



Home Energy Assistance Programs Application – Additional Information (if applicable)

HOUSEHOLD INFORMATION

☐ No additional household members

Household Member First Name, Middle Name, Last Name, and Suffix (Jr., Sr., III, etc.)			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Primary Language	Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth	
Citizenship Type <input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien	<input type="checkbox"/> Ineligible Alien <input type="checkbox"/> US Non-Citizen National	Identification Type <input type="checkbox"/> No Identification Number <input type="checkbox"/> Social Security Number <input type="checkbox"/> Alien Number	Identification Number (or reason for no ID number)
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian - Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Primary Phone		Email Address	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MaineCare <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> Private	Education Level <input type="checkbox"/> Grades 0 - 8 <input type="checkbox"/> Grades 9 -12/Non-Graduate <input type="checkbox"/> High School Graduate/Equivalency Diploma <input type="checkbox"/> 12 Grade + Some Post-Secondary <input type="checkbox"/> 2 or 4-years College Graduate <input type="checkbox"/> Non-High School Graduate/Equivalency Diploma <input type="checkbox"/> Graduate of other Post-Secondary School <input type="checkbox"/> Unknown/Not Reported	

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Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth	
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Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MaineCare <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> Private	Education Level <input type="checkbox"/> Grades 0 - 8 <input type="checkbox"/> Grades 9 -12/Non-Graduate <input type="checkbox"/> High School Graduate/Equivalency Diploma <input type="checkbox"/> 12 Grade + Some Post-Secondary <input type="checkbox"/> 2 or 4-years College Graduate <input type="checkbox"/> Non-High School Graduate/Equivalency Diploma <input type="checkbox"/> Graduate of other Post-Secondary School <input type="checkbox"/> Unknown/Not Reported	

HEATING SYSTEM INFORMATION☐ No additional heating systems

System Type <input type="checkbox"/> Stove <input type="checkbox"/> Baseboard <input type="checkbox"/> Other Heat <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Heat Pump		System Priority <input type="checkbox"/> Secondary <input type="checkbox"/> Second Back Up <input type="checkbox"/> Third Back Up	System Category <input type="checkbox"/> Heating <input type="checkbox"/> Both (Heating and Cooling)
System Condition <input type="checkbox"/> Working Well <input type="checkbox"/> Not Working <input type="checkbox"/> Not Working Well <input type="checkbox"/> N/A or Unknown		Is your tank outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, is it in an unheated or heated space?	What is your tank size?
Fuel Type <input type="checkbox"/> Kerosene <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Bio-Fuel (including BioBrick) <input type="checkbox"/> Oil <input type="checkbox"/> LP Gas <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Subsidized with Heat Included <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Corn			

INCOME INFORMATION☐ No additional income sources

Income is money/contributions paid to or for someone. Provide information on all income for each person living in your home.

Household Member:				
Name of Income Source:				
Gross Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

Household Member:				
Name of Income Source:				
Gross Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly