

APPLICATION

CAA: _____ CAA Phone: _____
 _____ Intake Worker _____
 _____ Applied Date: _____

PRIMARY APPLICANT INFORMATION

Name: _____ Mailing Address same as Service Address
 Service Address _____ Mailing Address _____
 Apt # _____ Mailing Apt # _____
 City State Zip _____ Mailing City State Zip _____
 County _____
 Phone _____
 Alt Phone _____
 Email _____
 Application Method: Phone In Office Outreach

Comments

PROPERTY INFORMATION

Owner Type Own Rent Roomer/Boarder Number of Rooms _____
 Dwelling Type Apartment Condo/Duplex Stick Built/Modular Mobile/Manufactured
 Landlord Name _____
 Landlord Address _____ Landlord Phone _____
 Landlord City _____ Landlord Email _____
 Landlord State Zip _____
 Rental Type Subsidized Housing Electricity In Rent Heat in Rent Request LIAP

FAMILY INFORMATION

Name _____ Date of Birth _____ Uncounted
 SSN/Alien# _____ Gender Male Female Other
 Medical Insurance Medicare Mainecare Private None Other Unknown
 Marital Status Single Married Separated Divorced Widowed
 Education 4 year College Grad K through 17 Unknown
 Demographics Native American Emancipated Minor Disabled U.S. Citizen

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FAMILY INFORMATION *continued*

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INCOME INFORMATION

Income Period	<input type="checkbox"/> 3 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 1 month (ECIP only)	<input type="checkbox"/> 30 days (ECIP only)
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FUEL VENDOR/CONSUMPTION INFORMATION

Heating System Location	_____	Priority	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> None
System Type	<input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> Stove <input type="checkbox"/> Heater	<input type="checkbox"/> Second back up	<input type="checkbox"/> Third backup
	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other	Condition	
Fuel Type	<input type="checkbox"/> Bio Bricks <input type="checkbox"/> Coal <input type="checkbox"/> Corn <input type="checkbox"/> Electric	<input type="checkbox"/> Working Well	<input type="checkbox"/> Not Working Well <input type="checkbox"/> Not Working <input type="checkbox"/> None
	<input type="checkbox"/> Kerosene <input type="checkbox"/> Nat Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane		
	<input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets		
Fuel Vendor Name	_____	Account Number	_____
Name on Account	_____	Fuel Subsidy Allowance	_____
	<input type="checkbox"/> Same as Applicant		

FUEL VENDOR/CONSUMPTION INFORMATION *continued*

Heating System Location _____

System Type
 Boiler Furnace Stove Heater
 Electric Baseboard Heat Pump Other

Fuel Type
 Bio Bricks Coal Corn Electric
 Kerosene Nat Gas Oil Propane
 Wood Wood Pellets

Priority
 Primary Secondary None
 Second back up Third backup

Condition
 Working Well Not Working Well Not Working None

Fuel Vendor Name _____ **Account Number** _____
Name on Account _____ **Fuel Subsidy Allowance** _____
 Same as Applicant

Energy Service Status

Electric Utility Vendor Name _____ **Name on Account** _____
Account Number _____ Same as Applicant

Utility Only Yes No

Fuel Status
 Does the household have a past due or shutoff notice for electricity or natural gas? Yes No
 Is the household's electricity or natural gas service currently disconnected? Yes No
 How much fuel do you currently have? No energy crisis Less than 3 days Out

Questions
 Does your electric meter service only your dwelling? Yes No
 Does your primary fuel tank supply only your dwelling? Yes No
 Is your primary fuel tank outside or in an unheated space? N/A No Yes, Outside Yes, Unheated Space
 What is the primary fuel tank size in gallons? _____

QUESTIONS

- Does anyone in your household currently receive general assistance? Yes No
 Does anyone in your household currently receive SNAP benefits? Yes No
 Does anyone in your household currently receive MaineCare benefits? Yes No
 Are there any persons living in your home who are college students? Yes No
 If yes, provide the name, date of birth and number of semester credit hours for each college student.

Student Name	Date of Birth	Credit Hours

Student Name	Date of Birth	Credit Hours

- Are you or a member of your household on oxygen or ventilator 8 hours or more per day? Yes No
 Do you intend to be in Maine the entire heating season? Yes No
 If not, what months will you be gone? _____
 How long have you lived in your dwelling (months or years)? _____
 Is your home used for business? Yes No
 If yes, what rooms are used for business? _____
 How many fuel companies did you use between 05/01/2019 and 04/30/2020 for your Primary Heating System? (Not just deliveries made by fuel assistance) _____

QUESTIONS *continued*

Did you carry fuel in containers between 05/01/2019 and 04/30/2020 for your Primary Heating System?

Yes No

Does your Primary Heating System heat a non-residential area, such as a garage?

Yes No

Have you replaced your Heating System within the past year?

Yes No

If yes, what fuel type is the newly replaced Heating System?

Is your mobile home 12 feet wide by 40 feet long or larger?

Yes No

COMMENTS

SIGNATURE

I have read and understand the consent on the "Income Information, Confidentiality Waiver, and Penalty Provision." I understand and agree that MaineHousing and/or the CAA may contact any and all listed sources of income for verification as necessary, such as TANF, General Assistance, etc.

Primary Applicant Signature

Date

CAA Intake Worker Signature

Date

OFFICE USE ONLY

Client Number _____ Creation Date _____ Certified Date _____

Applied Date _____ Approval Date _____ Certifier _____

Total Household Income \$ _____