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

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 _____