

Home Energy Assistance Program

CAA Training for PY2025



MaineHousing
MAINE STATE HOUSING AUTHORITY

Self-Employment: Deciphering Tax Forms

How to determine self-employment
income for HEAP

Presented by Anne LaChance
Anne's Mobile Tax Service LLC



MaineHousing
MAINE STATE HOUSING AUTHORITY

Self-Employment

When documented by a Federal tax return, self-employment income is defined as:

- the total of net income (including net rental income); **plus**
- the total net gain from sales of capital goods or equipment.

Note: Depreciation is no longer added in to the self-employment income calculation.



Your Applicant is Self-Employed Now What?

Self-employed applicants must provide:

- Federal Tax Form 1040
- Schedule 1

Note: Other Schedules (C, D, E F, etc.)
Are no longer required.



Form 8879: IRS e-file Signature Authorization

- The Federal Tax Form 1040 must be signed and have been submitted to the IRS;

OR

- If the form was submitted electronically by a tax preparer Form 8879 must be provided.



IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
 ▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1
2 Total tax	2
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3
4 Amount you want refunded to you	4
5 Amount you owe	5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize _____ ERO firm name _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ ERO firm name _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below
Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So



Form 1040

This is the form used to file an Income Tax Return.

- It must be signed by the Taxpayer.
- All income received will flow to this form from other schedules.
- Line items 1 through 9 are where all the various types of income is reported.
- If there is Business, Rental, or Farm Income it will flow to the 1040 on Line 8.



Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____. See separate instructions.

Your first name and middle initial _____ Last name _____ Your social security number _____
 If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____
 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Filing Status Single Head of household (HOH)
 Married filing jointly (even if only one had income)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	<input type="checkbox"/>
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	
12	Standard deduction or itemized deductions (from Schedule A)	12	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—
 • Single or Married filing separately, \$13,850
 • Married filing jointly or Qualifying surviving spouse, \$27,700
 • Head of household, \$20,800
 • If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2023)

Line 8 lists income from Schedule 1.

Schedule 1 is required for all self-employed Applicants.



**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
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Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes		1	
2a Alimony received		2a	
b Date of original divorce or separation agreement (see instructions): _____			
3 Business income or (loss). Attach Schedule C		3	
4 Other gains or (losses). Attach Form 4797		4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6 Farm income or (loss). Attach Schedule F		6	
7 Unemployment compensation		7	
8 Other income:			
a Net operating loss	8a (_____)		
b Gambling	8b _____		
c Cancellation of debt	8c _____		
d Foreign earned income exclusion from Form 2555	8d (_____)		
e Income from Form 8853	8e _____		
f Income from Form 8889	8f _____		
g Alaska Permanent Fund dividends	8g _____		
h Jury duty pay	8h _____		
i Prizes and awards	8i _____		
j Activity not engaged in for profit income	8j _____		
k Stock options	8k _____		
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l _____		
m Olympic and Paralympic medals and USOC prize money (see instructions)	8m _____		
n Section 951(a) inclusion (see instructions)	8n _____		
o Section 951A(a) inclusion (see instructions)	8o _____		
p Section 461(l) excess business loss adjustment	8p _____		
q Taxable distributions from an ABLÉ account (see instructions)	8q _____		
r Scholarship and fellowship grants not reported on Form W-2	8r _____		
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (_____)		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t _____		
u Wages earned while incarcerated	8u _____		
z Other income. List type and amount: _____	8z _____		
9 Total other income. Add lines 8a through 8z		9	
10 Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	

- Line 3 captures Business Income
- Line 4 captures Gains or Losses from sale of Business equipment
- Line 5 captures Rental income
- Line 6 captures Farm Income



Supporting Schedules

*The following slides are for reference only.
These schedules are not required.*

Self-employed individuals will have one or more of several schedules depending on what the income is from.

Schedule C	–	Sole Proprietorship
Schedule E	–	Rental Income
Schedule F	–	Farm Income

If the individual is a share owner in a Partnership or an S-Corporation will receive:

Schedule K-1	–	Partner or S-Corp
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Schedule C: Profit or Loss From Business

- This form is used to report income and expenses for self-employed individuals.
- The HEAP Handbook has been simplified to alleviate confusion around the definition of self-employment income.
- Line 31 on Schedule C is the net profit or loss which will flow to the Schedule 1, line 3. Losses are not used to lower net household income but profits add to the household income.



Schedule E :

Supplemental Income and Loss

- This form is used to report income from rental property, royalties, and Schedule K-1.
- If an applicant had recorded music or written a book they might receive royalties.
- The form captures allowable costs to operate the rental property and the net profit or loss is reflected on Line 26 of the Schedule E. This amount flows to Schedule 1 line 5.
- Losses are not used to lower net household income but profits add to the household income.



Schedule F: Profit or Loss From Farming

- This form is used to report income from Farming Activities.
- The form captures allowable costs to operate the farm the net income is reflected on Line 34 of the Schedule F. This amount flows to Schedule 1 line 6.
- Losses are not used to lower net household income but profits add to the household income.



Schedule K-1: Partnership & S Corporations

- Partnerships and S Corporations are entities separate from the taxpayer and as such a tax return is filed for the Partnership & S Corporation.
- Each member of the partnership or S Corporation will receive a Schedule K-1 to file with their personal tax return.
- The schedule K-1 can capture various types of income that then flow to the appropriate lines on the taxpayers tax form 1040.



Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

C IRS center where partnership filed return:

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

H1 What type of entity is this partner?

H2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

Table with columns for Beginning and Ending, and rows for Profit, Loss, and Capital.

Check if decrease is due to: Sale or Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

Table with columns for Beginning and Ending, and rows for Nonrecourse, Qualified nonrecourse financing, and Recourse.

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions.

L Partner's Capital Account Analysis

Table for capital account analysis with rows for Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, and Ending capital account.

M Did the partner contribute property with a built-in gain (loss)?

Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Table with columns for Beginning and Ending, and rows for Gain or Loss.

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

www.irs.gov/Form1065

Cat. No. 11394R

Schedule K-1 (Form 1065) 2023

651123

OMB No. 1545-0123

Final K-1 Amended K-1

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Main table for Part III with 23 rows and 2 columns for description and amount.

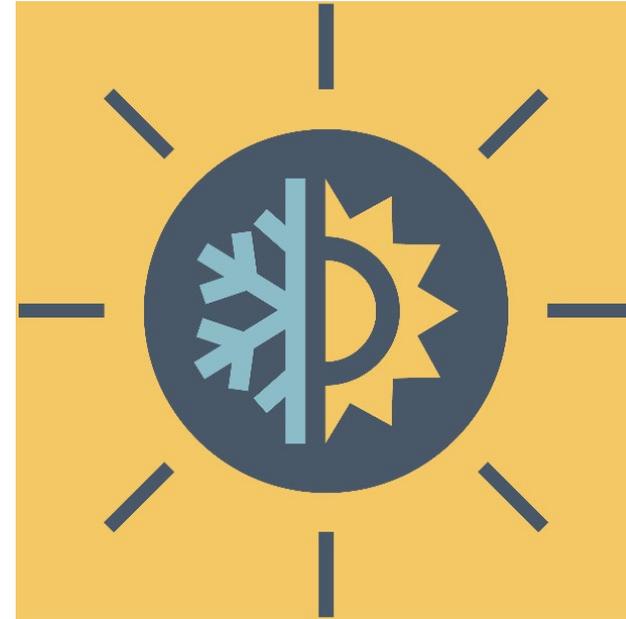
For IRS Use Only



Questions?



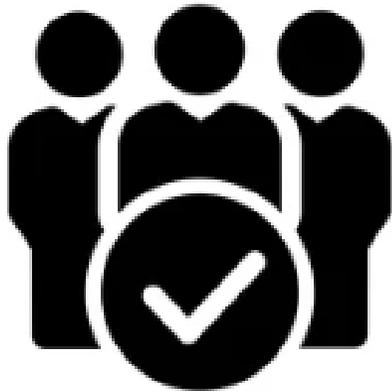
Categorical Income Eligibility



MaineHousing
MAINE STATE HOUSING AUTHORITY

Who is considered Categorically Income Eligible?

An Applicant or Household Member who provides a TANF or SNAP Notice of Decision listing their name as eligible will be considered Categorically Income Eligible for HEAP.



What does it mean to be considered Categorically Income Eligible?

An Applicant or Household Member who is considered Categorically Income Eligible for HEAP:

- must provide income information but **does not** need to provide income documentation; and
- may have the Household's Poverty Level set at a pre-determined amount if all Household Members receive TANF or SNAP.



How is Categorical Income Eligibility calculated?

- Households in which all members receive TANF will have their HEAP benefit determined at 0-25% FPL.
- Households in which all members receive SNAP will have their HEAP benefit determined at 101-125% FPL.



What if a Household's actual income is less than the pre-determined amount/poverty level for Categorical Income Eligibility?

- Household may provide income documentation and the Categorical Income Eligibility override will not be used.



- Applicants and Household Members who do not provide a TANF or SNAP Notice of Decision listing their name as eligible will not be considered Categorically Income Eligible and **must** provide Income Documentation.
- If any member of a Household is not considered categorically income eligible, the Household cannot use the pre-determined poverty level and all Household income will be used to determine the Household's actual poverty level.



Mixed Households

What if some Household members are considered Categorically Income Eligible and some are not?

- Income amounts for all Household members must be entered in HEAP system of record.
- Only Household members who are not considered Categorically Income Eligible must provide income documentation.
- Household's actual income will be used to determine the Household's poverty level.



HEAP Application

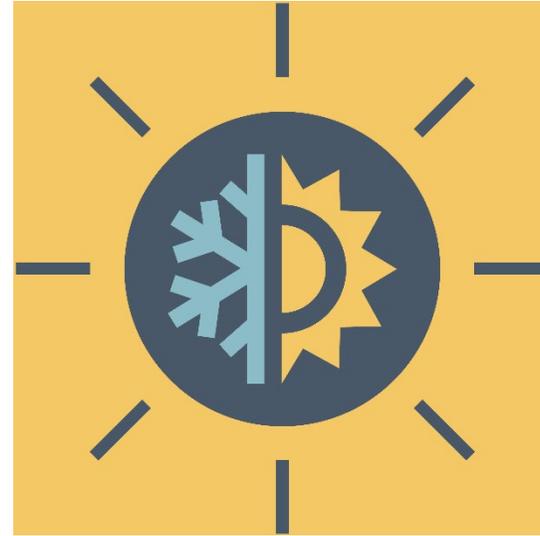
- CAA must upload TANF or SNAP Notice of Decision to the HEAP system of record if any Household Member is considered Categorically Income Eligible and does not provide income documentation.
- CAA will add a note in the comments section of the HEAP system of record.
- If a Household states they are TANF or SNAP eligible but does not provide documentation, they must provide income documentation and cannot be considered Categorically Income Eligible.



Questions?



Application Update Form



**Change of Address, Change of
Vendor, Change of Product &
Benefit Returns**



MaineHousing
MAINE STATE HOUSING AUTHORITY

Change of Vendor/Benefit Return

Change of Vendor requests are only allowable if:

- Household moves and their Vendor does not serve their new area with the applicable fuel type; or
- Vendor refuses to serve a Household. CAAs must inform applicants of this protocol during the intake process.



Reminder

Households may not switch vendors due to pricing.

After all HEAP funds are exhausted, a client may choose to use a different vendor once client is paying out of pocket for fuel expenses.



CAA must obtain a signed *HEAP Application Update Form* prior to requesting the return of funds.

HEAP Application Update form must be fully completed by client and include a copy of the Household's utility bill if Household has moved and is responsible for payment.



Exception

If during intake Household chooses a Vendor that is different than the previous Program Year, CAA may request the return of funds pending receipt of the signed current year Application.

A HEAP Application Update Form is not required in this instance.



