

Maine State Housing Authority (MaineHousing)
Home Energy Assistance Programs Application - HEAP FA, Heat & Eat, ECIP, LIAP, AMP, Supplemental FA (TANF)
Subsidized Housing – Heat Included

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 _____
PRIMARY PHONE _____ ALTERNATIVE PHONE _____ EMAIL _____
SERVICE STREET ADDRESS _____ SERVICE APARTMENT _____
SERVICE CITY, STATE AND ZIP CODE _____
☐ MAILING ADDRESS SAME AS SERVICE ADDRESS
MAILING STREET ADDRESS _____ MAILING APARTMENT _____
MAILING CITY, STATE AND ZIP CODE _____

QUESTIONS

Answers

Have you applied for Home Energy Assistance (HEAP) in the past? Yes ☐ No ☐
Does anyone in your household currently receive TANF Benefits? Yes ☐ No ☐
Does anyone in your household currently receive SNAP Benefits? Yes ☐ No ☐

APPLICATION

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 (Street, City, State, Zip) _____

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

☐ Household member on Oxygen or Ventilator 8 hours or more a day? ☐ Request LIAP/ELP

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VENDOR AND CONSUMPTION					
Utility Vendor	Name on Account	Account #	Fuel Status	Date	Utility Only
					<input type="checkbox"/>

APPLICANT SIGNATURE	
<p>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.</p> <p>Please Note: Income may be adjusted based on documentation submitted.</p>	
PRIMARY APPLICANT SIGNATURE	DATE
INTAKE WORKER SIGNATURE	DATE

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

Your personal information is confidential. With your consent, your personal information, including historical information, will be made available to other agencies, including MaineHousing Partner Agencies, who may provide services to you through the Home Energy Assistance Program or other MaineHousing Programs. A list of MaineHousing Partner Agencies is available from MaineHousing.

I grant permission to MaineHousing, the above-named CAA and MaineHousing Partner Agencies 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 Local Housing Authorities, Maine Department of Health and Human Services, 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	Signature	Date
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