



# APPLICATION

CAA: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CAA Phone: \_\_\_\_\_  
 Intake Worker \_\_\_\_\_  
 Applied Date: \_\_\_\_\_

## PRIMARY APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Service Address \_\_\_\_\_  
 Apt # \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Alt Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Application Method:  Phone  In Office  Outreach

Mailing Address same as Service Address  
**Mailing Address** \_\_\_\_\_  
**Mailing Apt #** \_\_\_\_\_  
**Mailing City State Zip** \_\_\_\_\_

**Comments**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PROPERTY INFORMATION

**Owner Type**  Own  Rent  Roomer/Boarder **Number of Rooms** \_\_\_\_\_  
**Dwelling Type**  Apartment  Condo/Duplex  Stick Built/Modular  Mobile/Manufactured  
**Landlord Name** \_\_\_\_\_  
**Landlord Address** \_\_\_\_\_ **Landlord Phone** \_\_\_\_\_  
**Landlord City** \_\_\_\_\_ **Landlord Email** \_\_\_\_\_  
**Landlord State Zip** \_\_\_\_\_  
**Rental Type**  Subsidized Housing  Electricity In Rent  Heat in Rent  Request LIAP

## FAMILY INFORMATION

<b>Name</b> _____	<b>Date of Birth</b> _____ <input type="checkbox"/> Uncounted
<b>SSN/Alien#</b> _____	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Medical Insurance</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Mainecare <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>Education</b> <input type="checkbox"/> 4 year College Grad <input type="checkbox"/> K through 17 <input type="checkbox"/> Unknown	
<b>Demographics</b> <input type="checkbox"/> Native American <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Disabled <input type="checkbox"/> U.S. Citizen	

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**FAMILY INFORMATION** *continued*

<b>Name</b>	_____	<b>Date of Birth</b>	_____	<input type="checkbox"/> Uncounted
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<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Education</b>	<input type="checkbox"/> 4 year College Grad <input type="checkbox"/> K through 17 <input type="checkbox"/> Unknown			
<b>Demographics</b>	<input type="checkbox"/> Native American <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Disabled <input type="checkbox"/> U.S. Citizen			

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**INCOME INFORMATION**

<b>Income Period</b>	<input type="checkbox"/> 3 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 1 month (ECIP only)	<input type="checkbox"/> 30 days (ECIP only)
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**FUEL VENDOR/CONSUMPTION INFORMATION**

<b>Heating System Location</b> _____		<b>Priority</b>	
<b>System Type</b>		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> None	
<input type="checkbox"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> Stove	<input type="checkbox"/> Heater
<input type="checkbox"/> Electric Baseboard	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Other	
<b>Fuel Type</b>		<b>Condition</b>	
<input type="checkbox"/> Bio Bricks	<input type="checkbox"/> Coal	<input type="checkbox"/> Corn	<input type="checkbox"/> Electric
<input type="checkbox"/> Kerosene	<input type="checkbox"/> Nat Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane
<input type="checkbox"/> Wood	<input type="checkbox"/> Wood Pellets	<input type="checkbox"/> Working Well	<input type="checkbox"/> Not Working Well <input type="checkbox"/> Not Working <input type="checkbox"/> None
<b>Fuel Vendor Name</b>	_____	<b>Account Number</b>	_____
<b>Name on Account</b>	_____	<b>Fuel Subsidy Allowance</b>	_____
<input type="checkbox"/> Same as Applicant			

**FUEL VENDOR/CONSUMPTION INFORMATION *continued***

**Heating System Location** \_\_\_\_\_

**System Type**  
 Boiler       Furnace       Stove       Heater  
 Electric Baseboard       Heat Pump       Other

**Fuel Type**  
 Bio Bricks       Coal       Corn       Electric  
 Kerosene       Nat Gas       Oil       Propane  
 Wood       Wood Pellets

