ENERGY ASSISTANCE PROGRAM
LANDLORD AFFIDAVIT

Landlord: [redacted] *Please complete this affidavit on behalf of the applicant and confirm the following information below.*

APPLICANT INFORMATION ([redacted])

Applicant Name:	Date:
Address:	Phone:

LANDLORD INFORMATION (to be completed by the Landlord)

Heating costs are:	**Electric costs are:**
___ Included in this applicant's rent ___ Are the responsibility of the applicant , but in the Landlord's name ___ Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney	___ Included in this applicant's rent ___ Are the responsibility of the applicant, but in the Landlord's name ___ Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney

Primary Heat Source:
_____ Kerosene, LP Gas, Oil, Wood, or Coal
_____ Natural Gas
_____ Electric Heat

Number of Household Members
_____Adults
_____Children

Dwelling Type:
_____ Mobile Home
_____ Single site
_____ Multi-unit

Rental Assistance:
_____ The applicant receives assistance from the Township Trustee.
_____ The applicant resides in subsidized housing or receives rental assistance.

Landlord Name (printed)	Landlord (Signature)
Address	Date: Phone:

AGENCY: *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 if the applicant is renting their dwelling and does not have a current lease.*

This form is mandated by Indiana Housing and Community Development Authority if a copy of a written lease agreement is not available. Failure to sign this form may disqualify your household from further LIHEAP benefits.