

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
DOCUMENT CHECKLIST and FORMS BUNDLE COVER SHEET

DOCUMENT CHECKLIST

INSTRUCTIONS: SSN and photo ID documentation must be uploaded into the application software in the designated slots. All other documents that are needed for an application should be scanned in a bundle in the following order and uploaded as one attachment in the application software. **Note:** Items 1-9 are required documents for all applications. Other documents are required on a case-by-case basis depending on the Household's situation.

- | | |
|---|---|
| 1. HEAP Application (signed)
2. Permission to Share Personal Information
3. Income Worksheet
4. Odd Job Income Affidavit (<i>if applicable</i>)
5. Self-Employment Worksheet (<i>if applicable</i>)
6. Income Documentation (back-up)
7. Document Verification Form (<i>if applicable</i>) | 8. Electric Utility Bill
9. LIAP Application
10. Minor Child(ren) Primary Residency Self-Declaration
11. File Notes
12. Reminder Form
13. Subsidized Housing Form
14. Lease Agreement or Landlord Affidavit (<i>if applicable</i>) |
|---|---|

HEAP FORMS BUNDLE

The following forms are contained in the HEAP Forms Bundle.

Required for all Files

- HEAP Application
- Permission to Share Personal Information

Forms Pertaining to Income

- Income Worksheet
- Self-Employment Worksheet

Other Forms

- Minor Child(ren) Primary Residency Self-Declaration
- Reminder Form
- Subsidized Housing Form
- HEAP Income Information Confidentiality Waiver

The following forms are not in the HEAP Forms Bundle and can be downloaded directly from the CAA Portal.

- | | |
|--|---|
| <ul style="list-style-type: none">• Odd Job Income Affidavit• HEAP Application Update Form• Landlord Affidavit• HEAP Application Voided | <ul style="list-style-type: none">• Waiver Request Form• Benefit Return Form• Document Verification Form• File Notes |
|--|---|

APPLICANT INFORMATION

Provide the following data and forms will auto-populate.

PRIMARY APPLICANT

First Name _____ Middle Name _____
Last Name _____
Service Address _____
Apt # _____
City State Zip _____
Mailing Address _____
City State Zip _____
Phone _____
Alternate Phone _____
Email _____

CAA

CAA Name _____
CAA Mailing Address _____
CAA City State Zip _____
CAA Phone _____
CAA Fax _____
CAA Email _____
Intake Worker Name _____
Intake Worker Phone _____
Intake Worker Email _____

HEAP APPLICATION

Client Number _____
Application Date _____
Create/Intake Date: _____

FUEL VENDOR

Benefit Vendor Name _____
Primary Fuel Type _____
Secondary Fuel Type _____

Income Verification Period: 1 Month
Calendar Month

OR

Previous 30 Days
From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

PERMISSION TO SHARE INFORMATION

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

Primary Applicant: _____ Create/Intake Date: _____
Client Number: _____

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

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

INCOME WORKSHEET (AGENCY USE ONLY)

Primary Applicant: _____	Income Verification Period:
Client Number: _____	Previous 1 Month:
Create/Intake Date: _____	Previous 30 Days From: _____ To: _____

- ☐ Subsidized with Heat Included
☐ Categorical Eligibility – TANF (Add \$1.00 for each Household member age 18 years or older.)
☐ Categorical Eligibility – SNAP Household Size: _____ 125% FPL: _____

A. Income				
Household Member	Income Type	Frequency	Employer	Certified Income Amount

B. Zero Income (List Household members 18 years or older that had zero income)		
Household Member	Full-Time Student (Y/N)	Reason for Zero Income (unemployed, college student, etc...)

C. If the Household has zero/minimal income, how are basic living expenses being paid?				
Expense	Source	Amount	Frequency	Certified Income Amount
Housing				
Transportation				
Food				
Utilities/Heating				
Other				

D. Child Support Deduction				
Household Member	Court Ordered (Y/N)	Amount	Frequency	Certified Income Amount

E. Notes (if additional space is needed, attach separate sheet.)

Certifier Signature

Date

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
SELF-EMPLOYMENT INCOME WORKSHEET

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

Primary Applicant: _____ Create/Intake Date: _____
Client Number: _____

INSTRUCTIONS: Use this Worksheet only when the Applicant cannot provide a federal tax return for the most recent or previous calendar year, or the Applicant's tax return does not show his/her self-employment and/or rental income. **Complete one form for EACH separate type of self-employment business.**

****Documentation such as bank account statements, business ledgers, or accountant's records must be attached to this completed worksheet. Incomplete or ambiguous information will not be accepted.**

Name of Applicant with self-employment and/or rental income: _____

If rental income, address of rental property: _____

Description of business or trade: _____ Date business started: _____
mm/yyyy

If business is located in your home, indicate number of rooms used for business: _____

Period covered by this worksheet (12 calendar months): From: _____ To: _____
mm/yyyy mm/yyyy

List monthly business income in the table below, only for months that the business was in operation.
(Enter \$0 if no income for that month. Do not enter \$0 for months prior to the start of the business).

<i>Month & Year Income Received Example: January 2023</i>	<i>Gross Amount Income Received Example: \$500.00</i>		<i>Month & Year Income Received Example: January 2023</i>	<i>Gross Amount Income Received Example: \$500.00</i>
Total Gross Income				

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.