**Priority**  
 Primary       Secondary       None  
 Second back up       Third backup

**Condition**  
 Working Well       Not Working Well       Not Working       None

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**Fuel Vendor Name** \_\_\_\_\_ **Account Number** \_\_\_\_\_  
**Name on Account** \_\_\_\_\_ **Fuel Subsidy Allowance** \_\_\_\_\_  
 Same as Applicant

**Energy Service Status**

**Electric Utility Vendor Name** \_\_\_\_\_ **Name on Account** \_\_\_\_\_  
**Account Number** \_\_\_\_\_  Same as Applicant

Utility Only       Yes       No

**Fuel Status**  
 Does the household have a past due or shutoff notice for electricity or natural gas?       Yes       No  
 Is the household's electricity or natural gas service currently disconnected?       Yes       No  
 How much fuel do you currently have?       No energy crisis       Less than 3 days       Out

**Questions**  
 Does your electric meter service only your dwelling?       Yes       No  
 Does your primary fuel tank supply only your dwelling?       Yes       No  
 Is your primary fuel tank outside or in an unheated space?       N/A       No       Yes, Outside       Yes, Unheated Space  
 What is the primary fuel tank size in gallons? \_\_\_\_\_

**QUESTIONS**

- Does anyone in your household currently receive general assistance?       Yes       No  
 Does anyone in your household currently receive SNAP benefits?       Yes       No  
 Does anyone in your household currently receive MaineCare benefits?       Yes       No  
 Are there any persons living in your home who are college students?       Yes       No  
 If yes, provide the name, date of birth and number of semester credit hours for each college student.

Student Name	Date of Birth	Credit Hours

Student Name	Date of Birth	Credit Hours

- Are you or a member of your household on oxygen or ventilator 8 hours or more per day?       Yes       No  
 Do you intend to be in Maine the entire heating season?       Yes       No  
 If not, what months will you be gone? \_\_\_\_\_  
 How long have you lived in your dwelling (months or years)? \_\_\_\_\_  
 Is your home used for business?       Yes       No  
 If yes, what rooms are used for business? \_\_\_\_\_  
 How many fuel companies did you use between 05/01/2019 and 04/30/2020 for your Primary Heating System? (Not just deliveries made by fuel assistance) \_\_\_\_\_



HOME ENERGY ASSISTANCE PROGRAM (HEAP)

PERMISSION TO SHARE INFORMATION

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_
CAA Address: \_\_\_\_\_ CAA Fax: \_\_\_\_\_
CAA Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_
Physical Address: \_\_\_\_\_ Application ID#: \_\_\_\_\_
City State Zip: \_\_\_\_\_

INSTRUCTIONS: All household members 18 years old or older must sign the Permission To Share Personal Information form.

I grant permission to MaineHousing and the above-named CAA to:

- (1) provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for MaineHousing programs and programs administered by the CAA;
(2) provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies;
(3) provide information to and obtain information from the agencies referenced above or others as needed to determine and confirm eligibility for MaineHousing programs and other programs administered by the CAA;
(4) disclose my personal information for the determination of eligibility for programs administered by State, federal, and local agencies; and
(5) inspect the heating fuel and utility billing and payment records for my current residence for up to five years prior to and up to five years after the date of this consent for purposes of determining eligibility and evaluating the effectiveness of any weatherization work performed.

I also grant permission to state and federal agencies to share my personal information relevant to application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing. I understand this information may include the benefits I received.

I specifically grant permission to the Maine Department of Health and Human Services, the Maine Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing.

Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_
Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_
Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_
Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_

HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance)

**INCOME WORKSHEET**

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_

<b>Applicant Name:</b> _____	<b>Date of Application:</b> _____
<b>Address:</b> _____	<b>Application ID#:</b> _____
<b>City State Zip:</b> _____	

**Income Verification Period:** From \_\_\_\_\_ To \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**A. NON-EARNED INCOME**

<i>Gross TANF, VA, SS, SSI, State of Maine SSI, Pension, Annuity, Unemployment</i>				<b>AGENCY USE ONLY</b>		
Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$

**B. EARNED INCOME**

<i>Gross Wages, Self-Employment, Rental Income, Odd Job Income</i>			<b>AGENCY USE ONLY</b>		
Household Member	Employer	Employment Dates	1 Month	3 Months	12 Months
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**C. MISCELLANEOUS INCOME**

<i>Interest/ Dividends, Child Support, Alimony, Worker's Comp, Other</i>				<b>AGENCY USE ONLY</b>		
Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months
		\$		\$	\$	\$
		\$		\$	\$	\$

**D. ZERO INCOME (List Household members 18 years or older that had zero income)**

Household Member	Date/Place of Last Employment	Date Unemployment Last Received	Full Time Student -Attending

**E. If the Household has zero/minimal income, how are basic living expenses being paid?**

<i>Expense examples: Housing, food, transportation – Source examples: Gifts, loans, self-employment</i>				<b>AGENCY USE ONLY</b>		
Expense	Source	Amount	Frequency	1 month	3 months	12 months
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$

**F. CHILD SUPPORT DEDUCTION**

<i>Gross Court ordered child support paid by a Household member may be deducted from income</i>			<b>AGENCY USE ONLY</b>		
Household Member	Amount	Frequency	1 Month	3 Months	12 Months
	\$		\$	\$	\$
	\$		\$	\$	\$

**G. NOTES** (If additional space is needed, attach separate sheet.)

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







HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**DOCUMENT VERIFICATION FORM**

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_  
 CAA Address: \_\_\_\_\_ CAA Fax: \_\_\_\_\_  
 \_\_\_\_\_ CAA Email: \_\_\_\_\_  
 Intake Worker: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Application ID#: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_

**INSTRUCTIONS:** If a photocopier or scanner is not available, the CAA intake worker will use the Document Verification Form to describe the documentation that was reviewed, and to record the appropriate information.

**PRIMARY APPLICANT ID** (*government-issued, photo identification card*)

Type of ID: \_\_\_\_\_ Expiration: \_\_\_\_\_ ID #: \_\_\_\_\_

**SOCIAL SECURITY NUMBER VERIFICATION**

Household Member	Documentation	SSN

**NONCITIZEN VERIFICATION OF LAWFUL STATUS IN THE UNITED STATES**

Household Member	Documentation & Expiration Date	ID Number

**INCOME VERIFICATION**

Household Member	Pay Date	Type of Income	Gross Pay or YTD	Frequency	Documentation
			\$		
			\$		
			\$		
			\$		

**COURT ORDERED CHILD SUPPORT VERIFICATION** (*payments made by an Applicant*)

Household Member	Child Support Order		Proof of Payment	
	Amount Ordered and Payment Frequency	Documentation	Amount Paid	Documentation
			\$	
			\$	

**COLLEGE STUDENT ENROLLMENT VERIFICATION** (*person(s) living in residence who will be excluded*)

Student Name	Birth Date	Credit Hours	Semester/Term	School	Documentation

Under penalty of perjury, I certify that the information above 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 \_\_\_\_\_

CAA Intake Signature \_\_\_\_\_

Date \_\_\_\_\_

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**MINOR CHILD(REN) PRIMARY RESIDENCE SELF-DECLARATION**

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_  
CAA Address: \_\_\_\_\_ CAA Fax: \_\_\_\_\_  
\_\_\_\_\_ CAA Email: \_\_\_\_\_

Applicant Name: _____	Date of Application: _____
Physical Address: _____	Application ID#: _____
City State Zip: _____	

**APPLICANT (Custodial Parent/Guardian):** \_\_\_\_\_

I declare that I am the custodial parent/guardian for the minor child(ren) listed below and that said child(ren) reside in my home 50% or more of the time.