Example of how a complete and signed update form should look below:

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
HEAP APPLICATION UPDATE FORM

CAA Name: York County Community Actions CAA Phone: (207) 459-2950
CAA Address: 6 Spruce Street CAA Fax: (207) 490-5023
Sanford Maine 04073 CAA Email: energyservices@yccac.org

Primary Applicant: Sally Test Client Number: 00000000
Current Phone: (123) 456-7890 Email: sallytest@gmail.com

INSTRUCTIONS: Return completed and signed form to the CAA identified above. If Household has moved and is responsible for electric costs, a current utility/electricity bill must be provided. Additional documentation may be needed upon request.

Check all that apply: Change of Address Change of Product Change of Vendor Account Info Change

EFFECTIVE DATE OF CHANGE: 06/01/2024 REASON FOR CHANGE: vendor will no longer deliver

Old Mailing Address: 123 South Street Current Mailing Address: 123 South Street
(If moved/changed) Sanford Maine 04073 Sanford Maine 04073

Old Physical Address: 123 South Street Current Physical Address: 123 South Street
(If moved) Sanford Maine 04073 Sanford Maine 04073

New Dwelling Information: Does Not Apply

Owner Type (check one): Rent Own Roomer / Boarder
Dwelling Type (check one): Stick-Built / Modular Apartment Mobile / Manufactured Condo / Duplex
Did everyone in the household move? Yes No Do you now live in subsidized housing? Yes No
Is heat included in rent? Yes No Is electricity included in rent? Yes No

New Vendor Information: Does Not Apply

Electric/Utility Company Name: Central Maine Power
Name on Electric/Utility Account: Sally Test
Electric/Utility Account Number: 0123456789 *if moved and household is responsible for electric costs, copy of bill MUST be provided.

Fuel Vendor Name: R&R Oil Location: Lyman Maine
Name on Fuel Account: Sally Test Account #: 12345

New Heating System Information: Does Not Apply

Heating System Type: Furnace Boiler Stove Baseboard Other: _____
Heating System Location: _____ Fuel Tank Size: _____
Fuel Tank location (check one): Inside Outside Unheated Space (shed, garage, etc.)
Fuel Type: Oil Kerosene Propane Electric Pellets Natural Gas
 Wood Size/Type: _____ Other: _____

Applicant Signature: Sally Test Date: 06/01/2024

Prepared by MaineHousing HEAP Application Update Form HEAP02232024



Next steps in the COV/BR process:

1. CAA must complete *Benefit Return Form* – Here is an example of a completed *Benefit Return Form*.

RESET

HOME ENERGY ASSISTANCE PROGRAMS (HEAP)
BENEFIT RETURN FORM

Agency Name (CAA): York County Community Actions Request Date: 06/02/2024
Vendor Name: Top It Off Oil Location: Alfred Maine

INSTRUCTIONS:

- Reconcile account for the customer listed below.
- Return unused HEAP, S-SUPP, ECIP and/or TANF Supplemental Benefit funds.
- Void TANF credits.
- Provide a detailed transaction report (history) showing deliveries and payment activity from the May 1st preceding the Program Year(s) for which benefit funds are being returned through the date of the return.

If no HEAP funds remain, vendors must submit the Benefit Return Form with a transaction report (as described above) showing that the funds have been exhausted.

The requested funds, if applicable, and transaction report must be submitted to MaineHousing within 15 business days (no later than the date specified below). *Failure to comply may result in suspension and/or termination of your Vendor Agreement.*

MaineHousing
Attention: Energy and Housing Services
23 Edison Drive
Augusta, Maine 04330
Secure email: liheap@mainehousing.org
Fax: (207) 624-5780

Return Documents and Checks Payable to:

Return For Program Years: 2024

Return by Date: 06/21/2024

Amount to be returned: _____

Customer/Client Name: Sally Test

Delivery Address: 123 South Street Sanford Maine 04073

Phone Number: (123) 456-7890 Account #: 0000

Reason for Return (please check):

<input type="checkbox"/> Moved (in state)	<input type="checkbox"/> Moved (out of state)	<input type="checkbox"/> Incorrect vendor	<input checked="" type="checkbox"/> Vendor change
<input type="checkbox"/> Deceased	<input type="checkbox"/> Inactive account	<input type="checkbox"/> Over-payment	<input type="checkbox"/> Expired Funds
<input type="checkbox"/> Other (specify reason)			

CAA or MaineHousing - Person Initiating Request (print name) Phone Number: (207)459-2950

Vendor - Person Processing Benefit Return (print name) Phone Number: _____

Prepared by MaineHousing Benefit Return Form HEAP09052023



2. Place a comment in the comment area/section to document the situation as well as what change is being made in the HEAP software.

Be sure to click on the save button!

Sample comment:

“Received signed update form from client, now using R&R Oil account #12345, previous vendor will no longer deliver, BR uploaded, MH notified”



3. Proceed to Vendor section in HEAP software and mark old vendor with RETIRED next to account number.

Example: Top It Off- Oil 0000 RETIRED

4. Add the NEW Vendor to the Application. Enter the name on Vendor account and account number that the client provided on the signed update form. Click SAVE.

R&R Oil –Oil
Name on Account: Sally Test
Account Number: 12345



5. Confirm the name on account, service address and account number on the utility bill matches the information provided on the HEAP Application Update Form.

Convenient display of how to contact us

Simple Account Summary makes it easy to understand your payments and charges

24 - 36 months of usage on the easy to read bar graph

24-36 months of average daily usage data in the table

Your account messages on the front page so you get the information you need right away

CENTRAL MAINE POWER
 Manage your account online: cmpco.com
 Customer assistance line: 1.800.756.4000
 Outage reporting line: 1.800.286.1900

Your Messages
 We've updated your bill to provide even more usage information! You'll see up to 36 months of usage now! You can access your daily and hourly usage information from your smart meter by enrolling in Energy Manager at cmpco.com/EnergyManager.

Your Account Summary

Prior Balance	\$96.16
Payments received through 06/04/2019 - Thank you!	-\$96.16
Balance Forward	\$0.00
Electricity Delivery Central Maine Power	-\$50.01
Electricity Supply Standard Offer	-\$50.00
Please pay by 06/01/2019	\$197.00

Your Monthly Usage Summary (kWh)
 Your real meter reading is in or about 10000000

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	24	10	9	14	17	14	9	10	12	-	-	-
2018	26	20	20	17	14	13	14	20	20	17	8	11
2017	8	11	11	12	9	15	17	20	20	18	13	11

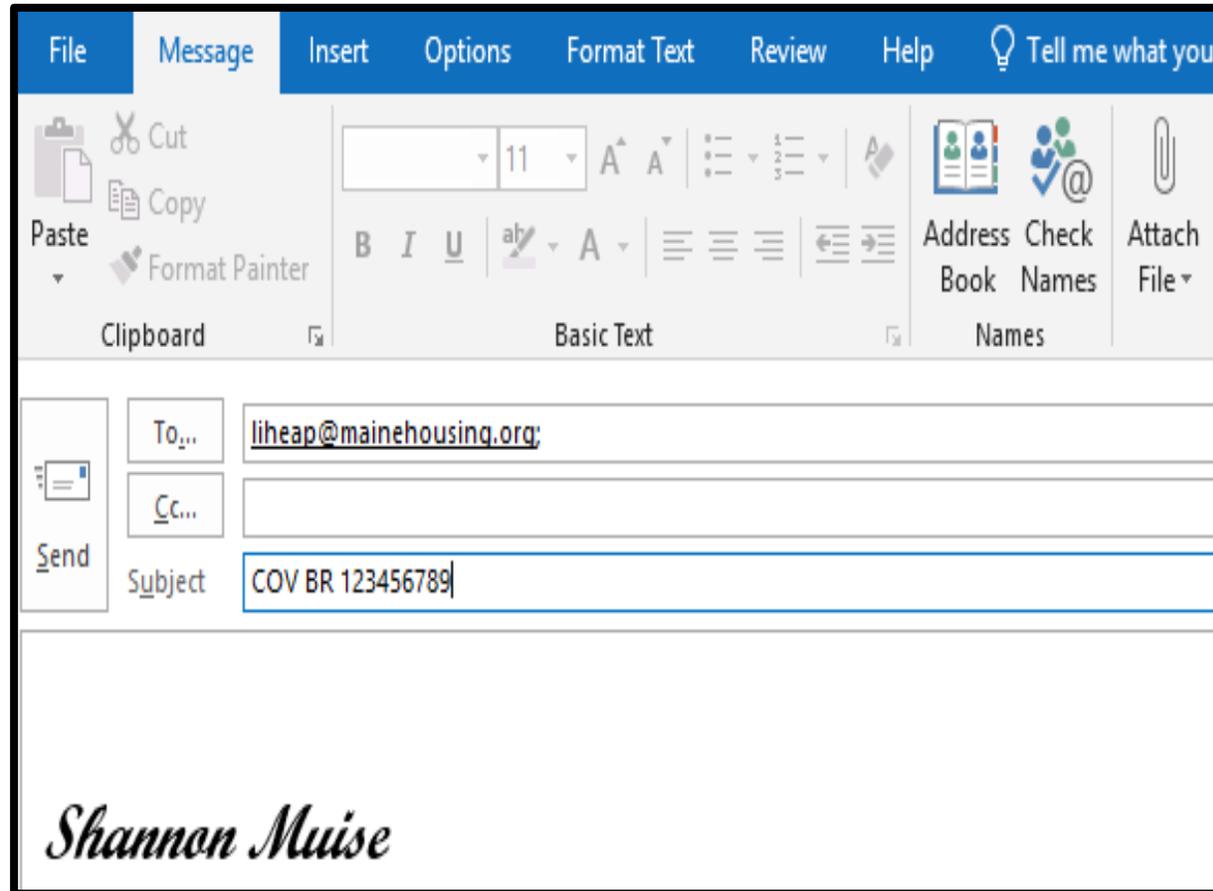
Your Average Daily Usage (kWh)

Account Summary

Account Number	1234-5678-900
Date Due	06/01/2019
Amount Due	\$197.00
Amount Paid	



7. Finally, email MaineHousing at liheap@mainehousing.org with COV/BR and Client Number in the subject line, leaving the body of the email empty. This ensures no PII spillage.



Change of Address

Address changes in HEAP software can only be completed once a signed *HEAP Application Update Form* is received, along with household's utility bill or utility account verification letter from utility company documenting the new service address.



Next steps in the Change of Address process:



1. Search for the client's Application in HEAP software.
2. Once the client's Application is found and opened, select the CHANGE button in HEAP software.



3. Enter a comment to reflect the following:

- New service and mailing addresses
- New heating system, fuel type and tank details
- New fuel Vendor name and account number
- New utility Vendor name and account number
- Confirm the Benefit Return Form has been uploaded and MaineHousing has been notified.

Sample comment:

“Signed update form received from client, now residing at 1234 Pine State Sanford Maine 04073. Oil furnace and tank in basement. Using R&R Oil account #12345, new Central Maine Power account # 12345678910, BR uploaded, MH notified.”



4. Change the service and mailing addresses in HEAP software to reflect the new information provided on the signed *HEAP Application Update Form*.

After the address has been updated, you will want to ensure the address has been verified. Click save!

* County must remain in the HEAP software as it was entered on the Create Date Non-Online/Application Intake Date.



5. If the heating system at the new address has changed retire the old heating system in the HEAP software.

* Please remember the Requested Fuel Type should not be changed once an application is certified and benefit is paid out.

6. Add the new Heating System. The new Heating System should now be listed as either the secondary or third system dependent on how many systems were in the original dwelling at the time of intake.



7. If the client's current Vendor does not serve the new service address or if the fuel type changes and the current vendor does not offer the new fuel type, list the new vendor and account number and complete a *Benefit Return Form*.

When the requested fuel type remains the same, DHLC data must mirror the original Vendor Usage Method and enter a comment to document the new fuel tank information as needed (i.e., size and location).



8. Upload the Signed HEAP Application Update Form, Utility Bill and Benefit Return Form if required to the document section of HEAP software.

