

## FORMS BUNDLE COVER SHEET

**INSTRUCTIONS:** Complete this Cover Sheet to auto-populate the forms. Use Adobe's bookmark navigation feature to view forms in the bundle. *Tip: Print the entire bundle or right click on the form name in the bookmarked list to print individual forms.*

**NOTE:** The web site is not designed to retain data. Save form(s) to your computer-network before populating. Do not save blank forms on your computer for future use; download blank forms from the web site to ensure that you are using the most current version. *Tip: Save the website to your browser favorite's bar for quick access.*

**Use the Document Checklist to keep track of documents sent to a client by checking the applicable form(s).**

### DOCUMENT CHECKLIST

- |   |  |
|---|--|
| <input type="checkbox"/> HEAP Additional Information Questionnaire  | <input type="checkbox"/> Minor Child(ren) Primary Residence Self-Declaration |
| <input type="checkbox"/> Applicant Income Affidavit                 | <input type="checkbox"/> Odd Job Income Worksheet                            |
| <input type="checkbox"/> HEAP Benefit Return Form                   | <input type="checkbox"/> Permission to Share Personal Information            |
| <input type="checkbox"/> Change of Address / Change of Product Form | <input type="checkbox"/> Reminder Form                                       |
| <input type="checkbox"/> Document Verification Form                 | <input type="checkbox"/> Self-Employment Worksheet                           |
| <input type="checkbox"/> ECIP Emergency Worksheet                   | <input type="checkbox"/> Subsidized Housing Form                             |
| <input type="checkbox"/> Income Worksheet                           | <input type="checkbox"/> Terms of Verbal Rental/Lease Agreement              |
| <input type="checkbox"/> Minimal / Zero Income Worksheet            | <input type="checkbox"/> HEAP Waiver Request Form                            |

**Provide the following data and documents will auto-populate.**

#### PRIMARY APPLICANT

First Name \_\_\_\_\_ MI \_\_\_\_\_  
Last Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_  
Evening Telephone \_\_\_\_\_  
Email \_\_\_\_\_

#### CAA

CAA Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
CAA Telephone \_\_\_\_\_  
CAA Fax \_\_\_\_\_  
Rep Name \_\_\_\_\_  
Rep Telephone \_\_\_\_\_  
Rep Email \_\_\_\_\_  
Intake Worker Name \_\_\_\_\_  
Intake Telephone \_\_\_\_\_  
Intake Email \_\_\_\_\_

#### LIHEAP APPLICATION

HEAP Application ID \_\_\_\_\_  
Application Date \_\_\_\_\_  
Income Verification Period From \_\_\_\_\_  
To: \_\_\_\_\_

#### FUEL VENDOR

Vendor Name \_\_\_\_\_  
Primary Fuel Type \_\_\_\_\_  
Secondary Fuel Type \_\_\_\_\_

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 1<sup>st</sup> through April 30<sup>th</sup>)?  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** \_\_\_\_\_

### APPLICANT INCOME AFFIDAVIT

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application**

**APPLICANT NAME** \_\_\_\_\_

#### ZERO INCOME AFFIDAVIT

**During the income verification period from \_\_\_\_\_ to \_\_\_\_\_  
list the month(s) that you had zero income.**

For the month(s) listed above, I did not receive income from any of the following sources:

- a. Wages from employment (including tips, commissions, bonuses, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social Security, SSI (Supplemental Security Income) and SSD (Social Security Disability);
- e. Pensions, annuities, retirement funds, or insurance policies;
- f. Unemployment or disability benefits;
- g. Periodic allowances such as alimony or child support;
- h. Income from dividends, rents, royalties, estates, trusts, and interest;
- i. Support from someone or a family member not living in the household, including loans;
- j. Any other source not named above.

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. If I have knowingly given false, misleading, or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### SELF-EMPLOYMENT AFFIDAVIT

**Applicant/Business Owner Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Business Type:** \_\_\_\_\_

I have provided the CAA with a copy of my prior year's federal tax return filed with the IRS. My self-employment earnings for the twelve (12) months preceding the above Date of Application have remained approximately the same as the self-employment income reported on my prior year's federal tax return.

