

ENERGY ASSISTANCE PROGRAM (EAP) TENANT VERIFICATION STATEMENT

Landlord/property manager/designee: *Please complete this verification on behalf of your tenant, who is applying to receive benefits to assist with their utility costs. The information provided will be kept confidential and will not be used for any other purposes, nor shared with any other government agency. Complete in blue or black ink only.*

SECTION I: APPLICANT INFORMATION

Applicant Name:	Date:
Address (including apartment/lot number):	Phone:
City:	State: IN Zip Code:

SECTION II: DWELLING AND UTILITY INFORMATION – to be completed by the landlord, property owner, leasing agent, or authorized designee only. Completion by an unauthorized third party may result in denial of application. All fields are required.

Electric costs are (check one):	Heating costs are (check one):	Primary installed heating device and fuel (check one):
☐ Responsibility of the landlord, included in the tenant's monthly rent payment. ☐ Responsibility of the tenant, but in the landlord's name ☐ Responsibility of the tenant ☐ Paid to the landlord but not included in rent (Amount: \$_____)	☐ Responsibility of the landlord, included in the tenant's monthly rent payment. ☐ Responsibility of the tenant, but in the landlord's name ☐ Responsibility of the tenant ☐ Paid to the landlord but not included in rent (Amount: \$_____)	☐ Electric furnace ☐ Electric baseboard ☐ Electric wall unit ☐ Natural gas furnace ☐ Liquid propane furnace ☐ Fuel oil furnace ☐ Wood-burning stove ☐ Pellet Stove ☐ Other: _____
Is the primary heating source operable and working ? ☐ Yes ☐ No	How much is the <u>tenant</u> responsible to pay monthly in rent after subsidies ? \$_____	

All contact information is required.

I grant IHCD permission to obtain utility information on account status, energy cost and consumptions data on this property for the purpose of data consumption tracking.	
Landlord, property manager, or authorized designee name:	Landlord, property manager, or authorized designee signature:
Contact Address:	Date:
City:	Phone:
State: Zip Code:	Email:

Energy Assistance Program Direct Benefit Payment Election Form

Head of Household _____

Please choose a fulfillment option below for your direct Energy Assistance Program (EAP) benefit payment. **Please check one.**

- ☐ I would like to waive my direct EAP benefit payment to be applied directly to my electricity/heating (**circle one**) utility, which I pay separately. I understand that the full benefit will be paid to my vendor within sixty (60) days and **I will not receive a direct payment.**
- ☐ I would like to receive my direct EAP benefit payment as an Electronic Funds Transfer (direct deposit). **I understand that this may take up to 120 days to receive**, and is subject to further delays and/or may be issued as a check if I have provided inaccurate banking information. I have provided my banking information below.

☐ Checking Account ☐ Savings Account Account holder name: _____

Financial Institution: _____

Financial Institution Routing Number:
(**must be nine digits**)

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Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:


Routing Number
Account Number

- ☐ I would like to receive my direct EAP benefit payment as a check mailed to my primary residence or mailing address. **I understand that this may take up to 150 days to receive**, and is subject to further delays if I have provided an incorrect address, if I move, or due to USPS operations.
If you do not return this form with your application, your benefit will be issued as a check.

I hereby certify that the information provided above is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I understand that falsifying this information may result in disqualifying my household for Energy Assistance Program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any misrepresentation or omission.

If I have elected to receive benefit payment by electronic funds transfer, I hereby authorize the Indiana Housing and Community Development Authority ("IHCD") to initiate entries to the above identified checking/savings accounts at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IHCD is notified by an authorized individual in writing to cancel it in such time as to afford IHCD and the financial institution a reasonable opportunity to act on it. In addition, I certify that I have full authority to execute this authorization and grant the rights to IHCD contained herein.

Applicant Signature

Date