

Maine State Housing Authority - LIHEAP Application 2013

1. APPLICANT AND MEMBER INFORMATION - Enter Applicant First

First Name	M.I.	Last Name	Title	SSN/Identification No.	Sex	DOB	Hlth. Ins.	Educ. Level (Yrs)	Hypo-therm.	Dr.'s Note	Dis-abled	Native Amer.
i.												
ii.												
iii.												
iv.												
v.												
vi.												
vii.												

2. Additional Members <input type="checkbox"/>	7. Physical Address _____	13. Is anyone in the household receiving?
3. Mailing Address _____	8. _____	<input type="checkbox"/> Food Stamps
4. _____	9. Munic/Legal Res. _____ 10. Zip Code _____	<input type="checkbox"/> Gen. Assist.
5. Municipality _____ 6. Zip Code _____	11. Land Line <input type="checkbox"/>	<input type="checkbox"/> Medicaid
Please Check Primary Contact <input type="checkbox"/>	12a. Message Phone <input type="checkbox"/>	<input type="checkbox"/> Other _____
12c. Cell Phone <input type="checkbox"/>	12d. Other <input type="checkbox"/>	12e. Texting Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No
12f. Email Address _____	12g. Other Email _____	

14. Occupancy Information

Own Rent Rent/Heat Room/Board Subsidized Sub/Heat Inc.

15. Dwelling Information

Single Family Apt. Mobile Home Mobile Home Size _____ Mob. Home Addition Size _____

Condo Co-owned Duplex Single-Family Condo Unknown

Age _____ Condition _____ Sq. Ft. Living Space _____ Number of Rooms _____ Number of Apt. _____

16. Types of Rooms(#) LR _____, BR _____, DR _____, Kit _____, Others _____

17. Water Heater Fuel Type Electric Oil L.P. Gas Nat. Gas Other _____

18. Insulation Walls Attic Water Heater Home Weatherized: Date Weatherized ____/____/____

19. Utility and Fuel Tank Information

All Utilities Included Electricity Included Has Elec. Account Own Electric Meter Has Energy Cost

Own Fuel Tank Outside Tank Tank Size _____

20. Heating Systems

Primary Heating System Type

Electric Oil boiler/furnace Gas boiler/furnace Wood/Coal Stove Wood/Coal Furnace

Oil/Gas Heater Wood Pellet stove Wood Pellet boiler/furnace Other _____

Fuel Type

Oil Kero Elec. L.P. Gas Nat. Gas Wood Coal Wood Pellets Other _____

Conditions Was Heating System Cleaned? Was Chimney Cleaned?

Not Working Working Well Not Working Well Not Applicable

Secondary Heating System Type

Electric Oil boiler/furnace Gas boiler/furnace Wood/Coal Stove Wood/Coal Furnace

Oil/Gas Heater Wood Pellet stove Wood Pellet boiler/furnace Other _____

Fuel Type

Oil Kero Elec. L.P. Gas Nat. Gas Wood Coal Wood Pellets Other _____

Conditions Was Heating System Cleaned? Was Chimney Cleaned?

Not Working Working Well Not Working Well Not Applicable

21. Energy Vendors

Vendor Name/Fuel Type _____ Name on Account _____ Deceased Spouse?

Account Number _____ Have more than one vendor

Electric Utility Name _____ Name on Account _____ Electric Utility Only

Account Number _____ Deceased Spouse?

22. Room & Board Room Per Month \$ _____ Board Per Month \$ _____

23. Rent/Mortgage R/M Per Month \$ _____ Mob. Home Lot Per Month \$ _____ Zero Rent Reason _____

24. Monthly Allowances Fuel Subsidy Allowance \$ _____ Utility Allow. \$ _____

25. Landlord Information First Name _____ M.I. _____ Last Name _____

Mailing Address _____ Address Line 2 _____ Telephone No. _____

Municipality _____ State _____ Zip _____

26. I HAVE READ AND UNDERSTOOD THE CONSENT ON "INCOME INFORMATION, CONFIDENTIALITY WAIVER AND PENALTY PROVISION" ON THE BACK OF THIS APPLICATION. I UNDERSTAND AND AGREE THAT YOU MAY CONTACT ANY AND ALL LISTED SOURCES OF INCOME FOR VERIFICATIONS AS NECESSARY, SUCH AS TANF, GENERAL ASSISTANCE, ETC.

27. I CHOOSE TIME PERIOD 1 Month 3 Months 12 Months Want LIAP

Staff Information: Staff Volunteer Home Visit

28. SIGNATURES Applicant Signature _____ Outreach/Intake Worker Signature _____ Application Date: ____/____/____

OFFICE USE

i. Gross Wages	vii. SSI	xiii. Total HH Income
ii. Rent, Alimony, Child Sup.	viii. Soc. Sec./SSD	
iii. Self-Employment	ix. V.A. Bene.	
iv. Pension, Retire., Ins., Annuity	x. Dividends/Int.	
v. Unemployment	xi. Other	
vi. TANF	xii. Less Medical Expenses	

30. Benefit Vendor Rpts \$ DHLC \$ % Poverty No. Points Ben. Amt.

31. I HAVE REVIEWED THIS APPLICATION AND I CERTIFY THE HOUSEHOLD INCOME ELIIGILBLE FOR OR DENIED FOR

HEAP	ECIP	REACH	Wx	CHIP	LIAP	ARP
ELIGIBLE <input type="checkbox"/>	<input type="checkbox"/>					
DENIED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date: ____/____/____