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. If I have knowingly given false, misleading, or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

**HEAP BENEFIT RETURN FORM**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_ **Date** \_\_\_\_\_

**VENDOR NAME:** \_\_\_\_\_

**INSTRUCTIONS:** Please return unused HEAP funds for the following customer and provide a detailed transaction report showing deliveries and payment activity from May 1<sup>st</sup> forward for the benefit year(s) being returned. The requested funds and account summary must be submitted to MaineHousing within 15 calendar days (no later than the date specified below). **Failure to comply may result in suspension and/or termination of your Vendor Agreement.**

**Return funds to:** Maine State Housing Authority  
Attention: Energy and Housing Services  
353 Water Street,  
Augusta, Maine 04330

**Return funds by:** \_\_\_\_\_ **Program Year** Oct 1, \_\_\_\_\_ through Sept 30, \_\_\_\_\_

**Amount to be returned:** \$ \_\_\_\_\_  All remaining HEAP benefits on account

**Customer/Client Name:** \_\_\_\_\_

**Client Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Reason for Return (please check):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Moved (in state) | <input type="checkbox"/> Moved (out of state)         | <input type="checkbox"/> Incorrect vendor             |
| <input type="checkbox"/> Vendor change    | <input type="checkbox"/> Deceased                     | <input type="checkbox"/> Inactive account (12 months) |
| <input type="checkbox"/> Over-payment     | <input type="checkbox"/> Other (specify reason) _____ |   |

Requested by \_\_\_\_\_

Telephone Number \_\_\_\_\_

**CAA OR MAINEHOUSING USE ONLY**

New Address \_\_\_\_\_ Fuel Type \_\_\_\_\_

New Vendor \_\_\_\_\_ Account # \_\_\_\_\_

Residency Type  Rent  Own Subsidized  Yes  No

Current Rental/Lease Agreement in file  Yes  No Electricity is now included  Yes  No

Heat is now included  Yes  No

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

**CHANGE OF ADDRESS / CHANGE OF PRODUCT FORM**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_ **Date** \_\_\_\_\_

**INSTRUCTIONS:** If a client has moved (or is using a different product) and is keeping the same Vendor, CAA must complete this form and submit to MaineHousing once all documentation from the client has been received by the CAA.

**Client Name** \_\_\_\_\_

Old Mailing Address \_\_\_\_\_ New Mailing Address \_\_\_\_\_

Old Physical Address \_\_\_\_\_ New Physical Address \_\_\_\_\_

\_\_\_\_\_

Dwelling Type ( <i>check one</i> )	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Single Family House	<input type="checkbox"/> Duplex
Residency Type ( <i>check one</i> ):	<input type="checkbox"/> Rent	<input type="checkbox"/> Own		
Current Rental/Lease Agreement in file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Written Request from Client in File	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidized	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electricity is now included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Location	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Heat is now included	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fuel Vendor \_\_\_\_\_ Account Number \_\_\_\_\_

Effective Date \_\_\_\_\_ New Fuel Type \_\_\_\_\_

Reason for Product Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAA Representative Name \_\_\_\_\_ CAA Representative Telephone Number \_\_\_\_\_

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

**DOCUMENT VERIFICATION FORM**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_ **Date of Application**

**INTAKE WORKER NAME:** \_\_\_\_\_

**INSTRUCTIONS:** If a photocopier or scanner is not available, the CAA intake worker will use the Document Verification Form to describe the documentation that was reviewed, and to record the appropriate information.

**Primary Applicant – Valid government-issued, photo identification card:**

Type of ID: \_\_\_\_\_ Expires: \_\_\_\_\_ ID #: \_\_\_\_\_

**SOCIAL SECURITY NUMBER VERIFICATION:**

Applicant Name	Documentation	SSN

**INCOME VERIFICATION:**

Applicant Name	Pay Date	Type of Income	Gross Pay or YTD	Frequency	Documentation

Under penalty of perjury, I certify that the information above is true, correct, and complete to the best of my knowledge. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAA Intake Signature

\_\_\_\_\_  
Date

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

## ECIP EMERGENCY WORKSHEET

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**PRIMARY APPLICANT TELEPHONE:** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

