and telephone number. A copy of this affidavit must be filed with the EAP application.