



Indiana Housing & Community Development Authority

Declaration of Household Members

Application Key: _____

I, _____ (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.

APPLICATION ADDRESS:

Address _____

_____ IN _____
City State Zip Code

Household Size _____

The only individuals who will reside at the address listed above are listed below:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 misrepresentation or omission.**

Signature: _____

Date: ____/____/____

Telephone Number: (____) _____ - _____

(IHCDA follow up may be required, while your request for assistance is being processed or thereafter.)