

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

DOCUMENT CHECKLIST

INSTRUCTIONS: Citizenship, Identity, SSN and Income documentation must be uploaded to the corresponding Application File. All documents that are required for the Application should be uploaded to the Application File Type "Other".

- | | |
|--|---|
| 1. <input type="checkbox"/> HEAP Application (signed) | 7. <input type="checkbox"/> File Notes |
| 2. <input type="checkbox"/> Permission to Share Personal Information | 8. <input type="checkbox"/> Reminder Form |
| 3. <input type="checkbox"/> Self-Employment Worksheet | 9. <input type="checkbox"/> Lease Agreement or Landlord Affidavit |
| 4. <input type="checkbox"/> Income Documentation (back-up) | |
| 5. <input type="checkbox"/> Electric Utility Bill | |
| 6. <input type="checkbox"/> LIAP Application | |

HEAP FORMS BUNDLE

The following forms are contained in the HEAP Forms Bundle.

Required for all Files

- HEAP Application
- Permission to Share Personal Information

Other Forms

- Reminder Form

Forms Pertaining to Income

- Self-Employment Worksheet

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">• HEAP Application Update Form• Landlord Affidavit• Waiver Request Form | <ul style="list-style-type: none">• Benefit Return Form• File Notes• Citizenship Attestation Form |
|---|---|

APPLICANT INFORMATION

Provide the following data and forms will auto-populate.

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

HEAP APPLICATION

Application ID _____	_____
Application Date _____	_____
Application Received Date _____	_____

FUEL VENDOR

Requested Vendor Name _____	_____
Requested Fuel Type _____	_____
Secondary Fuel Type _____	_____

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

PERMISSION TO SHARE INFORMATION

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

Applicant: _____ Application Date: _____
Application ID: _____

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)
SELF-EMPLOYMENT INCOME WORKSHEET

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

Applicant: _____ Application Date: _____
Application ID: _____

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

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).

Month & Year Income Received Example: January 2024	Gross Amount Income Received Example: \$500.00	Month & Year Income Received Example: January 2024	Gross Amount Income Received Example: \$500.00
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
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)

Citizenship Attestation Form

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

Applicant: _____ Application Date: _____
Application ID: _____

INSTRUCTIONS: This Citizenship Attestation Form is required for any applicant or household member who is verifying U.S. Citizenship or U.S. Non-Citizen National status in accordance with Chapter 24, Home Energy Assistance Program Rule, Section 3(A), which requires an applicant or any Household Member who is verifying citizenship by providing a social security card from List A, to also provide a Citizenship Attestation Form.

- ☐ I am United States Citizen
- ☐ I am a United States Non-Citizen National

Provided with this Attestation is my Social Security Card ☐ Yes ☐ No

Other Documentation Provided with this Attestation:

- ☐ Driver's license issued by a U.S. State or Territory
 - ☐ Identification card issued by the Federal, state, or local government
 - ☐ School identification card
 - ☐ Clinic, doctor, hospital, or school record including preschool or day care records (for children under 19 years old)
 - ☐ U.S. Military card or draft record or Military dependent's identification card
 - ☐ U.S. Coast Guard Merchant Mariner card
 - ☐ Voter Registration Card
 - ☐ Two other documents that prove identity, like employer identification cards, high school or college diplomas, marriage certificates, divorce decrees, property deeds or titles
- _____ (list the two documents here)

I hereby attest that my response and the information provided on this Citizenship Attestation Form and any related application for Home Energy Assistance Programs are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Household Member Name _____

Household Member Signature _____

Date _____

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

REMINDER FORM

CAA Name: _____

CAA Phone: _____

CAA Address: _____

CAA Fax: _____

CAA Email: _____

Applicant: _____

Application Date: _____

Application ID: _____

INSTRUCTIONS: The information identified below is needed to process your application. You have until **June 6, 2025**, 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.

☐ **Application** (signed)☐ **Permission to Share Personal Information** (signed)☐ **Non-expired Documentation of Identity**
(See the attached list of acceptable documents.)☐ **Child Support Expense Paid** (court documents & proof of payments) For time period: _____☐ **Social Security Number Verification for:** (See the attached list of acceptable documents.)

_____☐ **Fuel Vendor Name and/or Account Number**☐ **LIAP/ELP Form** (signed)☐ **Citizenship Attestation Form**
Documentation to verify citizenship and/or non-citizen national for: (See the attached list of acceptable documents.)

