Maine State Housing Authority (MaineHousing) Home Accessibility and Repair Program (HARP)

MINIMAL / ZERO INCOME WORKSHEET

Community Acti	ion Agency (CA	AA) Name: 			<u>.</u>	
Name of Zero/Mini	imal Income Ad	ult:	DATE:			
ve met your basic li m family, friends, G ceived from the indi	iving needs durir General Assistand vidual(s) or orga	head of household/housing the past three monthings, churches, etc. You note that provided one adult, please make	s. This includes nay need to pro I help. Attach a	any financial help, su ovide documentation to dditional worksheets a	ch as gifts and/ verify the date is needed. If the	or loans, received (s) and amount(s) e applicant needs to f
	Month/Year:		Month/Year:		Month/Year:	
	Amount	How was it paid?	Amount	How was it paid?	Amount	How was it paid?
ood	\$		\$		\$	
nelter	\$		\$		\$	
ectricity	\$		\$		\$	
eating	\$		\$		\$	
operty Taxes	\$		\$		\$	
ansportation (gas, r payment, ins.)	\$		\$		\$	
edical	\$		\$		\$	
her	\$		\$		\$	
s your mortgage	up to date? *if	applicable				
Yes	No	N/A				
OMMENTS						
I provide addition	nal documentat be subject to c	hat the information I gion upon request. If I riminal prosecution, linding.	have knowing	gly given false, misle	ading, or inco	mplete information
rimary Applicant Sign	nature					
ero Income Adult Signature *if different than the applicant				Date		
FIO INCOME Adult Sig	mature "IT different"	пап те аррісапт				