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
HEAP APPLICATION UPDATE FORM

CAA Name: York County Community Actions CAA Phone: (207) 456-7990
CAA Address: 8 Saline Street CAA Fax: (207) 456-7993
Sanford Maine 04073 CAA Email: energyassist@yccac.org

Primary Applicant: Sally Test Client Number: 0000000
Current Phone: (123) 456-7890 Email: sallytest@gmail.com

INSTRUCTIONS: Return completed and signed form to the CAA identified above. Household has moved and is responsible for electric bills. A current utility bill is included in this form. Additional documentation may be needed upon request.

Check all that apply: Change of Address Change of Product Change of Vendor Account Info Change

EFFECTIVE DATE OF CHANGE: 06/01/2024 REASON FOR CHANGE: moved

Old Mailing Address: 123 South Street Sanford Maine 04073
New Mailing Address: 123 South Street Sanford Maine 04073

Old Physical Address: 123 South Street Sanford Maine 04073
New Physical Address: 123 South Street Sanford Maine 04073

New Dwelling Information: Does Not Apply

Dwelling Type (check one): Rent Own Assisted / Boarder
 Single-Family / Modular Apartment Mobile / Manufactured Condo / Duplex

Are you a tenant in the household? Yes No Do you live in a subsidized housing? Yes No
Is heat included in rent? Yes No Is electricity included in rent? Yes No

New Vendor Information: Does Not Apply

Electricity Company Name: Central Maine Power
Name on Electricity Account: Sally Test *Whoever you designate is responsible for monthly bills, even if not listed on account.
Electricity Account Number: 0123456789 Location: Lyman Maine
Fuel Vendor Name: R&R Oil Account #: 12345

New Heating System Information: Does Not Apply

Heating System Type: Furnace Boiler Stove Baseboard Other

Heating System Location: Basement Fuel Tank Size: 275 Gallons

Fuel Tank location (check one): Inside Outside Unheated Space (shed, garage, etc.)
Fuel Type: Oil Kerosene Propane Gas Pellet Natural Gas
 Wood Stove/Type Other

Applicant Signature: Sally Test Date: 06/01/2024

Prepared by MainHousing HEAP Application Update Form HEAP022024

CENTRAL MAINE POWER

Manage your account online: cmpco.com
Customer Service: 800.376.9000
Outage reports line: 1.800.900

Account Number: 1234567890 Service Location: JUNE LOE Amount Due: \$143.62 Extra Due: \$028.2524
1234567890 1234567890 ANYTOWN ME 04074

Your Account Summary

Prior Balance	\$111.45
Payments received through 05/01/2024	\$111.45
Balance Forward	\$0.00
CMP Delivery	432.88
Non-CMP Supplier Standard Offer	432.88
Please pay by 02/28/2024	\$143.62

Your Messages

The average cost of CMP Delivery is about \$0.10 per month in a non-CMP area. To support this a public policy initiative is being implemented to reduce the cost of energy delivery, but it may require an energy efficiency. Learn more about CMP rates and public policy issues at cmpco.com/PublicPolicyDocs.

On January 1, 2024, the CMP delivery price and the non-CMP Standard Offer Supply price increased for residential customers. Please visit cmpco.com/pricing for all rate class pricing.

If you need help paying your bill, you may be eligible for loans through the Home Energy Assistance Program, our Energy Management Program or our Electricity Relief Program. For more information, please visit cmpco.com/HEAP, call us at 800.376.9000, or contact your local Community Action Agency.

View and pay your bill online or at the go. With eBill, you can access your account at any time from your computer or mobile device. It's fast, secure, convenient and good for the planet. Sign up today by going to cmpco.com/eBill.

Put your bill on autopilot with AutoPay and your electric bill will be paid on time every time. It's safe, secure and convenient. No mailing delays. Sign up today at cmpco.com/AutoPay.

Your Monthly Usage Summary (kWh)

Your average monthly usage is about 650 kWh.

Month	Usage (kWh)
Jan	650
Feb	650
Mar	650
Apr	650
May	650
Jun	650
Jul	650
Aug	650
Sep	650
Oct	650
Nov	650
Dec	650

Year Average Daily Usage (kWh): 650 kWh

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
BENEFIT RETURN FORM

Agency Name (CAA): York County Community Actions Request Date: 06/02/2024
Vendor Name: Top It Off Oil Location: Alfred Maine

INSTRUCTIONS:

- Reconcile account for the customer listed below.
- Return unused HEAP, S-CUP, EGP and/or TANF Supplemental Benefit funds.
- Visit TANF results.
- Provide a detailed transaction report (history) showing deliveries and payment activity from the May 1st preceding the Program Year(s) for which benefit funds are being returned through the date of the return.

If no HEAP funds remain, vendors must submit the Benefit Return Form with a transaction report (see described above) showing that the funds have been exhausted.

The requested funds, if available, and transaction report must be submitted to MainHousing within 15 business days (no later than the date specified below). Failure to comply may result in suspension and/or termination of your Vendor Agreement.

MainHousing
Assistance, Energy and Housing Services Return For Program Years: 2024
28 Edison Court
Alfred, Maine 04910
Secure email: hrso@mainhousing.org
Fax: (207) 654-9760

Return Documents and Checks Payable to: HEAP HEAP S-CUP
 EGP TANF SUPP

Return by Date: 06/21/2024 If checked, Return of remaining HEAP, TANF, S-CUP and/or EGP benefit funds on account.

Amount to be returned:

Customer/Client Name: Sally Test Account #: 0000
Delivery Address: 123 South Street Sanford Maine 04073
Phone Number: (123) 456-7890

Reason for Return (please check): Moved (in state) Moved (out of state) Incorrect vendor Vendor change
 Deceased Inactive account Overpayment Expired Funds
 Other (specify reason)

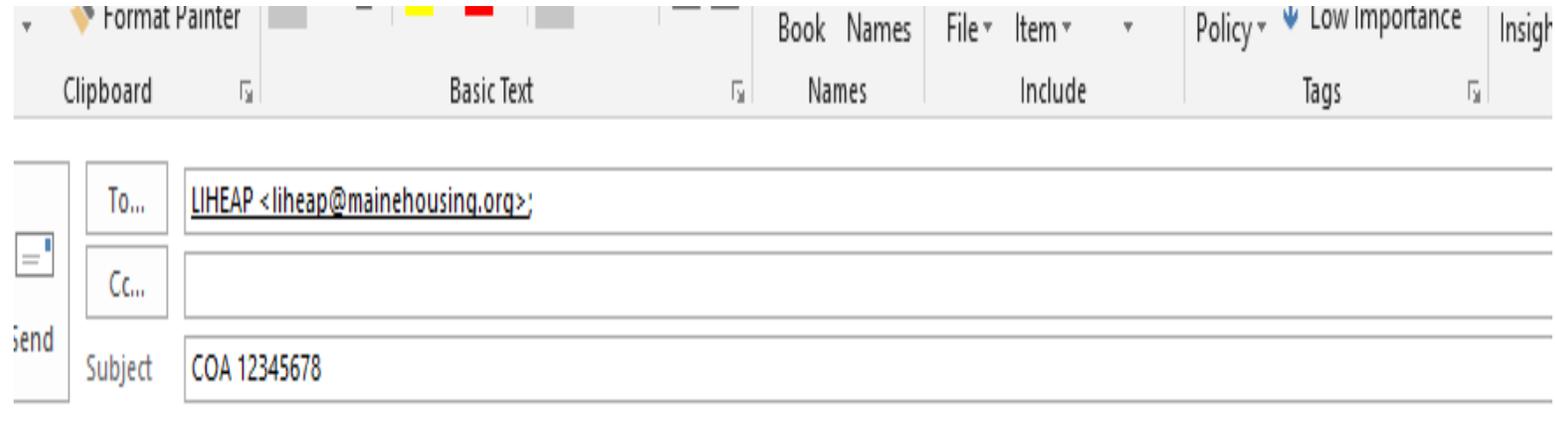
Shannon Mudge (207) 455-2950
CAA or MainHousing - Person Handling Request (print name) Phone Number

Vendor - Person Processing Benefit Return (print name) Phone Number

Prepared by MainHousing Benefit Return Form HEAP062024



9. Email MaineHousing at liheap@mainehousing.org with COA and Client Number in the subject line. Nothing else is required in the body of the email.



The image shows a screenshot of an email composition interface. At the top, there are several toolbars: 'Format Painter' with color selection options, 'Clipboard', 'Basic Text', 'Book Names', 'File', 'Item', 'Policy' (set to 'Low Importance'), and 'Insight'. Below these are fields for 'To...', 'Cc...', and 'Subject'. The 'To...' field contains 'LIHEAP <liheap@mainehousing.org>', the 'Cc...' field is empty, and the 'Subject' field contains 'COA 12345678'. A 'send' button is visible on the left side of the email fields.

Shannon Muise



Change of Product

Before a Change of Product is completed, a household member must provide the information and justification for the new fuel type to the CAA using a signed *HEAP Application Update Form*.



A Change of Product is completed when:

- a client moves to a new address and the fuel type at the new dwelling is not the same as the fuel type on the original application.
- a client replaces their heating system and the fuel type changes.



Steps to process a Change of Product in HEAP software include:

1. Place a comment in HEAP software explaining the reason for the Change of Product.

Sample:

“Received signed HEAP Application Update Form from client, had furnace replaced May 2024, now using oil primary with tank in basement, staying with current vendor ABC Oil account # 12345, MaineHousing notified.”



2. In the HEAP software to mark the old heating system as retired.
3. Add the new Heating System, marking the new system as either secondary or third.
4. Mark the old vendor as retired. Add the new Vendor name and account number. Be sure to chose the Vendor with correct product type.
5. If the Vendor needs to be changed (example: the current Vendor does not supply the new fuel type) a Benefit Return will be required. The will initiate the return of funds to MaineHousing for reissue to the new vendor.



Email MaineHousing at liheap@mainehousing.org with COP and Client Number in the subject line. Nothing else is required in the body of the email to help protect PII.

Clipboard	Basic Text	Names	Include
Send	To...	<a href="mailto:LIHEAP <liheap@mainehousing.org>">LIHEAP <liheap@mainehousing.org> ;	
	Cc...		
	Subject	COP 12345678	

Shannon Muise



Use of Resources

CAA Portal on MaineHousing Website:

- Program Forms
- Tools <https://www.mainehousing.org/partners/partner-type/community-agencies/HEAP>
- Guidances
- Notification updates
- How-To's, etc.

The screenshot displays a navigation menu with the following items:

- Program Forms
- Program Tools
- Program Guidance and Marketing
 - Program Guidance
 - PY24 HEAP Handbook 01032024
 - Maine LIHEAP State Model Plan FFY2024 Proposed 05152023
 - Chapter 24 - HEAP - 07032023
 - Maine LIHEAP STATE MODEL PLAN 10_01_2022
- Notifications



- **HEAP Handbook:**

In the electronic version you can use the 'Find' feature by hitting the CTRL and F keys at the same time. This will pop up a magnifying glass search/find bar to find important information by searching for key words.

- **MaineHousing LIHEAP mailbox:**

liweap@mainehousing.org for any further research processes or questions



Questions



Customer Service Training for CAAs

Energy and Housing Services
July 2024



MaineHousing
MAINE STATE HOUSING AUTHORITY

Who is the Customer?