_____☐ **TANF and/or SNAP Verification** (current Notice of Decision)☐ **Utility Bills:**

_____☐ **Birthdate(s) for:**

_____☐ **Other:**

_____**Income Verification:**

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

Primary Applicant Signature_____
Date_____
Intake Worker Signature_____
Date_____
Intake Worker Name

Prepared by MaineHousing

Reminder Form
HEAP PY2025
(End of Year)

Examples of Acceptable Documents

Documentation for Citizenship/Legal Status Verification:

You must provide documentation showing Citizenship/Legal Status for all household members. One of the following documents may be provided:

- Unexpired U.S. Passport
- Unexpired Maine Real ID
- Certificate of Naturalization
- Certificate of Citizenship
- U.S. Birth Certificate
- Document from federally recognized Indian Tribe
 - A Tribal enrollment card
 - A Certificate of Degree of Indian Blood
 - A Tribal census document
 - Documents on Tribal letterhead signed by a Tribal Official

If you are unable to provide one of the documents listed above, you may provide one document from **each** of the lists below:

LIST A	LIST B
Social Security Card and Citizenship Attestation Form	Driver's License issued by a U.S. State or Territory
Consular Report of Birth Abroad (FS-545)	Identification card issued by the Federal, State or Local Government
U.S. Citizen Identification Card (I-197)	School identification card
Northern Mariana Card (I-873)	A clinic, doctor, hospital, or school record, including preschool or daycare records (for children under 19 years old)
Military record showing a U.S. place of birth	U.S. Military card or draft record or Military dependent's identification card
U.S. life, health, or other insurance record showing U.S. place of birth	U.S. Coast Guard Merchant Mariner card
Religious record showing U.S. place of birth recorded in the U.S.	Voter Registration Card
School record showing the child's name and U.S. place of birth	Two other documents that prove your identity, like employer identification cards, high school or college diplomas, marriage certificates, divorce decrees, property deeds or titles
Federal or State census record showing U. S. citizenship or U.S. place of birth	
Final adoption decree showing the person's name and U. S. place of birth	
Documentation of a foreign-born adopted child who received automatic U.S. Citizenship (IR3 or IH3)	

If you, or a Household Member, are a qualified alien, you must show your status by providing one of the following documents:

<i>Alien lawfully admitted for permanent residence:</i>	Permanent Resident Card, “Green Card” (I-551); OR Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94
<i>Asylee</i>	INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA; INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(5)”; INS Form I-766 (Employment Authorization Document) annotated “A5”; Grant letter from the Asylum Office or INS; OR Order of an immigration judge granting asylum
<i>Refugee</i>	INS Form I-94 annotated with stamp showing admission under § 207 of the INA; INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”; INS Form I-766 (Employment Authorization Document) annotated “A3”; OR INS Form I-571 (Refugee Travel Document)
<i>Alien Paroled into the U.S. for at least one year</i>	INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Cannot aggregate period of admission for less than one year to meet the one-year requirement)
<i>Alien whose deportation or removal was withheld</i>	INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10)”; INS Form I-766 (Employment Authorization Document) annotated “A10”; OR Order from an immigration judge showing deportation withheld under § 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA
<i>Alien Granted Conditional Entry</i>	INS Form I-94 with stamp showing admission under § 203(a)(7) of the INA; INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”; OR INS Form I-766 (Employment Authorization Document) annotated “A3”
<i>Cuban/Haitian Entrant</i>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6; Unexpired temporary I-551 stamp in foreign passport or on *INS Form I-94 with the code CU6 or CU7; OR INS Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212(d)(5) of the INA

Documentation for Identity Verification:

If the documentation provided to verify citizenship or legal status bears a photograph of the Applicant, this will be acceptable to verify identity.

If the documentation does not include a photograph of the Applicant, you may provide ONE of the following documents:

- Unexpired Driver's license
- Unexpired state issued ID Card
- Unexpired U.S. passport or passport card
- SNAP electronic benefit transfer (EBT) card with photo
- U.S. Military ID

If you are unable to provide one of the documents listed above, you may provide TWO of the following documents:

- Adoption Decree
- Employer Identification card
- Marriage Certificate
- Social Security Card
- Birth Certificate
- Foreign School Record that contains a photograph
- Notice from a Public Benefits Agency
- Union or Worker's Center Identification Card
- Divorce Decree
- High School or College diploma
- Property Deed or Title Document
- Voter Registration Card

Documentation for Social Security Numbers:

You will need to provide documentation showing social security numbers for all household members. Acceptable documentation include:

- Social Security Card issued by the Social Security Administration
- Bank tax form
- Non SSA-1099 tax form
- SSA-1099 tax form
- W-2 (Wage and Tax statement)
- Medicare card with number ending with the suffix "A"
- Valid unexpired U.S. Military documents
- Two recent paystubs (within the last sixty (60) days) showing Household Member's full SSN
- Notice of Decision issued by a Public Benefits Agency that shows the Household member's full SSN
- Recent (within the last year) Social Security Administration letter or notice showing Household Member's full SSN
- Most recent (within the last two years) full Federal Tax Return showing Household Member's full SSN and confirmation of filing
- Income Withholding Order/Notice of Support showing Household Member's full SSN