

HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

CAA	_____	Primary Applicant	_____
Address	_____	Application ID#	_____
	_____	Application Date	_____
Phone	_____	Fax	_____

**AUTHORIZATION TO RELEASE VA BENEFIT INFORMATION**

**INSTRUCTIONS:** Return the completed Authorization to Release Information to the CAA identified above.

By signing this Release, I authorize the above-named CAA to contact the Department of Veteran Affairs (VA) to obtain Information required to complete my application for the HEAP program.

**This is a release to obtain the current amount of VA benefits paid to or for the benefit of the Beneficiary listed below:**

**Beneficiary Full Name:** \_\_\_\_\_

**Beneficiary Social Security Number:** \_\_\_\_\_

**Beneficiary Mailing Address:** \_\_\_\_\_

**Beneficiary Physical Address:** \_\_\_\_\_

**Veteran Full Name:** \_\_\_\_\_

**Veteran Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
Beneficiary (or Veteran) Signature

\_\_\_\_\_  
Date

**FOR VA USE ONLY**

Per Maine State Housing Authority (207-623-2986), any benefit paid to a Veteran or his survivor based on Aid & Attendance (A & A) is NOT considered as a countable income for the HEAP application purpose.

**The following monthly VA benefit amount is paid to the above identified Beneficiary.**

Gross Monthly VA Benefit	\$ _____	Effective Date of Benefit	_____
Amount for A & A (if any)	\$ _____		
VA Benefit minus A & A	\$ _____		

Authorized VA Representative	_____	Title	_____
Authorized VA Signature	_____	Date	_____