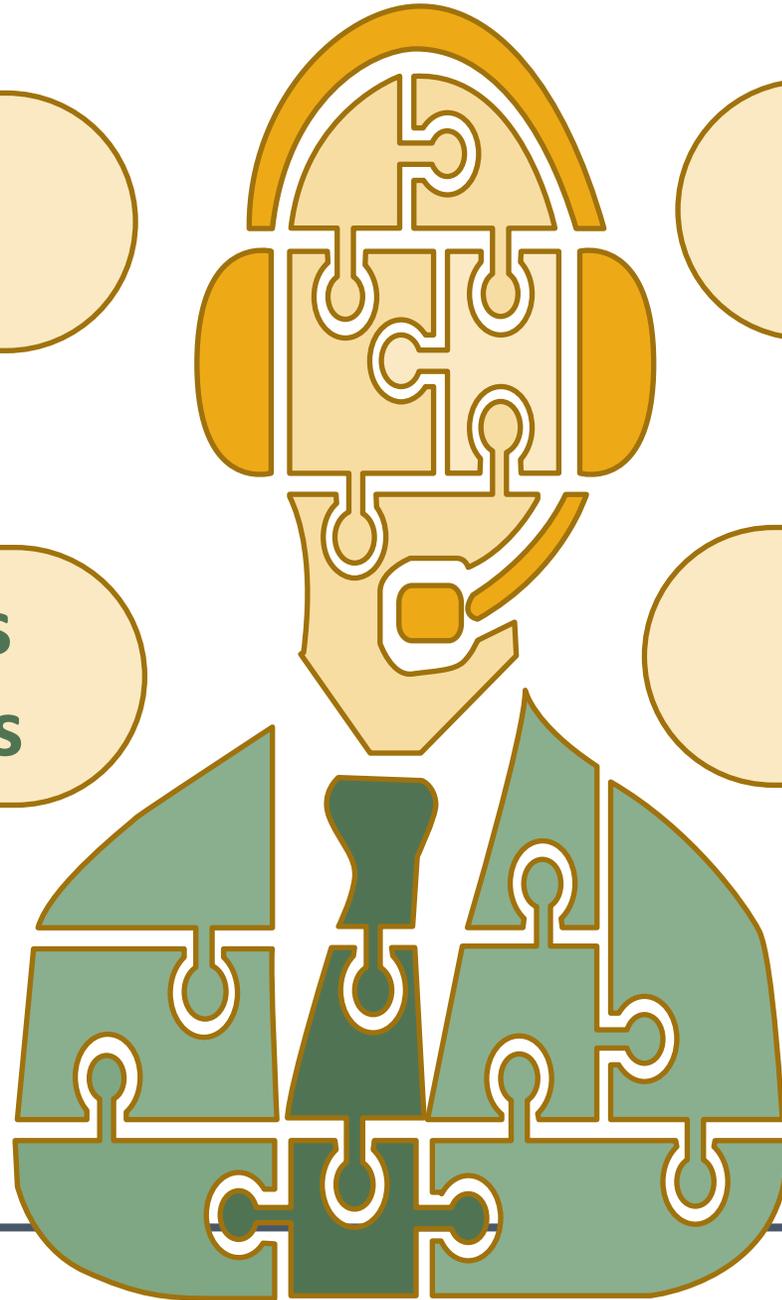
The Customer Experience

Customer Needs and Expectations

The Fantastic Service Equation

**Good Service
Poor Service**

**Communication
Active Listening**



Limited English Proficiency (LEP)

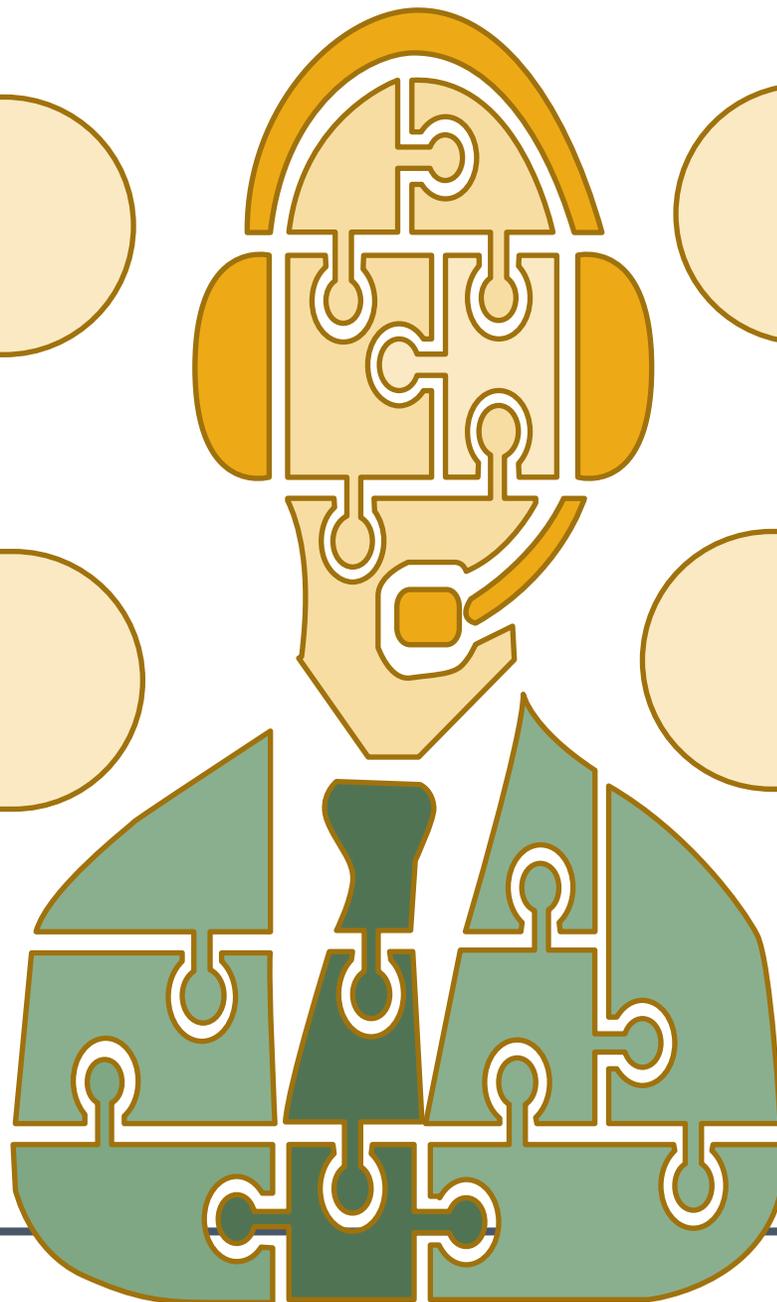
Problem Solving

Complaints and De-Escalation

Documenting the Customer Encounter

Customer Service Toolbox

Data Security Resources



Time

Empathy

Training

Understanding

Resources

Commitment

Practice

Improvement

Patience

Professionalism





CUSTOMERS?



EXPECTATIONS?



NEEDS?



GOOD SERVICE?



POOR SERVICE?

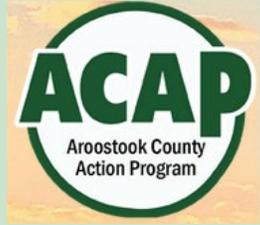


to be best in
point of view.

Customer ['kʌs
someone who pay
purchases goods
from another. A
for what is thou







**IMPORTANT
TO
REMEMBER!**

HEAP customers have no other options but to do business with us! They do not have the luxury to “shop around”. That is no excuse for poor customer service and a bad consumer experience for HEAP clients!





