

HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance)

INCOME WORKSHEET

CAA Name: _____ CAA Phone: _____

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

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>				AGENCY USE ONLY		
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>			AGENCY USE ONLY		
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>				AGENCY USE ONLY		
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>				AGENCY USE ONLY		
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>			AGENCY USE ONLY		
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