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 _____

NON-EARNED INCOME *(TANF, VA, SS, SSI, Pension, Annuity, MESC)*

Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months

EARNED INCOME *(Wages, Self-Employment)*

Household Member	Employer	Employment Dates	1 Month	3 Months	12 Months

MISCELLANEOUS INCOME *(Rental Income, Interest, Dividends, Child Support, Alimony, Worker's Comp, Other)*

Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months

COMMENTS

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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