Applicant/Business Owner Signature

Date

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

MINOR CHILD(REN) PRIMARY RESIDENCE SELF-DECLARATION

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

Primary Applicant: _____ Create/Intake Date: _____
Client Number: _____

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) pays me: _____ ☐ weekly ☐ biweekly ☐ monthly
(enter amount and check frequency)

Child support is: ☐ Collected and issued by DHHS, Support Enforcement
☐ Paid/issued directly to me

Names of children this agreement applies to:

Notes:

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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: _____

Primary Applicant: _____

Create/Intake Date: _____

Client Number: _____

INSTRUCTIONS: The information identified below is needed to process your application. You have 20 business days from the Create/Intake date listed above 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.

- | | |
|---|---|
| <input type="checkbox"/> Application (signed) | <input type="checkbox"/> Minor Child(ren) Primary Residency Affidavit (signed) |
| <input type="checkbox"/> Government-issued photo ID card
(examples on back) | <input type="checkbox"/> Permission to Share Personal Information |
| <input type="checkbox"/> Social Security Number Verification for:
(examples on back)

_____ | <input type="checkbox"/> Child Support Expense Paid (court documents & proof of payments) For time period: _____ |
| <input type="checkbox"/> Non-citizen verification of lawful status for:

_____ | <input type="checkbox"/> Fuel Vendor Name and/or Account Number |
| <input type="checkbox"/> Birthdate(s) for:

_____ | <input type="checkbox"/> LIAP/ELP Form (signed) |
| <input type="checkbox"/> Landlord's Name, Physical Address, Telephone | <input type="checkbox"/> Subsidized Housing Recertification (signed)
(HUD Form 50058/50059; RD3560-8) |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Subsidized Housing Form (signed) |
| | <input type="checkbox"/> TANF and/or SNAP Verification |
| | <input type="checkbox"/> Utility Bills: _____ |

Income Verification:

Household Member:	Type of Income:	Time Period or Pay Dates:

Primary Applicant Signature_____
Date_____
Intake Worker Signature_____
Date_____
Intake Worker Name

Examples of Acceptable Documents

Government-issued photo ID card - One of the following can be provided:

- Drivers license
- State issued ID Card
- Passport
- SNAP/EBT Photo ID card
- US Military Photo ID card

Social Security Number Verification (Must include all 9 digits) - One of the following can be provided:

- Social Security Card from the Social Security Administration (SSA)
- SSA-1099 tax form
- 1099 tax form
- Medicare card if ends in "A" (not MaineCare)
- US Military document
- Bank Tax Form
- W-2 (wage and tax statement) – does not have to be current

Non-Citizens – Acceptable Documentation that is Non-Expired

- Social Security card issued by the Social Security Administration. If the Social Security card includes one of the restrictions listed below, the Applicant must provide their work authorization expiration date.
 - Not valid for employment.
 - Valid for work only with INS authorization.
 - Valid for work only with DHS authorization.
- Unexpired foreign passport with a valid unexpired U.S. Visa affixed accompanied by the approved I- 94 form documenting the Applicant's most recent admittance into the United States.
- Permanent Resident Card (I-551)
- Arrival Departure Form I-94 with "Temporary I-551" stamp and holder's photograph affixed.
- I-94 stamped with one of the following statuses: Asylee, Parolee or Parole, Refugee, Asylum, HP- humanitarian parolee, PIP- public interest parolee, or Cuban-Haitian Entrant
- Permanent resident Re-entry Permit (I-327)
- Travel Document issued to Permanent Residents (I-327)
- Travel Document issued to Refugees (I-571) Form
- U.S. Citizenship and Immigration Services Form I-797C- Notice of Action.

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

SUBSIDIZED HOUSING FORM

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

Primary Applicant: _____ Create/Intake Date: _____
 Client Number: _____

Form Return Deadline: _____

INSTRUCTIONS: The information requested on this form is needed to complete the Home Energy Assistance Program (HEAP) application for the household named below. Be sure the Property Manager, Subsidized Housing Agent, or local Housing Authority ("Agent") completes and returns the form to the CAA listed on this form.

RELEASE OF INFORMATION

I hereby waive the right to or interest in the confidentiality of the disclosure of the nature of any housing subsidy which my household receives. The information includes any subsidy received from local, state or federal sources. I understand that this waiver shall remain in effect in compliance with the rules established under HEAP.

 Applicant/Subsidy Holder's Signature

 Date

To be completed by the HEAP Intake or Outreach Worker at the time of Application

 Applicant/Subsidy Holder's 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 Created/Intake Date listed above.

 Agent Name

 Agency Name

 Street Address

 Agent Phone Number

 City State Zip

A. Is Tenant's Rent Subsidized

☐ Yes ☐ No

B. Effective Date of Recertification:

C. Actual Monthly Amount Tenant pays for rent (NET)

D. Is the Tenant's heat included in the rent?

☐ Yes ☐ No

If No, Tenant's total Monthly Utility Allowance

If No, Tenant's Monthly Utility Allowance for heating (if known)

E. Primary source of heat is ☐ Electricity ☐ Oil ☐ Kero ☐ LPGas ☐ Nat Gas Other _____

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

INCOME INFORMATION, CONFIDENTIALITY WAIVER, AND PENALTY PROVISION

The **Home Energy Assistance Program (HEAP)** 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, your local Community Action Agency and MaineHousing Partner Agencies. 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, your Community Action Agency and MaineHousing Partner Agencies will need to provide your personal information and personal information of other members of your household to state and federal agencies. MaineHousing, your Community Action Agency and MaineHousing Partner Agencies 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, your Community Action Agency and MaineHousing Partner Agencies 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.

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.

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: Lauren Bustard, 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).