

ENERGY BENEFIT TRANSFER REQUEST FORM

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. I am the person who received the Energy Assistance Program (EAP) benefit ("Benefit"). I have moved within the State of Indiana and/or changed utility vendors and need the Benefit(s) applied to my new utility vendor.

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

Provide all available information below

Name: _____

New Utility Company

Utility Company Name: _____

Application No: _____

New Account Number: _____

Phone Number: _____

Name on Account: _____

Please contact your previous utility before submitting this request and confirm the benefit has been returned to IHCD. Request check number if available.

Address on Account: _____

Previous Utility Company

Utility Company Name: _____

Previous Account Number: _____

Name on Account: _____

FOR LSP USE ONLY
LSP Name: _____
Refund Amount (confirmed w/vendor): _____
Date Confirmed w/vendor: _____
Date vendor refund IHCD requested: _____
Date new account information verified: _____

FOR IHCD USE ONLY
Received: _____
By: _____

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.**

Recipient Signature: _____ Date: _____