

**Maine State Housing Authority (MaineHousing)
HEAP Application**

COMMUNITY ACTION AGENCY INFORMATION

CAA NAME _____ CAA PHONE _____ CAA FAX _____
 CAA ADDRESS _____ CAA EMAIL _____
 _____ APPLICATION CREATED DATE _____
(mm/dd/yyyy)

PRIMARY APPLICANT

Client Number _____
 FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
 SERVICE STREET ADDRESS _____ SERVICE APARTMENT _____
 SERVICE STREET ADDRESS 2 _____
 SERVICE CITY, STATE AND ZIP CODE _____
 MAILING ADDRESS SAME AS SERVICE ADDRESS
 MAILING STREET ADDRESS _____ MAILING APARTMENT _____
 MAILING STREET ADDRESS 2 _____
 MAILING CITY, STATE AND ZIP CODE _____

QUESTIONS	ANSWER
Have you applied for Home Energy Assistance (HEAP) in the past?	
Does anyone in your household currently receive TANF Benefits?	
Does anyone in your household currently receive SNAP Benefits?	

APPLICATION INFORMATION

APPOINTMENT DATE AND TIME _____ APPLIED DATE _____ APPLICATION METHOD _____
 OWNER TYPE _____ DWELLING TYPE _____ NUMBER OF ROOMS _____
 SUBSIDIZED HOUSING HEAT IN RENT ELECTRICITY IN RENT
 LANDLORD NAME _____ LANDLORD PHONE _____ LANDLORD EMAIL _____
 LANDLORD ADDRESS _____
 LANDLORD CITY _____ LANDLORD STATE _____ LANDLORD ZIP _____

QUESTIONS	ANSWER
Is your mobile home 12 feet wide by 40 feet long or larger?	
Did you live at this address for the entire period between May 1- April 30?	
Do you intend to be in Maine the entire heating season (October 1 st through April 30 th)?	
If not, what months will you be gone? (If yes, type NA)	

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FAMILY									
First Name	M.I.	Last Name	Date of Birth	SSN/Alien#	Gender	Education	Marital Status	Medical Insurance	U.S. Citizen

QUESTIONS	ANSWER
Does anyone in your household currently receive general assistance?	
Are you or a household member on oxygen or ventilator 8 hours or more per day?	
Are there any persons living in your home who are college students?	
If yes, provide the name, birth date and number of semester credit hours for each college student. If no, type NA.	
NAME	DOB
	SEMESTER CREDIT HOURS

INCOME			
INCOME PERIOD	<input type="checkbox"/> 1 MONTH	<input type="checkbox"/> 30 DAYS	ANNUAL INCOME _____ POVERTY LEVEL _____

FAMILY MEMBER	INCOME TYPE	INCOME AMOUNT	INCOME FREQUENCY	INCOME MONTHLY

QUESTIONS	ANSWER
Is your home used for business?	
If yes, what rooms are used for business? (In no type NA)	

VENDOR & CONSUMPTION	
PRIMARY FUEL TYPE _____	<input type="checkbox"/> REQUEST LIAP/ELP

HEATING SYSTEM LOCATION	SYSTEM & FUEL TYPE	PRIORITY	CONDITION	CHECK IF THIS SYSTEM HAS BEEN CLEANED IN THE LAST 12 MONTHS

QUESTIONS	ANSWER
Does your electric meter service only your dwelling?	
What is the primary fuel tank size in gallons?	

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Is your primary fuel Oil/K-1 fuel tank outside? (LP Tanks type NA)	
Is your primary fuel tank in an unheated space? Ex. Garage, Shed, Basement, Crawl Space?	
Have you replaced your heating system within the past year?	
If yes, what fuel type is the newly replaced heating system? (if no, type NA)	
Does your primary heating system heat a non-residential area such as a garage?	
How many fuel companies did you use between May 1 and April 30 for your primary heating system? (not just deliveries cover by Fuel Assistance)	
Did you carry fuel in containers between May 1 and April 30 for the primary heating system?	

APPLICANT SIGNATURE

I have read and understand the Consent on "Income Information, Confidentiality Waiver, and Penalty Provision." I understand and agree that MaineHousing and/or the CAA may contact any and all listed sources of income for verification as necessary, such as TANF, General Assistance, etc.

Please Note: Income may be adjusted based on documentation submitted.

PRIMARY APPLICANT SIGNATURE _____

DATE _____

INTAKE WORKER SIGNATURE _____

DATE _____