ihcda
Indiana Housing & Community Development Authority

App key number: _____

ENERGY ASSISTANCE PROGRAM UTILITY AFFIDAVIT

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

Applicant's Name: _____ Date: _____

Address: _____ City/State/Zip: _____

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

❑ Electric ❑ 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):

☐ Spouse or significant other
☐ Parent
☐ Child
☐ Landlord
☐ Deceased family member
☐ 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 IHCDA-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: _____