THE CUSTOMER SERVICE EXPERIENCE



**Desired
Service**

**What
you
want
is
what
you
get**



**Desired
Service**

**Accepted
Service**

**What
you
want
is
what
you
get**

**What
you
get
is
what
you'll
take**



**Desired
Service**

**What
you
want
is
what
you
get**

**Accepted
Service**

**What
you
get
is
what
you'll
take**

**Rejected
Service**

**What
you
have
is
a
complaint**



**Desired
Service**

**Accepted
Service**

**Rejected
Service**

**Fantastic
Service**

**What
you
want
is
what
you
get**

**What
you
get
is
what
you'll
take**

**What
you
have
is
a
complaint**

**What
you
get
is
really
GREAT!**

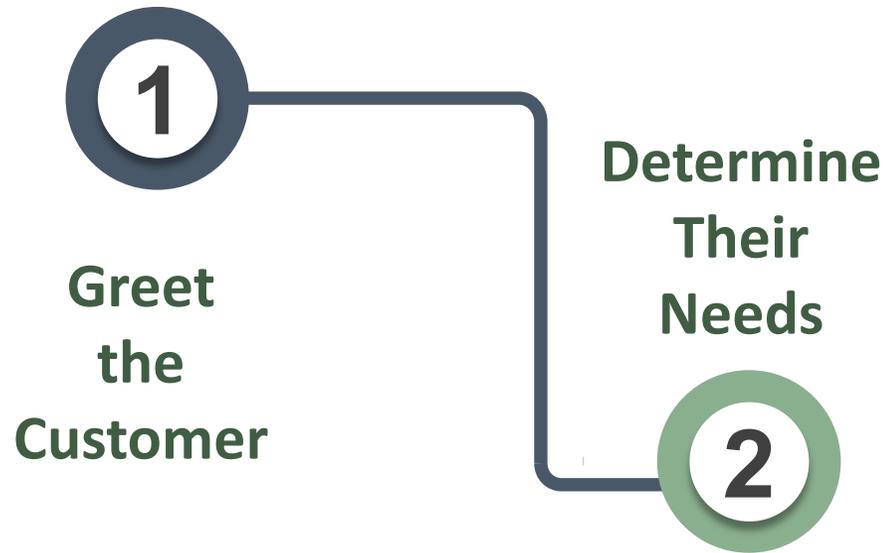
The Fantastic Service Equation

1

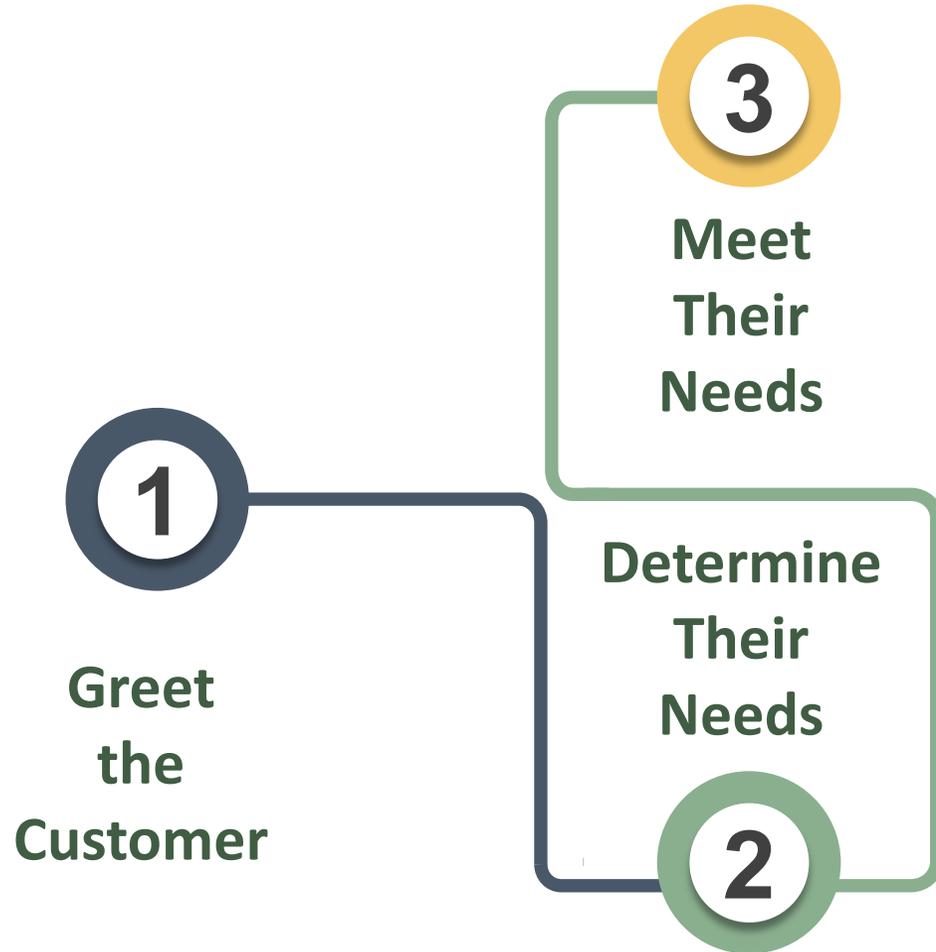
**Greet
the
Customer**



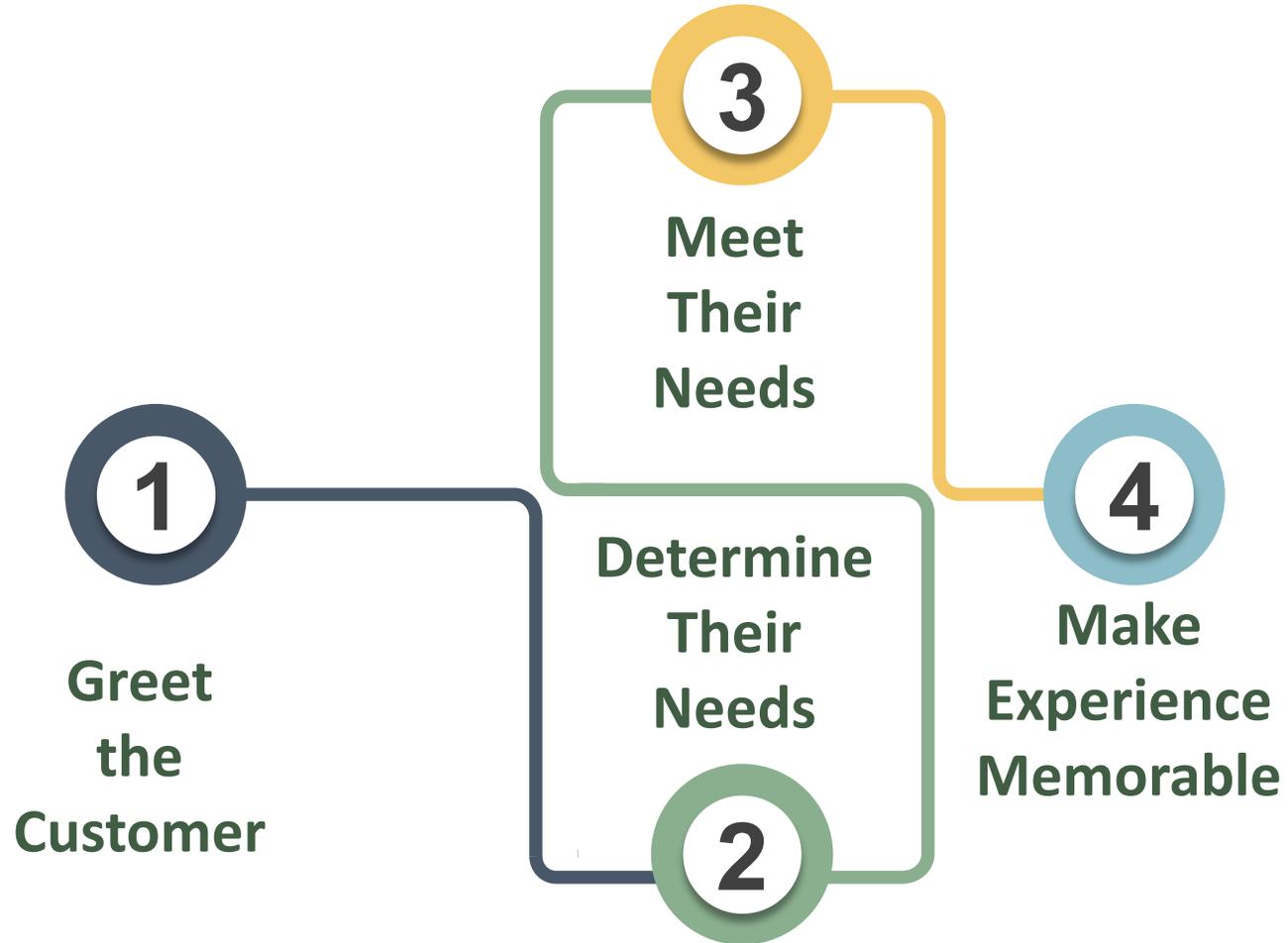
The Fantastic Service Equation



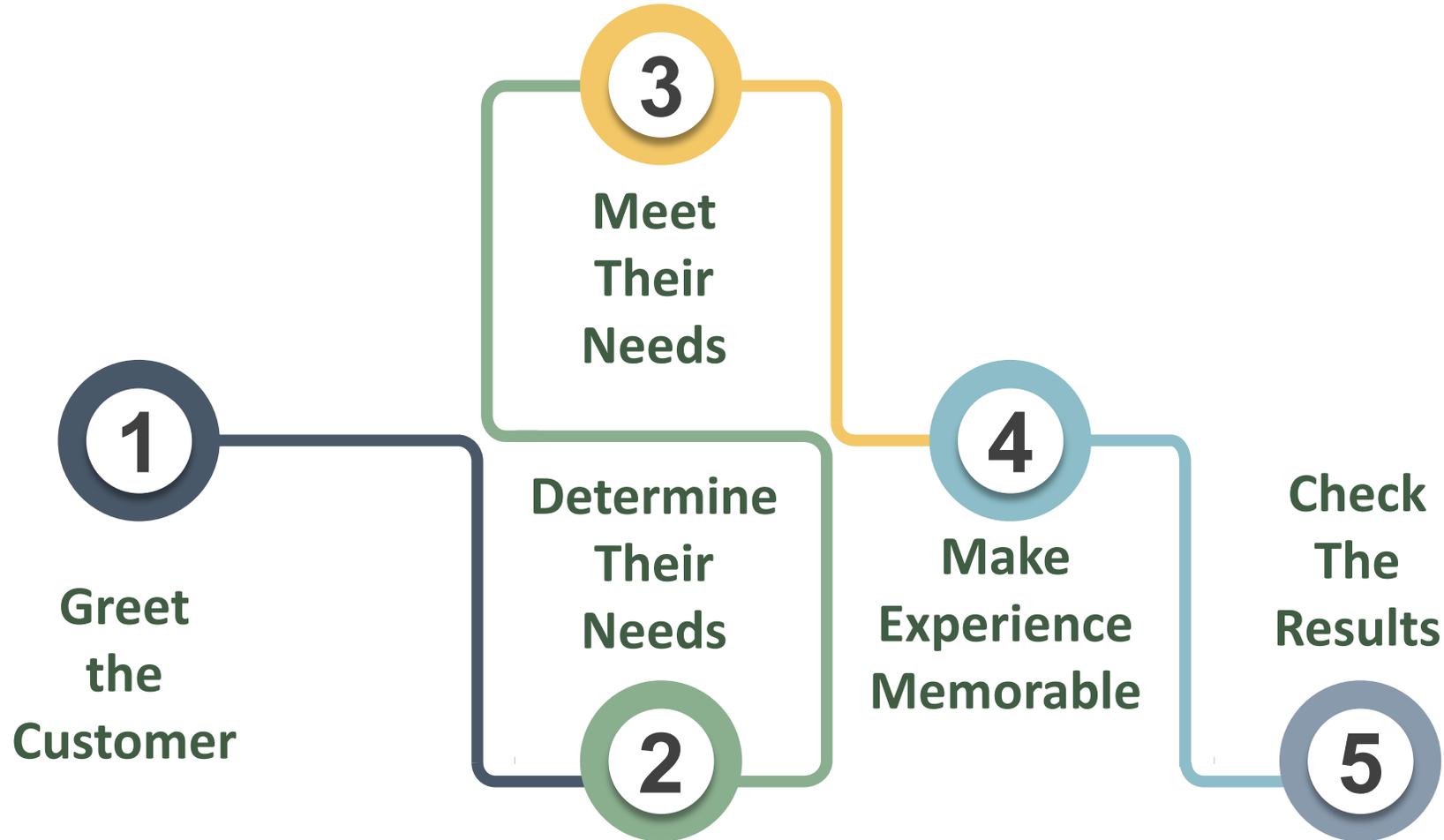
The Fantastic Service Equation



The Fantastic Service Equation



The Fantastic Service Equation

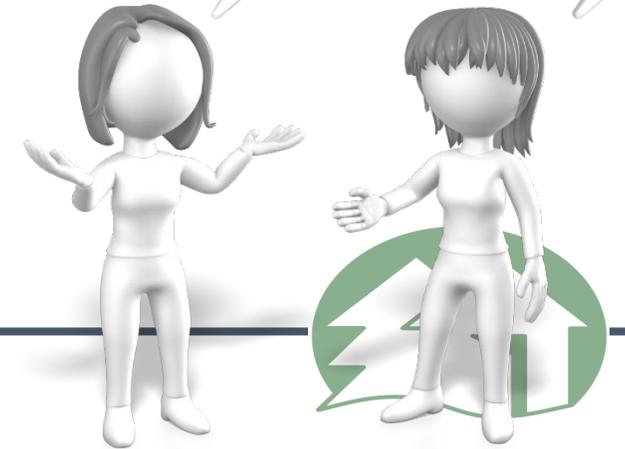
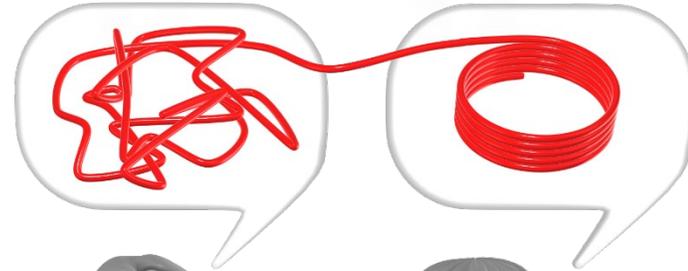
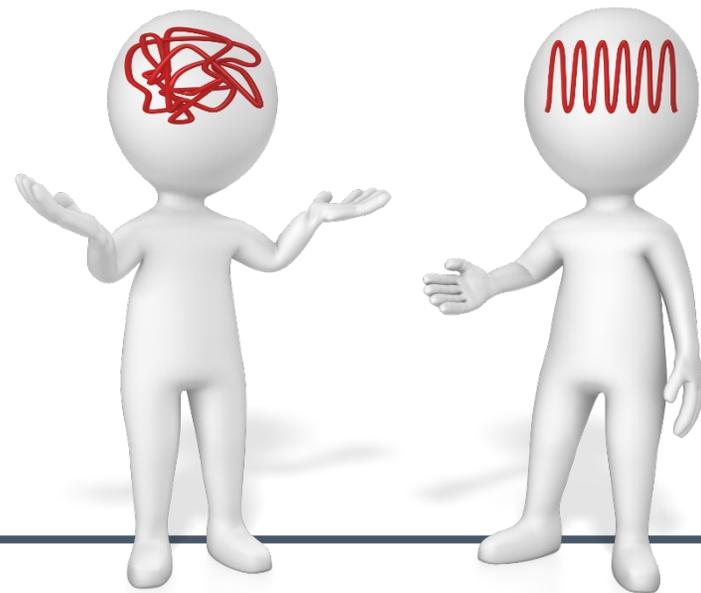
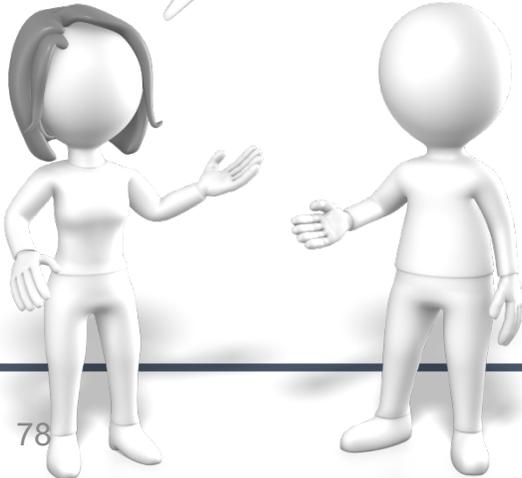
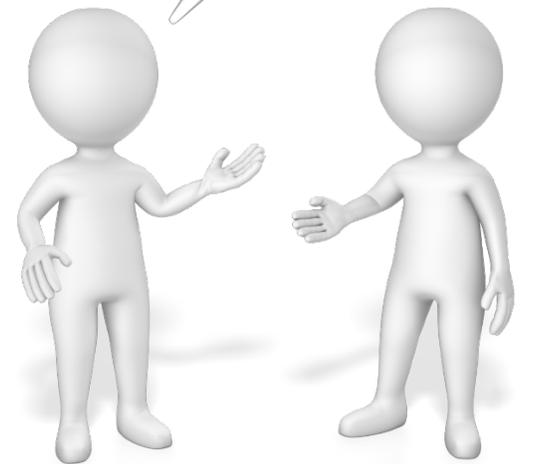
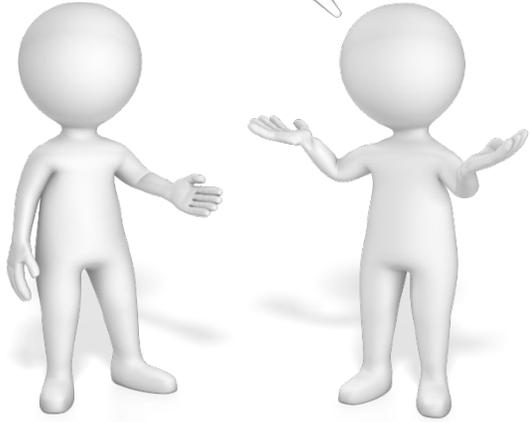
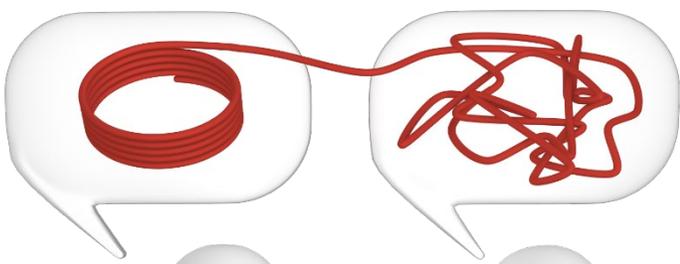