The non-custodial parent of the child(ren) has an obligation to pay me: *(enter amount and check frequency)* \$ \_\_\_\_\_  weekly  biweekly  monthly

Child support is:  Collected and issued by DHHS, Support Enforcement *(If collected by DHHS, a copy of the Official Record of Child Support Disbursements Made by DHHS must be provided.)*  
 Paid/issued directly to me

Names of children this agreement applies to:	

**Notes:**

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. 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.

\_\_\_\_\_  
Custodial Parent/Guardian Signature

\_\_\_\_\_  
Date

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

REMINDER FORM

CAA Name: CAA Phone:
CAA Address: CAA Fax:
CAA Email:

Applicant Name: Date of Application:
Physical Address: Application ID:
City State Zip:

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

- Application (signed)
Government-issued photo ID card
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
Social Security Number Verification
Provide one of the following:
Social Security Card from SSA
SSA-1099 tax form
IRS form 1095-C Employer Provided Health Ins.
Non SSA-1099 tax form
Medicare card if ends in "A" (not MaineCare)
U.S. Military Document
Bank tax form
W-2 (wage and tax statement)
Noncitizen verification of lawful status
Landlord's Name, Physical Address, Telephone
Birthdate(s) for:
Minor Child(ren) Primary Residency Affidavit (signed)
Permission to Share Personal Information (signed)
Income Worksheet (signed)
Alimony/Child Support received (court documents)
DHHS printout of child support received
Dividends/Interest
Gross Pension/Annuity/Retirement
Gross Wages-Check Dates:
Income Tax Return (signed), most recent
Odd Job Income Affidavit (signed)
Self-Employment/Rental Income Verification (signed)
Self-Employment Worksheet (with back up) (signed)
SS/SSDI/SSI Award Letter
TANF Printout (In State/Out of State)
Unemployment DOL Benefit History Report
V.A. Benefits Documentation
Child Support Paid (court documentation, proof of payments)
Medical, Dental, Vision, Prescription Receipts
Fuel Vendor Name and Account Number
LIAP Form (signed)
Utility Bills
Subsidized Housing Form (signed)
Subsidized Housing Recertification (signed)
(HUD Form 50058/50059; RD 3560-8)
Other:

Primary Applicant Signature Date
Intake Worker Signature Date
Intake Worker Name Intake Worker Phone Number

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**FILE NOTES**

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_  
CAA Address: \_\_\_\_\_ CAA Fax: \_\_\_\_\_  
\_\_\_\_\_ CAA Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Application ID#: \_\_\_\_\_  
City State Zip: \_\_\_\_\_

**INSTRUCTIONS:** Use this form to provide additional information and/or case notes relevant to this Application.

\_\_\_\_\_  
CAA Staff Signature **Date** \_\_\_\_\_

\_\_\_\_\_  
CAA Staff Name

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

SUBSIDIZED HOUSING FORM

CAA Name: CAA Phone: CAA Address: CAA Fax: CAA Email:

Applicant Name: Date of Application: Physical Address: Application ID#: City State Zip:

INSTRUCTIONS: The information requested on this form is needed to complete the Home Energy Assistance Program (HEAP) application for the household named below.

Form Return Deadline:

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.

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 Phone Number City State Zip

To be completed by the Property Manager, Subsidized Housing Agent or Local Housing Authority ("Agent")

NOTE: The information provided below must reflect information for the Applicant as of the Date of Application listed above.

Agent Name Agency Name Street Address Agent Phone Number City State Zip

- A. Is Tenant's Rent Subsidized B. Actual Monthly Amount Tenant pays for rent (NET) C. Is the Tenant's heat included in the rent? D. Primary source of heat is

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

## HOME ENERGY ASSISTANCE PROGRAM (HEAP)

### INCOME INFORMATION, CONFIDENTIALITY WAIVER, AND PENALTY PROVISION

The **Home Energy Assistance Program** (commonly called LIHEAP, HEAP, Fuel Assistance) provides money to help pay part of your home heating costs. The information on your HEAP application may be used to determine your household's eligibility for a number of programs administered by MaineHousing and your local Community Action Agency. Each program may have different income and program eligibility requirements. Eligibility for one program does not automatically guarantee eligibility for all programs.

