

ENERGY ASSISTANCE PROGRAM LANDLORD AFFIDAVIT

Landlord: *This applicant has indicated that he or she does not have a copy of a written lease agreement. Please complete this affidavit on behalf of the applicant and confirm the following information below.*

APPLICANT INFORMATION (to be completed by the agency)

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	___ Included in this applicant's rent
___ Are the responsibility of the applicant , but in the Landlord's name	___ 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	___ 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 rental assistance from a government funded program.

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.*

Revised
08/2011

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.