

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

Landlord's Name, Physical Address, Telephone

For: _____

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