

# INDIANA EMERGENCY RENTAL ASSISTANCE DECLARATION OF PRIMARY FUEL SOURCE EXHAUSTION

Form to completed by head of household or a co-tenant on the lease.

Head of Household: \_\_\_\_\_

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

Co-tenant: \_\_\_\_\_

Application Number: \_\_\_\_\_

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

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

(Check the appropriate box)

I am within 30 (thirty) days of having no heat due to an almost exhausted fuel source.

I currently have no heat due to an exhausted fuel source.

Heat Source: (describe) \_\_\_\_\_

Fuel Vendor: (name) \_\_\_\_\_

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

Estimated Cost to refill or restock fuel source: \_\_\_\_\_

Estimated Cost of Delivery: \_\_\_\_\_

Other Associated Costs: \_\_\_\_\_

TOTAL Estimated Cost to Replenish Fuel Source: \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of and the required repayment of any and all benefits received through the Indiana Emergency Rental Assistance Program and potential criminal prosecution.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date