

Application	Key:	

Non-Household Member Declaration Form

City:		State: IN	Zip:	
The individuals below appear of application but do not reside in			my Energy Assistance Program	
Document	Name		Person's current location/contact information	
☐ Utility Bill: ☐ Lease ☐ Other:				
☐ Utility Bill: ☐ Lease ☐ Other:				
☐ Utility Bill: ☐ Lease ☐ Other:				
☐ Utility Bill: ☐ Lease ☐ Other:				
If any <u>utilities</u> are in a non-hous name of a current household mem			licate barriers to placing utility in the	
☐ Utility is listed in landlord, property owner, or third-party billing service name, but is my responsibility		☐ Unable to establish utilities due to credit issues, outstanding unpaid bills, etc., but utility bill is my responsibility.		
$\hfill \square$ Utility is listed in the name of legal guardian or power of attorney but is my responsibility.		☐ Utility is handled by a company or service due to disability but is my responsibility.		
☐ Account holder in temporarily in a correctional facility, nursing home, rehabilitation center, etc., but is my responsibility.		☐ Other:		
and acknowledge that any mis requested may disqualify me fr	representation or om participation of my assistance	f information or in IHCDA-admin	provided above is true and accurate refailure to disclose information istered assistance programs and ent of the assistance that I receive	
Signature:		_ Date	:	
Telephone Number: ()		E-ma	ail:	