

## 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: <b>IN</b> 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.

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

### All contact information is required.

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

## Energy Assistance Program Undocumented Income Verification

**This form is to be completed by anyone claiming undocumented income or zero income for any of the three months preceding application. This form must be completed in its entirety.**

Household Member: \_\_\_\_\_ Application Key: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Section 1:** Complete for the three (3) complete months immediately before your application date. For example, if you apply in November, you must show income for August, September, and October. Please enter the **gross** income received for which you do not have any documentation. Enter zero (0) if you did not receive income for a given month. **If you enter 0 for any month, you must complete section 2. Any misrepresentation or omission may result in your application being denied.**

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>
<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2025</b>	<b>2026</b>	<b>2026</b>	<b>2026</b>	<b>2026</b>

The source of the above income is: \_\_\_\_\_

(Income includes but is not limited to: wages, self-employment, odd jobs, salaries, commissions/bonuses, profit sharing, vacation/sick pay, tips, pensions, disability payments, dividends, interest, gambling winnings, military pay, insurance payments, workers compensation, unemployment or strike benefits, and royalties.)

**Section 2:** Please explain how you were able to pay the following expenses, if claiming zero income for any of the past 3 months. **You must complete this section IN FULL if you indicated ANY MONTHS OF ZERO INCOME in Section 1. Check all that apply; check at least one item for each category. If family/friend gave you money, please enter total amount received for all months of zero income being claimed.**

<input type="checkbox"/> Check here if all below needs were met by income of a parent/spouse/partner/roommate in the household			
Rent/Mortgage  <input type="checkbox"/> Housing Support/voucher <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	Utilities  <input type="checkbox"/> Included in rent <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Have not paid/am behind <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	Food  <input type="checkbox"/> SNAP/WIC benefits <input type="checkbox"/> Food bank/food pantry <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____	Other Household Expenses (hygiene/personal care, medical needs, cleaning, etc.)  <input type="checkbox"/> Assistance program: _____ <input type="checkbox"/> Family/friend paid for me <input type="checkbox"/> Family/friend gave me money: *Amount: \$ _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3. I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose. I also authorize the release of income information by any employer who may have issued me payment for earnings within the 91-day period preceding the date of application listed above.

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Non-Household Member Declaration Form**

**Applicant name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** IN **Zip:** \_\_\_\_\_

**The individuals below appear on supporting documentation for my Energy Assistance Program application but do not reside in the household as of the date of application:**

Document	Name	Person's current location/contact information
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Utility Bill: _____ <input type="checkbox"/> Lease <input type="checkbox"/> Other: _____		

**If any utilities are in a non-household member's name**, please indicate barriers to placing utility in the name of a current household member (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Utility is listed in landlord, property owner, or third-party billing service name, but is my responsibility                   | <input type="checkbox"/> Unable to establish utilities due to credit issues, outstanding unpaid bills, etc., but utility bill is my responsibility. |
| <input type="checkbox"/> Utility is listed in the name of legal guardian or power of attorney but is my responsibility.                                 | <input type="checkbox"/> Utility is handled by a company or service due to disability but is my responsibility.                                     |
| <input type="checkbox"/> Account holder in temporarily in a correctional facility, nursing home, rehabilitation center, etc., but is my responsibility. | <input type="checkbox"/> Other: _____   |

I certify under the penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that **any misrepresentation of information or failure to disclose information requested may disqualify me from participation in IHCD-administered assistance programs and may be grounds for termination of my assistance and/or repayment of the assistance that I receive based on this misrepresentation or omission.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_