



**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 rental assistance from a government funded program.
- The applicant does not receive 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.