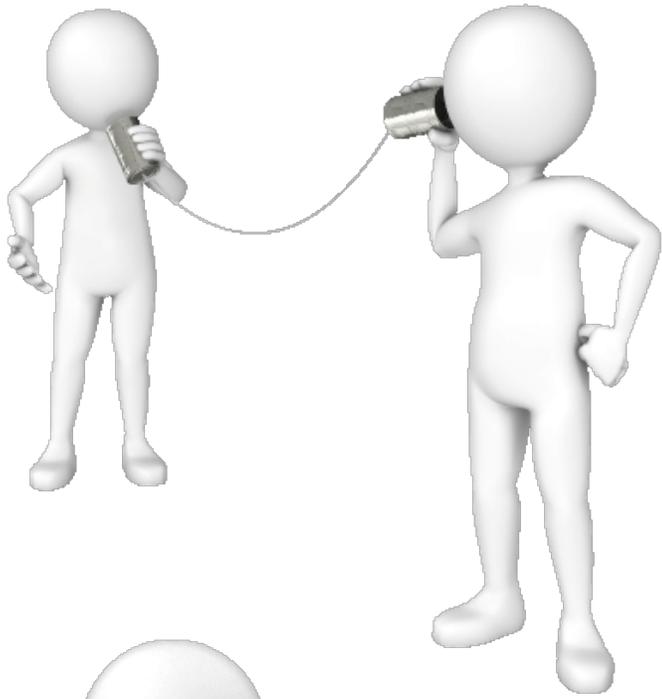
The Fantastic Service Equation

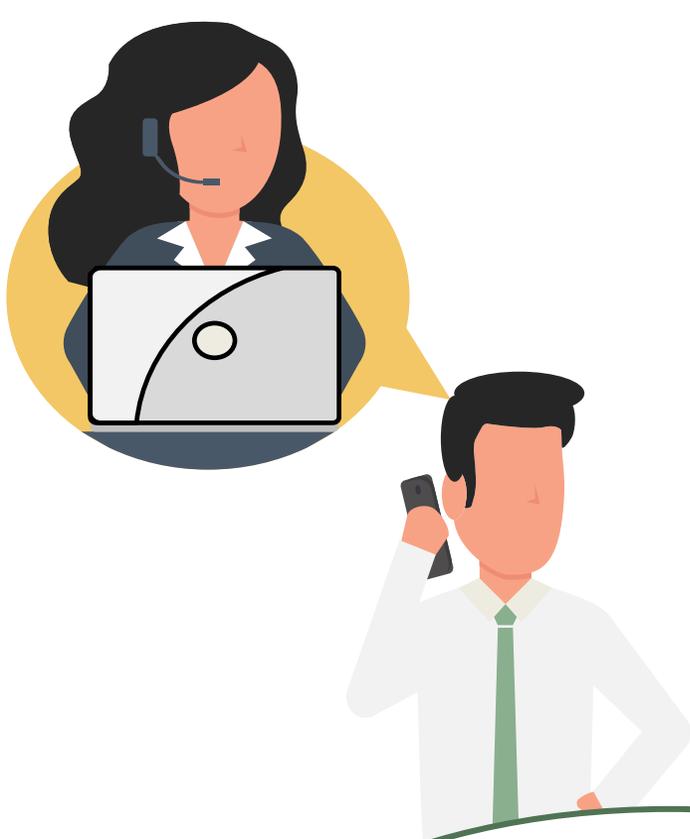


The Fantastic Service Equation









50%-75% of daily communications is listening, we listen at a 25% efficiency level.

We think faster than we speak which impedes our active listening capacity.

We often do not hear what is being said or understand because we are preparing our response.

Determining customer needs and finding a viable solution requires effective two-way communication.



ACTIVE LISTENING

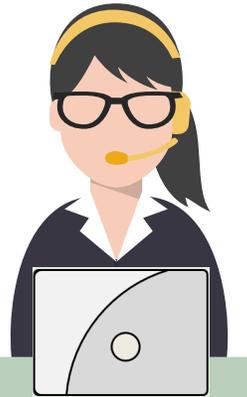
Give
Full
Attention



ACTIVE LISTENING

Give
Full
Attention

Project
Genuine
Sincerity

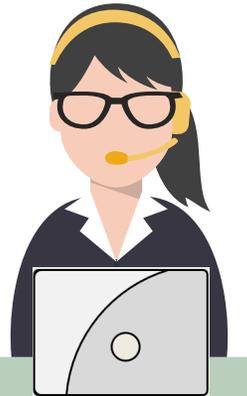
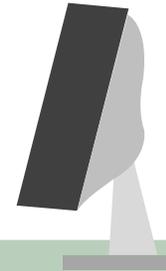


ACTIVE LISTENING

**Give
Full
Attention**

**Project
Genuine
Sincerity**

**Paraphrase
If
Necessary**



ACTIVE LISTENING

Give
Full
Attention

Project
Genuine
Sincerity

Paraphrase
If
Necessary

Respond
With
Empathy



ACTIVE LISTENING

**Give
Full
Attention**

**Project
Genuine
Sincerity**

**Paraphrase
If
Necessary**

**Respond
With
Empathy**

**Ask
Good
Questions**





Limited English Proficiency

Who is covered by Limited English Proficiency requirements?

86

MAINE STATE HOUSING AUTHORITY
LANGUAGE ASSISTANCE PLAN

Introduction – Limited English Proficiency

Language for persons with limited English proficiency can be a barrier to accessing housing programs, benefits and services, understanding and exercising legal rights, complying with responsibilities and obligations and understanding other important information related to housing programs, services and activities. Persons with limited English proficiency (LEP) are persons who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English. People who are bilingual are not LEP. People whose primary language is English, but have a limited ability to read or write are not LEP. LEP should also not be confused with citizenship: A person who is a U.S. citizen can be LEP and a person can be fluent in English, but not be a U.S. citizen.

Background – LEP Assessment

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin under any program or activity receiving federal financial assistance. The United States Supreme Court in *Law v. Nichols* (1974) found that one type of national origin discrimination is discrimination based on a person's inability to speak, read, write or understand English. The inability to access programs and services because the programs and services are only available in English has a disproportionate impact on persons who do not speak English as their primary language and who have difficulty reading, writing, speaking or understanding English and, thus, is national origin discrimination. The U.S. Supreme Court ruled that recipients of federal financial assistance must take reasonable steps to provide meaningful access to their programs and activities to persons with LEP.

On August 11, 2000 the President of the United States issued Executive Order 13166 directing all Federal agencies that provide financial assistance must publish guidance on how recipients of their financial assistance can provide meaningful access to persons with LEP. At the same time, the Department of Justice (DOJ) issued guidance to federal agencies pursuant to the Executive Order providing a general framework from which other federal agencies can issue program- or service-specific guidance to their respective recipients. Guidance published by federal agencies that applies to MaineHousing include the general DOJ guidance, the United States Department of Housing and Urban Development (HUD) issued its final guidance in Federal Register, Vol. 72, No.13, effective February 21, 2007 and the United States Department of Energy (DOE) issued guidance in Federal Register, Vol.69, No. 157, effective August 16, 2004.

Language Assistance Plan
041216 revised as to Communication Guide location

Page 1

“Limited English Proficiency (LEP) can be a barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by the HEAP program.”

Maine State Housing Authority Language Assistance Plan



Not Personal

Don't Be Defensive

Take Ownership

Resolve Problem

Feelings are Feelings

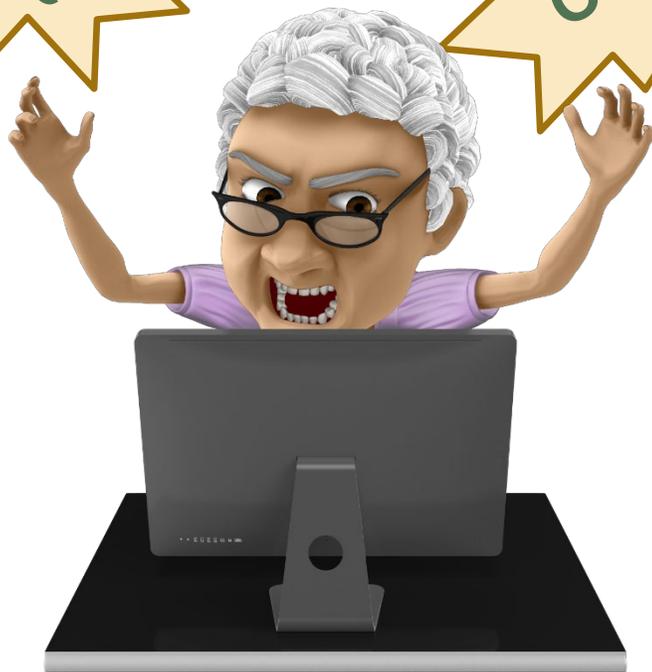
Acknowledge Feelings

Proactive Listening

Confident Responses

What is the Real Issue(s)

Sincere & Empathetic



It would help me better understand the situation if.....

Let's take a pause. I want to hear what you are saying, but I have to ask you to slow down a bit.....

We can talk about this. When you are done, I will see if I have any questions.....

In order to make sure I understand the situation and so I can help us find a solution, I need to have an opportunity to speak and ask questions.....