If you are eligible for HEAP, you may also qualify for the programs described below as well as other programs (not listed here) designed for low-income households.

- (1) **Central Heating Improvement Program (CHIP)** provides assistance for the repair or replacement of malfunctioning or non-working primary heating systems.
- (2) **Energy Crisis Intervention Program (ECIP)** provides emergency fuel assistance if your health and safety is threatened by a heating crisis during the winter months.
- (3) **Low Income Assistance Plan (LIAP)** helps homeowners and renters with their electric utility bills.
- (4) **Weatherization Assistance Program (WAP)** provides grants to low-income homeowners and renters to reduce energy costs by improving home energy efficiency.

To determine and confirm your eligibility to participate in various programs, MaineHousing and your Community Action Agency will need to provide your personal information and personal information of other members of your household to state and federal agencies. MaineHousing and your Community Action Agency will in turn obtain information about you and other members of your household from those agencies and others. You and other household members must sign a release authorizing such information sharing. In addition, the release will permit MaineHousing and your Community Action Agency to inspect the heating fuel and utility billing and payment records for your current home for up to five years prior to and up to five years after the date of your application for purposes of determining eligibility and evaluating the effectiveness of any weatherization work performed.

You may be held civilly or criminally liable under federal or state law for knowingly making fraudulent statements or for using HEAP fuel in a manner that is inconsistent with MaineHousing or federal requirements.

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#### APPEAL INFORMATION

An applicant has the right to appeal and to receive an informal review and in some cases a fair hearing. An applicant must submit a written appeal request for an informal review no later than:

- (1) Thirty (30) calendar days from the postmarked date of the benefit or denial notification;
- (2) Ninety (90) calendar days from the date of application, if the application has not been approved or denied, or
- (3) Ninety (90) calendar days from the postmarked date of the request for refund of an overpayment.

Written requests for appeal may be mailed to MaineHousing, 26 Edison Drive, Augusta, Maine 04330; or emailed to [LIHEAPcompliance@mainehousing.org](mailto:LIHEAPcompliance@mainehousing.org).

**Informal Review:** Informal reviews are intended to provide a minimum hearing requirement and are not as elaborate as fair hearings. An applicant may request, in writing, an informal review for any dispute.

The informal review will be conducted by a person other than the one who made or approved the decision under review or a subordinate of this person. MaineHousing will review the file, conduct necessary research, and give the applicant an opportunity to present written or oral objections to the decision under review. In rendering a decision MaineHousing will evaluate the accuracy of the calculations, the level of documentation provided by the applicant, and the accuracy of the decision. MaineHousing will communicate the results of the review to the applicant.

**Fair Hearing:** MaineHousing will provide an applicant an opportunity for a fair hearing if the applicant's claim for assistance has been denied, or not acted upon with reasonable promptness, or the applicant disputes the benefit amount. MaineHousing will also provide an applicant an opportunity for a fair hearing if the applicant is required to refund an overpayment.

#### NONDISCRIMINATION

A person with a disability who is applying for or receiving assistance under HEAP has the right to a reasonable accommodation. A reasonable accommodation is a change or waiver of a policy, procedure or service that may be necessary for a person with a disability to participate in the program. MaineHousing will provide appropriate communication auxiliary aids and services upon request. MaineHousing will also provide this document in alternative formats upon request. Please contact the EHS Program Compliance Officer, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice), or 711 (Maine Relay).

MaineHousing and the Community Action Agency do not discriminate on the basis of race, color, religion, sex or gender, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, familial status or source of income in the admission or access to, or treatment or employment in, its programs, and activities.

MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Louise Patenaude, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice), or 711 (Maine Relay).