

## AGENCY FORMS BUNDLE COVER SHEET

### AGENCY HEAP FORMS BUNDLE

The following forms are contained in the HEAP Forms Bundle.

- Authorization to Release Information and Contact Authorized Individual(s)
- Authorization to Release VA Benefit Information
- Change of Address
- HEAP Income Verification

### APPLICANT INFORMATION

Provide the following data and forms will auto-populate.

#### PRIMARY APPLICANT

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

#### CAA

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

#### LIHEAP APPLICATION

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

#### FUEL VENDOR

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

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

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

**AUTHORIZATION TO RELEASE INFORMATION AND CONTACT AUTHORIZED INDIVIDUAL(S)  
REGARDING HEAP AND OTHER RELATED PROGRAMS**

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

By signing this Release, I, the Applicant:

1. Grant permission for the individual(s) listed below to contact the CAA identified above, in regard to my HEAP application for program year \_\_\_\_\_.
2. Authorize the CAA to disclose information of a personal nature, such as my HEAP application status, benefit amount and status regarding other CAA-related programs to the individual(s) listed below in order to process my benefit and/or determine eligibility.
3. Grant permission for the CAA to contact the individual(s) listed below to obtain information and/or make inquiries that may assist the CAA to process my benefit and/or determine eligibility.
4. Understand that unless rescinded, this Release will be in effect for the HEAP program year identified in paragraph 1.
5. Understand that if I wish to revoke or rescind this Release prior to the close of the HEAP program year identified in paragraph 1, must submit a request to rescind in writing to the CAA.

**AUTHORIZED INDIVIDUALS**

Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Phone Number	_____	Phone Number	_____
Relationship	_____	Relationship	_____
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Phone Number	_____	Phone Number	_____
Relationship	_____	Relationship	_____

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Last 4 SSN

\_\_\_\_\_  
Effective Date

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	_____

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

<b>CAA</b> _____	<b>Primary Applicant</b> _____
<b>Address</b> _____	<b>Application ID#</b> _____
<b>Phone</b> _____	<b>Application Date</b> _____
<b>Fax</b> _____	

**CHANGE OF ADDRESS**

**INSTRUCTIONS:** Applicant must provide supporting documentation in the form of a current rental/lease agreement and utility bill as proof of new address for the address change to be processed. Other documentation may be needed upon request. Return the completed and signed Change of Address to the CAA identified above.

<b>Applicant</b> _____	<b>Effective Date</b> _____
<b>Old Mailing Address</b> _____	<b>New Mailing Address</b> _____
<b>Old Physical Address</b> _____	<b>New Physical Address</b> _____
	<b>New Phone Number</b> _____

**If the Primary Applicant moved, provide the following information for the new address:**

New Dwelling Type (*check one*)     Apartment     Mobile Home     Single Family House     Condo  
 Other \_\_\_\_\_

New Residency Type (*check one*):     Rent     Own    Electricity is now included     Yes     No

Do you now live in subsidized housing?     Yes     No    Heat is now included     Yes     No

Did everyone in the household move?     Yes     No    I will keep the same fuel vendor     Yes     No

Do you have any benefit funds remaining with your current vendor?     Yes     No    Account # \_\_\_\_\_

I would like my remaining funds transferred to (New Vendor Name): \_\_\_\_\_

I now heat with     Oil     Kerosene     Propane     Wood     Pellets     Electric  
 Other \_\_\_\_\_

My fuel tank located     Inside     Outside    Size of Tank \_\_\_\_\_

My furnace and fuel tank are located together     Yes     No

**Applicant Signature** \_\_\_\_\_    **Date** \_\_\_\_\_

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

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

**HEAP INCOME VERIFICATION**

**INSTRUCTIONS:** Complete a separate form for each household member with income. Return the completed HEAP Income Verification to the CAA identified above.

**Household Member with Income** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_

<input type="checkbox"/> Wages	\$ _____	<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Interest	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Workers Comp	\$ _____
<input type="checkbox"/> Other	\$ _____				

\_\_\_\_\_  
Signature of Household Member with Income \_\_\_\_\_  
Date

**To be completed by Employer**

**The Household Member named on this Verification earned the following income:**

**12 Months Income:**

From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_  
*and/or*

**3 Months Income:**

Month	_____	\$ _____
Month	_____	\$ _____
Month	_____	\$ _____
Month	_____	\$ _____

<b>Business Name</b>	_____	<b>Phone</b>	_____
<b>Business Address</b>	_____		
<b>Authorized Representative</b>	_____	<b>Title</b>	_____
<b>Authorized Signature</b>	_____	<b>Date</b>	_____