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:				
	ed designee <u>only</u> . (pleted by the landlord, property owne unauthorized third party may result in 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 ? ☐ Yes		How much is the <u>tenant</u> responsible to pay out of pocket monthly in rent after subsidies ?		
□ No		\$		
	All contact in	nformation is requ	<u>iired</u> .	
I grant IHCDA permission to obtain utility inf the purpose of data consumption tracking.	formation on account sta	ntus, energy cost and con	nsumptions data on this property for	
Landlord or authorized designee name:		Landlord or a	Landlord or authorized designee signature:	
Address:		Date:		
City:		Phone:		
State: Zip Code:		Email:		