Maine State Housing Authority (MaineHousing)
HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

HEAP ADDITIONAL INFORMATION QUESTIONNAIRE

COMMUNITY ACTION AGENCY (CAA): _____

PRIMARY APPLICANT NAME: _____ _____
Date of Application

I. STATUS OF HOME ENERGY SERVICE:

1. Is the household electricity or natural gas disconnected? ☐ Yes ☐ No
2. Does the household have a past due or shut-off notice for electricity or natural gas? ☐ Yes ☐ No
3. How much fuel do you currently have? ☐ More than 3 days ☐ 3-days or less ☐ Out
4. If out of fuel how are you currently heating your home? _____
5. Condition of Heating System? ☐ Working Well ☐ Not Working Well ☐ Not Working

II. HOUSEHOLD INFORMATION:

1. Total number of people living in Household? _____ Number of people age 18 years and older? _____
2. Does your home have running water? ☐ Yes ☐ No
3. Do you intend to be in Maine the entire heating season (October 1st through April 30th)? ☐ Yes ☐ No

   If not, what months will you be gone? _____
4. Do you have a valid unexpired government-issued photo identification card? ☐ Yes ☐ No
   (Driver's license, state issued ID card, Passport, Passport Card, U.S. Military ID, or SNAP/EBT card with photo)

III. HOUSING INFORMATION:

1. Do you have a Section 8 voucher or live in Subsidized Housing? ☐ Yes ☐ No
2. How long have you lived in your home? #_____weeks or #____months or #____years

IV. FUEL INFORMATION:

1. How many fuel companies did you use from 10/1/2015 through 4/30/2016? *(not just deliveries by Fuel Assistance)* _____
2. Did you carry fuel in containers between 10/1/2015 through 4/30/2016? ☐ Yes ☐ No
3. Where is your oil/kerosene tank located? _____
4. How many Heating Systems are installed in your home? _____ Fuel Type(s): _____
5. Do you share a Heating System with other units of multi-unit dwelling/duplex? ☐ Yes ☐ No
6. Do you heat a non-residential area such as a garage? ☐ Yes ☐ No
7. Have you replaced your Heating System within the past year? ☐ Yes ☐ No Fuel Type: _____
8. Is your home used for a business? ☐ Yes ☐ No

V. UTILITY INFORMATION:

1. Are you responsible for the electricity to the home? ☐ Yes ☐ No
2. Do you have an electric account in a Household member's name? ☐ Yes ☐ No
3. Are you or a Household member on oxygen or ventilator 8 hours or more per day? ☐ Yes ☐ No

VI. INCOME VERIFICATION:

1. Are you self-employed? ☐ Yes ☐ No
2. Have you received rental income during the previous 12 months? ☐ Yes ☐ No
3. Would you like your income verified on the previous ☐ 3 months ☐ 12 months?
4. Do you or a Household member receive State of Maine SSI? ☐ No ☐ $10 monthly ☐ $15 monthly

By signing this form I am certifying that the information provided on this form is true and accurate to the best of my knowledge.

Primary Applicant Signature _____ Date _____