

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**DOCUMENT VERIFICATION FORM**

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_  
 CAA Address: \_\_\_\_\_ CAA Fax: \_\_\_\_\_  
 \_\_\_\_\_ CAA Email: \_\_\_\_\_  
 Intake Worker: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Application ID#: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_

**INSTRUCTIONS:** If a photocopier or scanner is not available, the CAA intake worker will use the Document Verification Form to describe the documentation that was reviewed, and to record the appropriate information.

**PRIMARY APPLICANT ID** (*government-issued, photo identification card*)

Type of ID: \_\_\_\_\_ Expiration: \_\_\_\_\_ ID #: \_\_\_\_\_

**SOCIAL SECURITY NUMBER VERIFICATION**

Household Member	Documentation	SSN

**NONCITIZEN VERIFICATION OF LAWFUL STATUS IN THE UNITED STATES**

Household Member	Documentation & Expiration Date	ID Number

**INCOME VERIFICATION**

Household Member	Pay Date	Type of Income	Gross Pay or YTD	Frequency	Documentation
			\$		
			\$		
			\$		
			\$		

**COURT ORDERED CHILD SUPPORT VERIFICATION** (*payments made by an Applicant*)

Household Member	Child Support Order		Proof of Payment	
	Amount Ordered and Payment Frequency	Documentation	Amount Paid	Documentation
			\$	
			\$	

**COLLEGE STUDENT ENROLLMENT VERIFICATION** (*person(s) living in residence who will be excluded*)

Student Name	Birth Date	Credit Hours	Semester/Term	School	Documentation

Under penalty of perjury, I certify that the information above is true, correct, and complete to the best of my knowledge. 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.

Primary Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

CAA Intake Signature \_\_\_\_\_

Date \_\_\_\_\_