

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

HOUSEHOLD INFOR Household Member Fi		ame. La	st Name, and	1 Suffix (Ir., Sr	., III.		al household members		
					1				
Gender	Primary Language	:			Inter	preter Needed	☐ Yes ☐ No		
☐ Self-Identified Female									
☐ Self-Identified Male									
Other				Date of Birth					
Are you disabled?	☐ Yes		.:		1	T.1	NT1		
Citizenship Type US Citizen	□ Implicible Alien		tification Ty	_		Identification			
☐ Qualified Alien	☐ Ineligible Alien☐ US Non-Citizen☐	☐ No Identification Number (or reason for no ID number) ☐ Social Security Number					o ib iidiliber		
Quanned Allen	National		lien Number	Nullibei					
Race	1 vacionai		nen number	Ethnicity					
☐ American Indian	☐ Black or African American			☐ Hispanic, Latino or Spanish Origins					
or Alaska Native	☐ Native Hawaiian - Pacific Islander			☐ Not Hispanic, Latino or Spanish Origins					
☐ Asian	☐ White		Twelle founder Tweller, Laurio of Spanish O						
	☐ Other								
Primary Phone				Email Addre	ess				
Marital Status	Health Insurance	Educat	ion Level	1					
☐ Single	☐ Medicare	☐ Grad	es 0 - 8		☐ 2 or 4-years College Graduate				
☐ Married	☐ MaineCare	☐ Grad	☐ Grades 9 -12/Non-Graduate			☐ Non-High School Graduate/Equivalency			
☐ Divorced	☐ Medicaid						, 1		
☐ Widowed	□ None	None Diploma					Post-Secondary School		
☐ Separated	☐ Private ☐ 12 Grade + Some Post-Secondar					y □ Unknown/Not Reported			
Household Member Fi	rst Name, Middle N	ame, La	st Name, and	d Suffix (Jr., Sr	., III,	etc.)			
Gender	Primary Language	<u> </u>			Interpreter Needed				
☐ Self-Identified Female					_	es 🗆 No			
☐ Self-Identified Male									
☐ Other									
Are you disabled?	□ Yes	□No		Date of Birth	1				
Citizenship Type			Identificati	on Type		Identification	Number		
☐ US Citizen				ification Numb	er	(or reason for n	o ID number)		
☐ Qualified Alien	☐ US Non-Citizen N	National							
			☐ Alien Nu						
Race	_			Ethnicity					
☐ American Indian	☐ Black or African American			☐ Hispanic, Latino or Spanish Origins					
or Alaska Native				☐ Not Hispanic, Latino or Spanish Origins					
☐ Asian	□ White								
Primary Phone	Other			Email Addre	.cc				
-	Health Insurance	Educat	ion Level	Lillan Addic	.33				
					2 or 4-years College Graduate				
		, 3							
☐ Separated	☐ Private	☐ 12 Grade + Some Post-Secondary				☐ Unknown/Not Reported			
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed	Health Insurance ☐ Medicare ☐ MaineCare ☐ Medicaid ☐ None ☐ Private	Education Level ☐ Grades 0 - 8 ☐ Grades 9 -12/Non-Graduate ☐ High School Graduate/Equivale ☐ Diploma ☐ 12 Grade + Some Post-Seconda			☐ Graduate of other Post-Secondary School				

HEATING SYSTEM INFORI	MATION					☐ No additional heating systems
System Type		System Priority			System Category	
☐ Stove ☐ Baseboard	☐ Other He	eat	☐ Secondary			☐ Heating
☐ Furnace ☐ Boiler ☐ Heat Pump			☐ Second Back Up			☐ Both (Heating and Cooling)
			☐ Thir	d Back Up		
0 111			T			W/1
System Condition	3377 1.		Is your tank outside?			What is your tank size?
9	t Working		□Yes □ No □ N/A			
\square Not Working Well \square N/		If no, is it in an unheated or				
				l space?		
Fuel Type		_				
☐ Kerosene ☐ Natural Gas			□ Wood			☐ Bio-Fuel (including BioBrick)
□ Oil	☐ LP Gas			od Pellets		☐ Subsidized with Heat Included
☐ Electricity	Electricity		□ Corn			
INCOME INFORMATION						☐ No additional income sources
Income is money/contributions	paid to or for so	omeone. Provide i	nformat	ion on all income fo	or each	
Household Member:						1 3 /
Name of Income Source:						
Gross Amount Earned: \$	1	☐ Weekly	П	Bi-Weekly	Пм	Ionthly
		— weemy		DI Weekly		Ontany
Household Member:						
Name of Income Source:						
Gross Amount Earned:	\$	☐ Weekly		☐ Bi-Weekly		☐ Monthly
ATTESTATION						
I hereby attest under penalty of p	perjury that all i	nformation provid	ded in th	nis application for th	ne prog	gram is true, accurate, and
complete to the best of my know						
in disqualification from the prog		•				
penalties, damages, or imprisonn conditions outlined in the progra						
administrators. I authorize the ve						
personal data for the purpose of			ided air	d consent to the con	iccuon	, storage, and processing or my
			THE	TERMS OF THIS	ATTF	ESTATION.
Applicant Signature	<u> </u>	TIONED WITH		Date		3011110111
Applicant Printed Name						
Maine State Housing Authority	("MaineHousir	ng") does not discri	minate o	n the basis of race, col	lor, reli	gion, sex, sexual orientation, national
origin, ancestry, physical or ment	al disability, age,	familial status or rec	ceipt of p	public assistance in the	admiss	sion or access to or treatment in its
						r, religion, sex, sexual orientation,
						ovide appropriate communication tive formats upon sufficient notice.
						e federal and state nondiscrimination
		requirements and a				
		uren Bustard, Main	e State H	lousing Authority		
Tologla		6 Edison Drive, Aug		aine 04330-6046, 26-4600 (voice) or 711	1 (Mai:	ao Rolay)
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