### GENERAL INFORMATION

Standard HEAP Application ID \_\_\_\_\_ Date of ECIP Request \_\_\_\_\_

Date of Standard HEAP Application \_\_\_\_\_ Time of ECIP Request \_\_\_\_\_

### STATUS OF HOME ENERGY SERVICE

Is the household disconnected (*e.g. electricity, natural gas*)?  Yes  No

Does household have a past due or shut-off notice?  Yes  No

Does the household have any operable Heating Sources?  Yes  No

How much fuel do you currently have?			
	More than 3 days	3 days or less	Out
Primary			
Secondary			
Other			

**TYPE OF CRISIS** (*check one*):  Energy Crisis  Life Threatening Crisis

#### Fuel Emergency

	Primary	Secondary
Last Delivery (date)		
# Units Delivered		
Fill ( <i>Did last delivery fill tank?</i> )		
Price per units paid		
Amount of Fuel in tank		
# Days of fuel left		

Vendor Name (Primary) \_\_\_\_\_

Vendor Name (Secondary) \_\_\_\_\_

Secondary heats a significant portion of home  Yes  No

Vendor Delivering ECIP \_\_\_\_\_

Fuel Type \_\_\_\_\_

Wood Type (*if applicable*) \_\_\_\_\_

ECIP Purchased Units \_\_\_\_\_

Delivery Charge (*if applicable*) \_\_\_\_\_

LIHEAP Credit Available \_\_\_\_\_

#### Utility Disconnect (electricity or natural gas)

Utility Vendor \_\_\_\_\_

Utility Contact Name \_\_\_\_\_

Disconnect Date \_\_\_\_\_

Disconnect Amount \_\_\_\_\_

Heating will fail

ECIP will remedy

Broken payment arrangement

#### Heating System Emergency

System Vendor \_\_\_\_\_

CTE amount \_\_\_\_\_

Repair amount \_\_\_\_\_

System is dangerous  Needs repair

System is malfunctioning  Needs replacement

System is inoperable

### STATUS OF APPLICATION (*check all that apply*):

Standard HEAP Application already certified (*verification in HEAP file*)

All income proof is available for ECIP certification. (*attached HEAP file*)

ECIP application on hold for further proof.

Has anyone in the Household received ECIP this year?

No  Yes When \_\_\_\_\_

Comments: \_\_\_\_\_

### PURCHASE ORDER INFORMATION

Per Unit Price \_\_\_\_\_ Delivery Charge \_\_\_\_\_ Total Amount Approved \_\_\_\_\_

PO Number \_\_\_\_\_ Date \_\_\_\_\_ Time Application was Certified \_\_\_\_\_

Intake Signature \_\_\_\_\_ Certifier Signature \_\_\_\_\_

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

**INCOME WORKSHEET**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application**

**Income Verification Period:** From \_\_\_\_\_ To \_\_\_\_\_

<b>NON-EARNED INCOME</b> ( <i>TANF, VA, SS, SSI, Pension, Annuity, MESC</i> )						
Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months

<b>EARNED INCOME</b> ( <i>Wages, Self-Employment</i> )					
Household Member	Employer	Employment Dates	1 Month	3 Months	12 Months

<b>MISCELLANEOUS INCOME</b> ( <i>Rental Income, Interest, Dividends, Child Support, Alimony, Worker's Comp, Other</i> )						
Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months

**COMMENTS**

---



---



---



---

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifier Signature

\_\_\_\_\_  
Date

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

**MINIMAL / ZERO INCOME WORKSHEET**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application**

**INSTRUCTIONS:** If you have minimal or no income, please explain how you meet your basic living expenses. You must include any financial help, such as gifts and/or loans, received from family, friends, General Assistance, churches, etc. You will need to provide documentation to verify the date(s) and amount(s) received from the individual(s) or organization(s) that provided help. This form must be completed for the months specified below. Attach additional worksheets as needed.

	Month/Year:		Month/Year:		Month/Year:	
	Amount	How was it paid?	Amount	How was it paid?	Amount	How was it paid?
Food	\$		\$		\$	
Shelter	\$		\$		\$	
Electricity	\$		\$		\$	
Heating	\$		\$		\$	
Property Taxes	\$		\$		\$	
Transportation (gas, car payment, ins.)	\$		\$		\$	
Medical	\$		\$		\$	
Other	\$		\$		\$	

**Do you have any past due bills or collection notices?** *(Copies of bills/notices required)*

- Rent/Mortgage    
  Electric    
  Heating    
  Cable TV    
  Propane/Natural Gas  
 Phone    
  Medical    
  Charge Accounts    
  Other \_\_\_\_\_

**Have you made any bank withdrawals, received dividends or gains from an asset (sold stocks) to help meet your basic living expenses?** *(Please submit copies of records to show amounts and dates received.)*

Bank Withdrawals \$ \_\_\_\_\_ Dividends \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_

**The following adult Household members residing in my residence had zero income in any of the month(s) specified above.**

Name	Date/Place of Last Employment	Unemployment Last Received?	Full Time Student At:

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. If I have knowingly given false, misleading, or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date

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

**MINOR CHILD(REN) PRIMARY RESIDENCY SELF-DECLARATION**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_ **Date of Application**

**APPLICANT (Custodial Parent/Guardian):** \_\_\_\_\_

I declare that I am the custodial parent/guardian for the minor child(ren) listed below. I also declare that the said child(ren) reside in my home 50% or more of the time.

The absent parent of the child(ren) was court ordered to or agreed to pay me: *(enter amount and check frequency)* \$ \_\_\_\_\_  weekly  biweekly  monthly

<b>Names of children this agreement applies to:</b>

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. If I have knowingly given false, misleading, or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Custodial Parent/Guardian Signature

\_\_\_\_\_  
Date

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

**ODD JOB INCOME WORKSHEET**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

I, the above-named Applicant, certify under the penalties of perjury that the following is a true and complete accounting of my income from odd jobs for the period from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. I further understand that the CAA or MaineHousing may request, at any time, a copy of my income tax return to verify my income. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

Name and Address of person for whom work was performed	Job(s) Performed	Date Paid for Work	Gross Payment Received
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

**PERMISSION TO SHARE PERSONAL INFORMATION**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application**

**INSTRUCTIONS:** All household members 18 years old or older must sign the Permission To Share Personal Information form.

I grant permission to MaineHousing and the above-named CAA to provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for MaineHousing programs and programs administered by the CAA.

I also grant permission to MaineHousing and the CAA to provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies. I also grant permission to state and federal agencies to share my personal information relevant to the application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing. I understand this information may include the benefits I received.

I specifically grant permission to the Maine Department of Health and Human Services, the Maine Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to the application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing.

I also grant permission to MaineHousing and the CAA to inspect the heating fuel and utility billing records for my current residence for up to five years prior to and up to five years after the date of this consent for purposes of determining eligibility and evaluating the effectiveness of any weatherization work performed.

---

_____ Printed Name	_____ Social Security Number
_____ Signature	_____ Date
<hr/>	
_____ Printed Name	_____ Social Security Number
_____ Signature	_____ Date
<hr/>	
_____ Printed Name	_____ Social Security Number
_____ Signature	_____ Date
<hr/>	
_____ Printed Name	_____ Social Security Number
_____ Signature	_____ Date

---

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

**REMINDER FORM**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

**INSTRUCTIONS:** The following information is needed to process your application. You have **20 business days from the Date of Application** to submit the information/documents checked below. Please submit copies, not originals, of these documents and this Reminder Form. **If you do not supply this information, your application may be denied.**

**Information is needed for the following time period:** From \_\_\_\_\_ To \_\_\_\_\_

**CAA Telephone:** \_\_\_\_\_

**CAA Address:** \_\_\_\_\_

**CAA Fax:** \_\_\_\_\_

Alimony/Child Support Income – *court documents*

Notes of Support

Applicant Income Affidavit – *completed and signed*

Permission to Share Personal Information Form

By: \_\_\_\_\_

Primary Residency Affidavit – *minor children*

By: \_\_\_\_\_

Self-Employment / Rental / Odd Job Income Verification

Birthdate(s) for: \_\_\_\_\_

Self-Employment Worksheet – *with backup*

Odd Job Income Worksheet

Dividends/Interest

Income Tax Return (signed), most recent

Educational Financial Aid

Social Security Number Verification

Foster Care/Adoption Subsidy Income

*Provide one of the following:*

- Social Security Card from SSA
- SSA-1099 tax form
- Non SSA-1099 tax form
- Medicare card if ends in "A"
- U.S. Military Document
- Bank tax form
- W-2 (wage and tax statement)

