

CAA Name	Household ID
	Application ID
CAA Intake Staff	Application Date
	Application Received Date



Home Energy Assistance Programs Application

APPLICANT INFORMATION

Applicant 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"/> Ineligible Alien <input type="checkbox"/> Qualified 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		Alternate 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	
Physical Address (Street, Town, State, and Zip)			
Mailing Address, if different from above (Street, Town, State, and Zip)			

HOUSEHOLD INFORMATION

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"/> Ineligible Alien <input type="checkbox"/> Qualified 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	

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"/> Ineligible Alien <input type="checkbox"/> Qualified 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	
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Do you have additional household members? ☐ Yes ☐ No - If yes, attach an **Additional Application Information Form**

HOUSEHOLD QUESTIONNAIRE

Have you applied for Home Energy Assistance (HEAP) in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household currently receive TANF Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household currently receive SNAP Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household currently receive General Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to be in Maine for the entire heating season (October 1 st through April 30 th)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what months will you be gone?	
Are there any household members who are college students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, and you would like to exclude them – provide the name, date of birth, and number of semester credit hours for each student.	
Does your electric meter service only your dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in the Low-Income Assistance Program (LIAP) that helps homeowners and renters with electric utility bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any household members on oxygen or a ventilator for eight or more hours a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DWELLING INFORMATION

Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Rent, Heat Included <input type="checkbox"/> Rent, Electricity Included <input type="checkbox"/> Rent, Heat & Elec. Included <input type="checkbox"/> Roomer <input type="checkbox"/> Life Estate	<input type="checkbox"/> Own <input type="checkbox"/> Own and Subsidized <input type="checkbox"/> Rent and Subsidized <input type="checkbox"/> Rent Subsidized, Heat Included <input type="checkbox"/> Rent Subsidized, Electricity Included <input type="checkbox"/> Rent Subsidized, Heat & Elec. Included	Dwelling Type <input type="checkbox"/> Stick-built <input type="checkbox"/> Modular <input type="checkbox"/> Apartment <input type="checkbox"/> Condo	<input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home (Pre 1976) <input type="checkbox"/> Manufactured-Single <input type="checkbox"/> Manufactured-Double
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HEATING SYSTEM INFORMATION

Primary System Type <input type="checkbox"/> Stove <input type="checkbox"/> Furnace		<input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler	<input type="checkbox"/> Other Heat <input type="checkbox"/> Heat Pump	System Category <input type="checkbox"/> Heating <input type="checkbox"/> Both (Heating and Cooling)
System Condition <input type="checkbox"/> Working Well <input type="checkbox"/> N/A or Unknown		<input type="checkbox"/> Not Working		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?
Fuel Type <input type="checkbox"/> Kerosene <input type="checkbox"/> Oil <input type="checkbox"/> Electricity				
<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas <input type="checkbox"/> Coal				
<input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Corn				
<input type="checkbox"/> Bio-Fuel (including BioBrick) <input type="checkbox"/> Subsidized with Heat Included				
Does it heat the entire home?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your primary heating system and/or fuel tank supply <u>only</u> your dwelling?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other System Type <input type="checkbox"/> Stove <input type="checkbox"/> Furnace		<input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler	<input type="checkbox"/> Other Heat <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"/> N/A or Unknown		<input type="checkbox"/> Not Working		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"/> Oil <input type="checkbox"/> Electricity					
<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas <input type="checkbox"/> Coal					
<input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Corn					
<input type="checkbox"/> Bio-Fuel (including BioBrick) <input type="checkbox"/> Subsidized with Heat Included					

Do you have additional heating systems? ☐ Yes ☐ No - If yes, attach an **Additional Application Information Form**

VENDOR AND UTILITY INFORMATION

Requested Fuel Vendor Name	Vendor Town/City		
Requested 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 <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Corn Included			
Name on Account	Account Number		

Electric Utility Vendor Name			
Name on Account	Account Number		

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

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

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

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

Does your household have additional income sources? ☐ Yes ☐ No -If yes, attach an **Additional Application Information Form**

☐ **My household currently has no source of income**

ATTESTATION

I hereby attest under penalty of perjury that all information provided in this application and application - additional information form for the program is true, accurate, and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information may result in disqualification from the program, revocation of any offers extended, and federal and state criminal and civil actions for fines, penalties, damages, or imprisonment. By signing this application, I acknowledge that I have read and understood all the terms and conditions outlined in the program requirements and agree to comply with all rules and regulations set forth by the program administrators. I authorize the verification of all information provided and consent to the collection, storage, and processing of my personal data for the purpose of program evaluation.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS ATTESTATION.

Applicant Signature	Date
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Applicant Printed Name

Maine State Housing Authority ("MaineHousing") does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. 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 04330-6046,

Telephone Number 1-800-452-4668 (voice), (207) 626-4600 (voice) or 711 (Maine Relay)