

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:
<input type="checkbox"/> Included in this applicant's rent <input type="checkbox"/> Are the responsibility of the applicant, but in the Landlord's name <input type="checkbox"/> Are the responsibility of the applicant and are in the name of _____ who lives in the household or is a legal power of attorney	<input type="checkbox"/> Included in this applicant's rent <input type="checkbox"/> Are the responsibility of the applicant, but in the Landlord's name <input type="checkbox"/> 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.*

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.