Fuel Vendor Name and Account Number

Government-issued photo ID card (Valid/Unexpired)

*Primary Applicant to provide one of the following:*

- Driver's License
- Passport
- SNAP/EBT Photo ID card
- State issued ID card
- U.S. Military Photo ID card

SS/SSD/SSI Award Letter

Gross Pension/Annuity/Retirement

Subsidized Housing Form

Gross Wages-Check Date(s) \_\_\_\_\_

TANF - In State/Out of State

Unemployment - DOL Benefit History Report

For: \_\_\_\_\_

Landlord's Name, Physical Address, Telephone

For: \_\_\_\_\_

Lease/Rental Agreement

Utility Bill(s) \_\_\_\_\_

Medical Receipts

Minimal/Zero Income Form

V.A. Benefits/Claim Number

Other \_\_\_\_\_

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Worker Name

\_\_\_\_\_  
Intake Worker Telephone Number

### SELF-EMPLOYMENT WORKSHEET

COMMUNITY ACTION AGENCY (CAA): \_\_\_\_\_

PRIMARY APPLICANT NAME: \_\_\_\_\_

Date of Application \_\_\_\_\_

INSTRUCTIONS: The Applicant must provide and document self-employment income for the 365 days prior to the Date of Application. Documentation such as receipts, canceled checks, and paid purchase slips must be attached in an orderly format to this completed worksheet.

The completed Self-Employment Worksheet and proof of income and expenses must be submitted to the CAA no later than: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

If business is located in your home, indicate number of rooms used for business:

365 Day period covered: From \_\_\_\_\_ To \_\_\_\_\_

- 1. Gross Income (receipt or sales) \$ \_\_\_\_\_
- 2. Subtract Cost of Sales (purchases) \$ \_\_\_\_\_
- 3. Gross Profit (subtract line 2 from line 1) \$ \_\_\_\_\_

**Business Deductions:** (expenses must be paid within period listed above)

- |                 |          |                               |          |
|-----------------|----------|-------------------------------|----------|
| 4. Fuel         | \$ _____ | 12. Advertising               | \$ _____ |
| 5. Travel       | \$ _____ | 13. Supplies                  | \$ _____ |
| 6. Taxes        | \$ _____ | 14. Wages                     | \$ _____ |
| 7. Repairs      | \$ _____ | 15. Rent                      | \$ _____ |
| 8. Insurance    | \$ _____ | 16. Cleaning                  | \$ _____ |
| 9. Utilities    | \$ _____ | 17. Bank Charges              | \$ _____ |
| 10. Car & Truck | \$ _____ | 18. Legal & Professional Fees | \$ _____ |
| 11. Interest    | \$ _____ | 19. Other (attach list)       | \$ _____ |

20. Total Deductions: (add lines 4 through 19) \$ \_\_\_\_\_

21. Net Profit: (subtract line 20 from line 3) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

Applicant/Business Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUBSIDIZED HOUSING FORM  
RENTERS WHO PAY THEIR OWN HEATING COSTS**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application**

**INSTRUCTIONS:** The information requested on this form is needed to complete the Home Energy Assistance Program (HEAP) application for the household named below. Be sure the Property Manager, Subsidized Housing Agent, or local Housing Authority ("Agent") completes and returns the form to the CAA listed on this form.