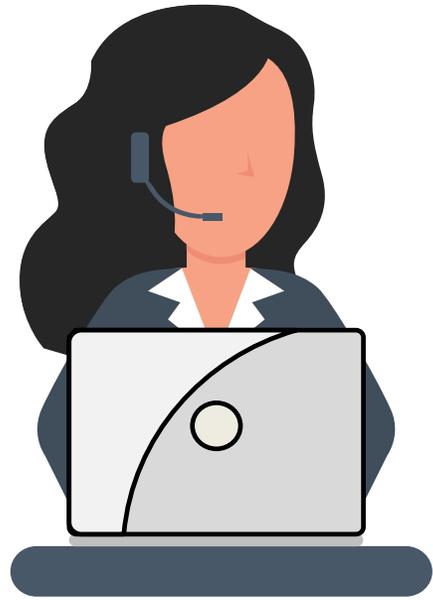
TOOLS FOR SUCCESSFUL CUSTOMER SERVICE



JOB SKILLS

- Know and understand your job, goals, missions, purpose
- Why do we do what we do?
- How does your role affect others?
- Adequate training and continually update technical skills: online, webinars, in-person, manuals and ebooks
- Know and understand expectations
- Willingness to mentor and be mentored; role play, peer review





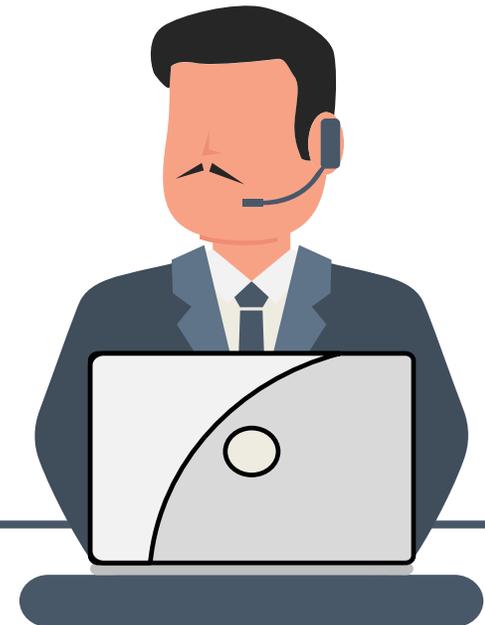
Continually
refine and
practice skills

Practice with
internal and
external customers



**COMMUNICATION
SKILLS**

Share
experiences and
scenarios with co-
workers and
supervisors to see
how they might
have handled the
interaction





POSITIVE ATTITUDE

- Be enthusiastic in representing organization
- Able to change mindset to produce positive results



PROCEDURES

- Have well-defined, clear and reasonable documented procedures
- Know where to go with exceptions, problems, challenges, guidance
- Be able to explain when possible or defer when necessary
- Know when you can make a decision and when to seek approval



Assurance

Know how
to do your
job with
confidence
and
know
what
resources
are
available



Assurance

Know how
to do your
job with
confidence
and
know
what
resources
are
available

Reliability

Deliver what
you promised
and only
what is
possible,
reasonable
and
appropriate



Assurance

Know how to do your job with confidence and know what resources are available

Reliability

Deliver what you promised and only what is possible, reasonable and appropriate

Tangibles

Ensure materials and information are accessible, accurate and understandable



Assurance

Know how to do your job with confidence and know what resources are available

Reliability

Deliver what you promised and only what is possible, reasonable and appropriate

Tangibles

Ensure materials and information are accessible, accurate and understandable

Response

Do it promptly and follow standards in policies



Assurance

Know how to do your job with confidence and know what resources are available

Reliability

Deliver what you promised and only what is possible, reasonable and appropriate

Tangibles

Ensure materials and information are accessible, accurate and understandable

Response

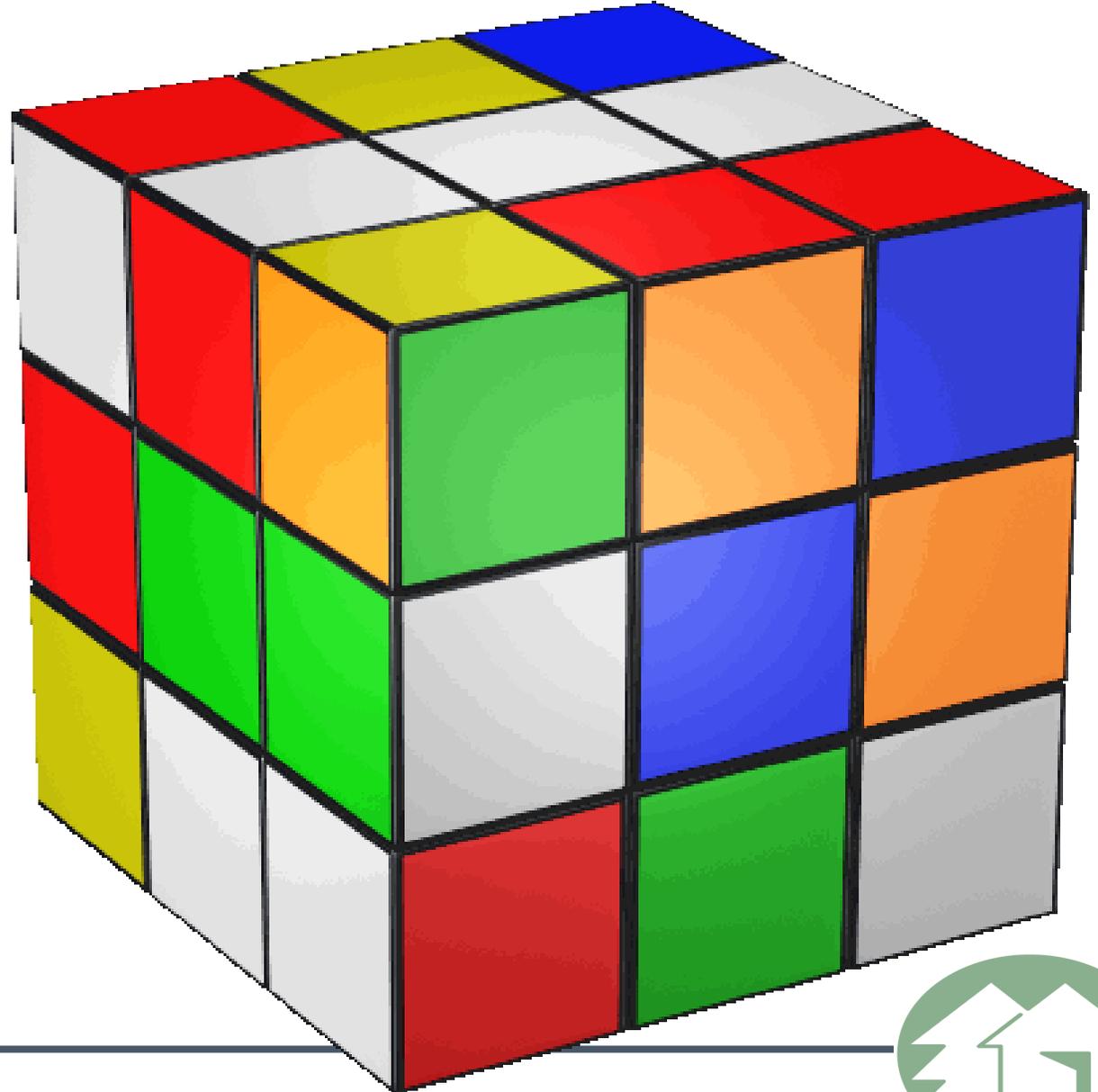
Do it promptly and follow standards in policies

Empathy

Do it with respect and understanding
Ask:
“What if this were me looking for assistance?”



PROBLEM SOLVING AND RESOURCES



PROBLEM SOLVING



Define the Problem

Separate the problem from its emotional content



PROBLEM SOLVING



Define the Problem

Separate the problem from its emotional content



State Problem Clearly as Possible

If multiple issues, define them separately



PROBLEM SOLVING



Define the Problem

Separate the problem from its emotional content



State Problem Clearly as Possible

If multiple issues, define them separately



Define What CAN and CANNOT Be Done

What, when, how, who, where can it or can it not be done?



PROBLEM SOLVING



Define the Problem

Separate the problem from its emotional content



State Problem Clearly as Possible

If multiple issues, define them separately



Define What CAN and CANNOT Be Done

What, when, how, who, where can it or can it not be done?



Agree on a Solution or Course of Action

Provide alternatives if appropriate



PROBLEM SOLVING



Define the Problem

Separate the problem from its emotional content



State Problem Clearly as Possible

If multiple issues, define them separately



Define What CAN and CANNOT Be Done

What, when, how, who, where can it or can it not be done?



Agree on a Solution or Course of Action

Provide alternatives if appropriate



Verify The Solution

Is solution acceptable and summarize agreements



PROBLEM SOLVING



Define the Problem

Separate the problem from its emotional content



State Problem Clearly as Possible

If multiple issues, define them separately



Define What CAN and CANNOT Be Done

What, when, how, who, where can it or can it not be done?



Agree on a Solution or Course of Action

Provide alternatives if appropriate



Verify The Solution

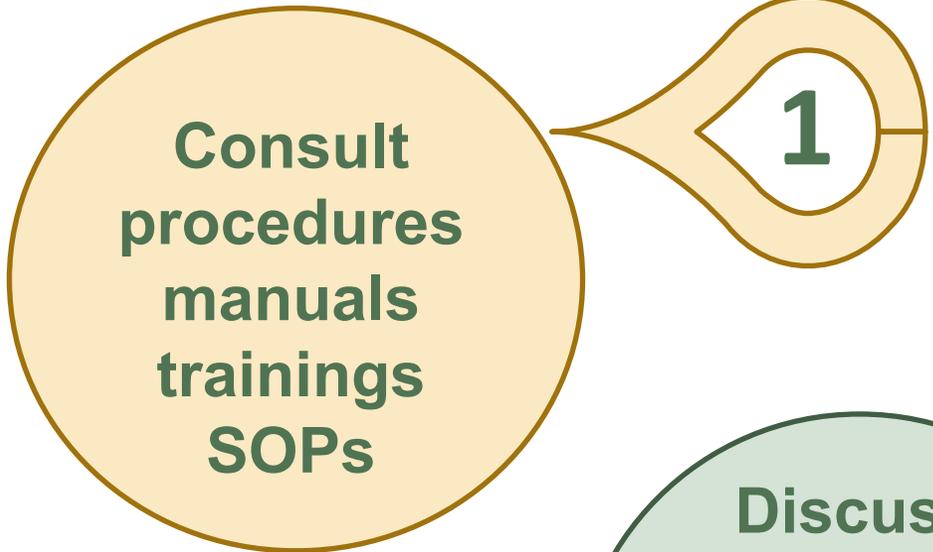
Is solution acceptable and summarize agreements



Follow Up

Do what you say you will do







NOTES
DOCUMENTATION
AND
DATA SECURITY





Facts
<ul style="list-style-type: none">• Name of Client• Name of Intake• Date/Time• Location/Method• Who Made Contact?• Others Present?



**Accurate
and Timely**

Facts

- Name of Client
- Name of Intake
- Date/Time
- Location/Method
- Who Made Contact?
- Others Present?

**Clear and
Concise**

Purpose

Clear Reasons

- New action?
- Assistance?
- Follow-up?
- Inquiry?
- Complaint?



**Accurate
and Timely**

Facts

- Name of Client
- Name of Intake
- Date/Time
- Location/Method
- Who Made Contact?
- Others Present?

**Clear and
Concise**

Purpose

Clear Reasons

- New action?
- Assistance?
- Follow-up?
- Inquiry?
- Complaint?



Observations

Facts ONLY!
 "It appeared....."
 You are **NOT**:

- Clinician
- Counselor
- Healthcare Prof.
- Diagnostician

**Editorials
Conjecture
Assumptions**



**Accurate
and Timely**

Facts

- Name of Client
- Name of Intake
- Date/Time
- Location/Method
- Who Made Contact?
- Others Present?

**Clear and
Concise**

Purpose

Clear Reasons

- New action?
- Assistance?
- Follow-up?
- Inquiry?
- Complaint?



