



## Self-Declaration of Primary Fuel Source Level

Application Key: \_\_\_\_\_

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (*print name*), being of sound mind and at least 18 years of age, affirm that I have personal knowledge of the facts described in this form. (*Check the appropriate box*)

☐ I am a person who is within 10 days of having no heat due to low fuel source or prepaid electric

HEAT FUEL SOURCE (*describe*): \_\_\_\_\_

**NOTE:** Benefits will not be provided to individuals who move out of the State of Indiana or on behalf of individuals who are deceased.

### CURRENT ADDRESS:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

IN  
State

\_\_\_\_\_  
Zip Code

### UTILITY COMPANY/BULK FUEL PROVIDER/ACTIVE ACCOUNT NUMBER:

\_\_\_\_\_  
Utility Company or Bulk Fuel Provider Name

\_\_\_\_\_  
Account Number

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 the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance that I receive based on this fraud or omission.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (*in case IHCD must contact you to process your request*)