**Form Return Deadline:** \_\_\_\_\_ **CAA Address:** \_\_\_\_\_

**CAA Telephone:** \_\_\_\_\_

**CAA Fax:** \_\_\_\_\_

**CAA Email:** \_\_\_\_\_

**RELEASE OF INFORMATION**

I hereby waive any rights of confidentiality I may have regarding the disclosure of the nature of any housing subsidy which my household receives. The information includes any subsidy received from local, state or federal sources. I understand that this waiver shall remain in effect in compliance with the rules established under the HEAP program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**To be completed by the HEAP Intake or Outreach Worker at the time of Application**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Housing Agent

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Applicant Telephone Number

\_\_\_\_\_  
City State Zip

**To be completed by the Property Manager, Subsidized Housing Agent or Local Housing Authority ("Agent")**

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Agent Telephone Number

\_\_\_\_\_  
City State Zip

**MONTHLY UTILITY ALLOWANCE INFORMATION**

A. Actual Monthly Amount Tenant pays for rent (NET) \$ \_\_\_\_\_

B. Tenant's total Monthly Utility Allowance \$ \_\_\_\_\_

C. Tenant's Monthly Utility Allowance for heating (if known) \$ \_\_\_\_\_

D. Primary source of heat is  Electricity  Oil  Kero  LPGas  Nat Gas  Other \_\_\_\_\_

I certify that to the best of my knowledge the above information is accurate and may be verified by the CAA and MaineHousing.

\_\_\_\_\_  
Agent Signature Title

\_\_\_\_\_  
Date

*I have reviewed the above information.*

\_\_\_\_\_  
CAA Certifier Signature

\_\_\_\_\_  
Date

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

**TERMS OF VERBAL RENTAL/LEASE AGREEMENT**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

INSTRUCTIONS: This form must be completed and signed by the Landlord of the property and returned to the CAA.

**This describes a verbal rental agreement made between**

\_\_\_\_\_ (Landlord) **and** \_\_\_\_\_ (Tenant)

**For the property located at:** \_\_\_\_\_ (Address) \_\_\_\_\_ (City, State Zip)

Date Tenant moved in \_\_\_\_\_ Is the tenant behind on rent:  Yes  No

Rent Amount \$ \_\_\_\_\_ Number of people in this residence \_\_\_\_\_

Monthly  Weekly

Number of rooms (excluding bathrooms) \_\_\_\_\_

The tenant rents  Apartment  Single Family House  Mobile Home  Duplex

Names of all persons living in the residence (please list everyone who lives at this address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the building has more than one unit, how many units are in the building? \_\_\_\_\_

What type of fuel is used to heat the dwelling unit? \_\_\_\_\_

Does the tenant's/Applicant's dwelling unit share a heating system with other units in the building?  Yes  No

Where is the fuel tank located? \_\_\_\_\_

Who is responsible for paying the electric?  Landlord  Tenant

Who is responsible for paying the heat?  Landlord  Tenant

Name of Vendor supplying fuel \_\_\_\_\_

Name on account with the Vendor supplying fuel \_\_\_\_\_

The tenant receives a subsidy toward rent  Yes  No

**I certify that the information contained herein is accurate and true to the best of my knowledge. If I have intentionally falsified any of this information, I understand I may be liable to MaineHousing for repayment of any benefit received.**

Tenant Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Physical Address \_\_\_\_\_

Landlord Mailing Address \_\_\_\_\_

**CAA Telephone:** \_\_\_\_\_

**CAA Address:** \_\_\_\_\_

**CAA Fax:** \_\_\_\_\_

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

**HEAP WAIVER REQUEST FORM**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application**

**PHYSICAL ADDRESS:** \_\_\_\_\_

INSTRUCTIONS: A Waiver Request is required for any deviation from the policies/procedures outlined in the Rule, State Plan, or Handbook. Submit request and supporting documentation to [LIHEAP@mainehousing.org](mailto:LIHEAP@mainehousing.org) or 207-624-5780 (fax).

**Reason for Request:**

**Actions/research CAA has completed to justify an exception:**

**Identify documentation you are attaching as support:**

**CAA Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

**CAA Energy Director** \_\_\_\_\_ **Date** \_\_\_\_\_

**MAINEHOUSING ONLY**

**Approved**       **Denied**      **By:** \_\_\_\_\_      **Date** \_\_\_\_\_

**Approved**       **Denied**      **By:** \_\_\_\_\_      **Date** \_\_\_\_\_

**MH Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_