Observations

Facts ONLY!
"It appeared....."
You are **NOT**:

- Clinician
- Counselor
- Healthcare Prof.
- Diagnostician

**Editorials
Conjecture
Assumptions**

Occurrence

- Occurred/Discussed
- Chronological
- Language Services
- Action Steps
- Resources requested
- Resources provided
- Resolved?

Relevant



**Accurate
and Timely**

Facts

- Name of Client
- Name of Intake
- Date/Time
- Location/Method
- Who Made Contact?
- Others Present?

**Clear and
Concise**

Purpose

Clear Reasons

- New action?
- Assistance?
- Follow-up?
- Inquiry?
- Complaint?



Observations

Facts ONLY!
 "It appeared....."
 You are **NOT**:

- Clinician
- Counselor
- Healthcare Prof.
- Diagnostician

**Editorials
Conjecture
Assumptions**

Occurrence

- Occurred/Discussed
- Chronological
- Language Services
- Action Steps
- Resources requested
- Resources provided
- Resolved?

Relevant

Plan

- Next steps?
- Follow-up needed?
- Prep for Follow-up?
- Roles?
- Responsibilities?
- Timeline/Deadline
- Resolved?

Best Practices.....

- Only relevant information is documented
- Only report what has supporting evidence/documentation
- Avoid emotional language, value judgements, opinions, biased statements
- Avoid presumptions – e.g. “*fraud*”, “*lies*”, “*hearsay*”, “*under the influence*”, etc.
- Acknowledge the source of information
- If unsure about whether to include something in the notes, seek guidance a **from supervisor**

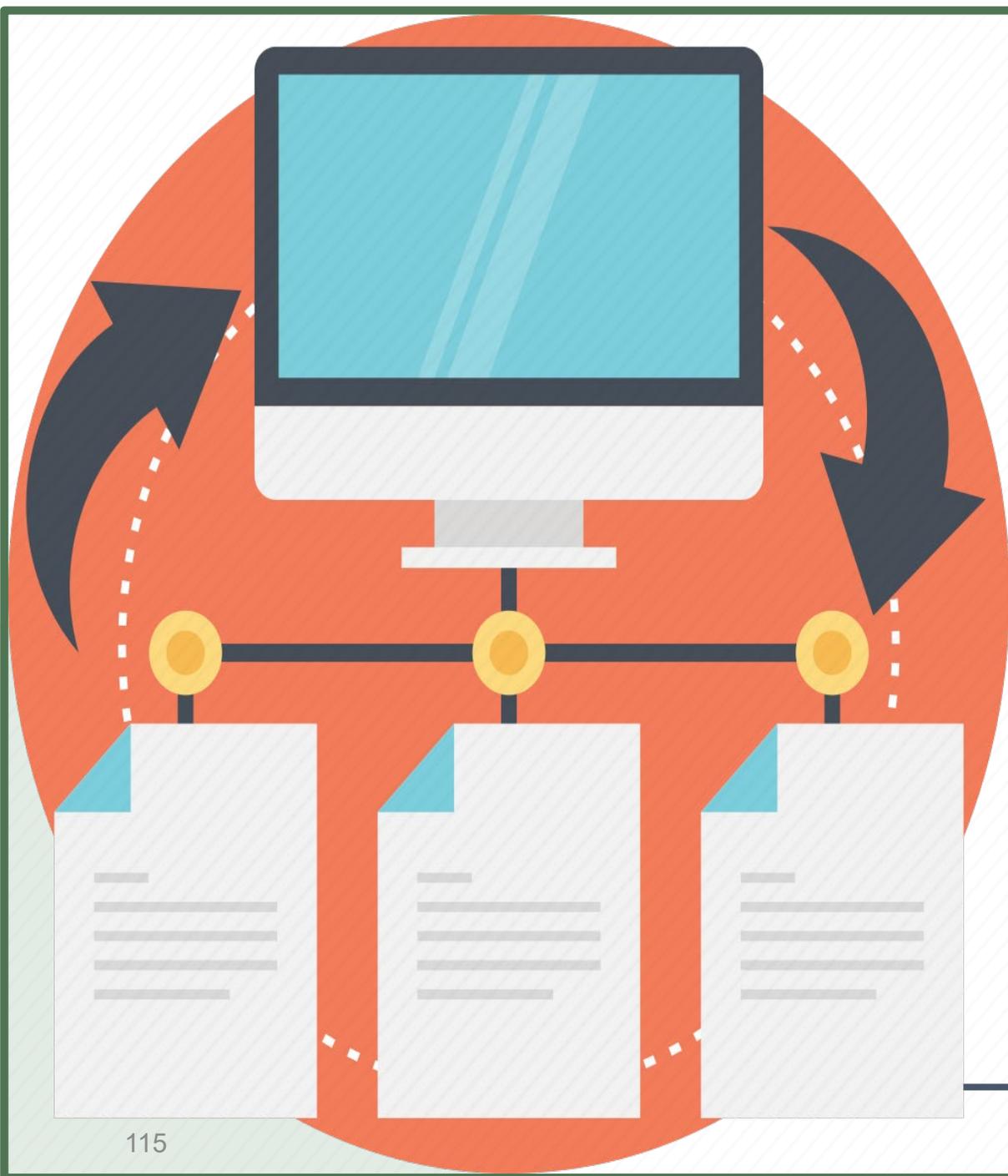




- Send emails or email attachments through an email encryption server or application.
- Because of the use of state and federal funds, CAAs are subject to FOAA (Maine Freedom of Access Act).

- Keeping protected information secure is an obligation mandated by state and federal laws, along with contractual agreements between MaineHousing and the CAAs.
- Encrypt ALL Personally Identifiable Information (PII) on ALL devices.





Potentially all correspondence of an agency and/or public official could be considered a public record.

It is important to remember this when typing an email, leaving a voicemail or making notes or comments that the public might see.

Personal matters and negative comments are best left outside the workplace!





FREEDOM OF ACCESS ACT TRAINING

Enter a course intro statement

BEGIN COURSE

[https://ehs-mainehousing.bridgeapp.com/
bridge@mainehousing.org](https://ehs-mainehousing.bridgeapp.com/bridge@mainehousing.org)





Maine Housing
MAINE STATE HOUSING AUTHORITY

**HEAP 3: COMMUNICATIONS,
USE OF HANDBOOK AND
LIHEAP EMAIL - PY2024**

This training module provides information on communication best practices, the use of the HEAP Handbook and the use of the LIHEAP email box.

[https://ehs-mainehousing.bridgeapp.com/
bridge@mainehousing.org](https://ehs-mainehousing.bridgeapp.com/bridge@mainehousing.org)



MaineHousing Partner Portal

HEAP Handbook

Home Energy Assistance Program (HEAP)
PY 2024 HEAP Handbook



July 17, 2023
mainehousing.org | 207-626-4600

HEAP State Plan

DETAILED MODEL PLAN (LHEAP)

Program Name: Low Income Home Energy Assistance
Grantee Name: ME ST HOUSING AUTHORITY
Report Name: DETAILED MODEL PLAN (LHEAP)
Report Period: 10/01/2023 to 09/30/2024
Report Status: Proposed

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INDEPENDENT AGENCIES

MAINE STATE HOUSING AUTHORITY

CHAPTER 24
Home Energy Assistance Program Rule

Summary: The Rule establishes standards for the Home Energy Assistance Program for the State of Maine as administered by the Maine State Housing Authority. The Home Energy Assistance Program provides Fuel Assistance and Energy Crisis Intervention Programs to income Eligible Households. The Rule also establishes standards for the HEAP Weatherization, Central Heating Improvement Program, Heat Pump Program, and Supplemental Benefits funded by TANF funds.

1. Definitions.

- A. "Act" means the Maine Housing Authorities Act, 35-A M.R.S.A. 4470, et seq., as it may be amended from time to time.
- B. "Annual Consumption Report" means the annual report Vendor must submit to Maine Housing to report their HEAP customers' Home Energy deliveries from May 1st through April 30th.
- C. "Apartment" means a Dwelling Unit within a multi-unit building.
- D. "Applicant" means a person listed as a Household member on a Primary Applicant's Application.
- E. "Applicant Household" means the Household members listed on the Application whose Countable Assets will be considered when determining eligibility for CHIP services. A Household member will be considered to be part of the Applicant Household if they have a familial relationship with or a joint financial account with an occupying owner of the Dwelling Unit. Full time high school students would not be considered Applicant Household members unless they are Primary Applicants.
- F. "Application" means forms and documents completed, signed, and provided by Primary Applicant to determine eligibility for a Benefit and EICIP.
- G. "Application Create Date- Non Online" means the date an application is taken with the Primary Applicant by Subgrantee personnel for applications not submitted online.
- H. "Application Create Date- Online" means the date the Primary Applicant starts their application online.
- I. "Application Intake Date" means the date an online application is taken with the Primary Applicant by Subgrantee personnel.
- J. "Assurance Management Program (AMP)" means the program to assist eligible low-income residential customers who are in arrears on their electricity bills as defined by 35-A M.R.S.A. 2114, sub-39-B, as may be amended from time to time.
- K. "Benefit" means the dollar amount of Fuel Assistance an Eligible Household receives.
- L. "Benefit Return" means a Benefit, partial or whole, returned to Maine Housing.

Chapter 24 - Home Energy Assistance Program
Page 1 of 46

HEAP Rule Chapter 24

MaineHousing
MAINE STATE HOUSING AUTHORITY

Maine Community Agencies

MaineHousing partners with various community agencies through out the state of Maine to provide housing, energy and utility assistance programs to low income homeowners and renters.

[Sharefile](#)

Program Forms, Tools and Brochures

- Community Action Agency (CAA)
 - Home Energy Assistance Program
 - Home Accessibility and Repair Program
 - Federal Lead and State Lead (N261) Programs
 - Weatherization Assistance Programs

Education and Training Opportunities

- ASHRAE 62.2-2016 Training Video
- Lead Supervisor Trainings (rev 12/18/2020)

Updates & Notices

- Updates
- Notices

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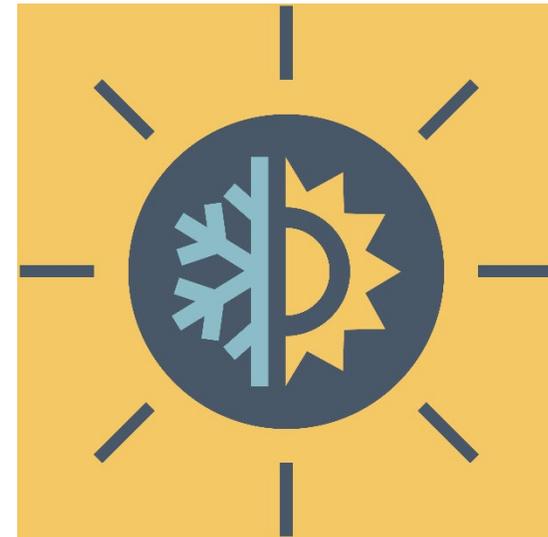
The Bridge Learning Management System

**For Assistance
With HEAP**



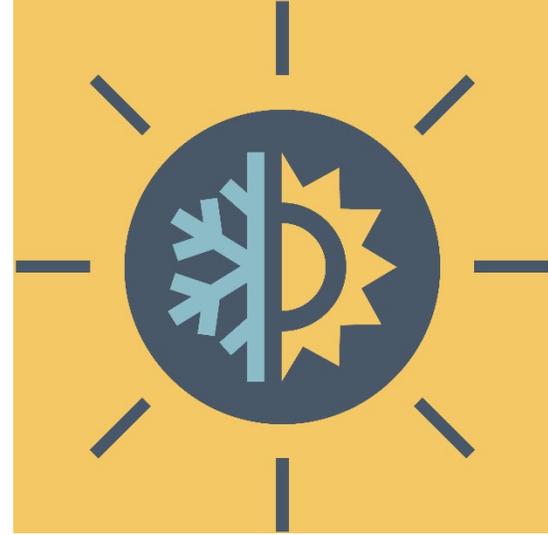


Dollar Per Point



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ECOS Software



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