

## 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)

<b>Heating costs are:</b> <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	<b>Electric costs are:</b> <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
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**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.*