

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

MINIMAL / ZERO INCOME WORKSHEET

COMMUNITY ACTION AGENCY (CAA): _____

APPLICANT NAME: _____

DATE: _____

NAME OF MINIMAL/ZERO INCOME ADULT IN HOUSEHOLD: _____

INSTRUCTIONS: If you are an adult head of household/household member with minimal or no income, please explain how you you have met your basic living needs during the past three months. This includes any financial help, such as gifts and/or loans, received from family, friends, General Assistance, churches, etc. You may need to provide documentation to verify the date(s) and amount(s) received from the individual(s) or organization(s) that provided help. Attach additional worksheets as needed. If the applicant needs to fill out this form on behalf of the zero-income adult, please make it clear how expenses were paid in the applicable rows below.

	Month/Year:		Month/Year:		Month/Year:	
	Amount	How was it paid?	Amount	How was it paid?	Amount	How was it paid?
Food	\$		\$		\$	
Shelter	\$		\$		\$	
Electricity	\$		\$		\$	
Heating	\$		\$		\$	
Property Taxes	\$		\$		\$	
Transportation (<i>gas, car payment, ins.</i>)	\$		\$		\$	
Medical	\$		\$		\$	
Other	\$		\$		\$	

Is your mortgage up to date? *if applicable

Yes

No

COMMENTS

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 funding received, and/or risking my future eligibility for funding.

Primary Applicant Signature

_____ Date

_____ Zero Income Adult Signature *if different than the applicant