

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

REMINDER FORM

CAA Name: CAA Phone:
CAA Address: CAA Fax:
CAA Email:

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

INSTRUCTIONS: The following information is needed to process your application. You have 20 business days from the Date of Application to submit the information/documents checked below. Please submit copies, not originals, of these documents and this Reminder Form. If you do not supply this information, your application may be denied.

Information is needed for the following time period: From To

- Application (signed)
Government-issued photo ID card
Primary Applicant to provide one of the following:
Driver's License
Passport
SNAP/EBT Photo ID card
State issued ID card
U.S. Military Photo ID card
Social Security Number Verification
Provide one of the following:
Social Security Card from SSA
SSA-1099 tax form
IRS form 1095-C Employer Provided Health Ins.
Non SSA-1099 tax form
Medicare card if ends in "A" (not MaineCare)
U.S. Military Document
Bank tax form
W-2 (wage and tax statement)
Noncitizen verification of lawful status
Landlord's Name, Physical Address, Telephone
Birthdate(s) for:
Minor Child(ren) Primary Residency Affidavit (signed)
Permission to Share Personal Information (signed)
Income Worksheet (signed)
Alimony/Child Support received (court documents)
DHHS printout of child support received
Dividends/Interest
Gross Pension/Annuity/Retirement
Gross Wages-Check Dates:
Income Tax Return (signed), most recent
Odd Job Income Affidavit (signed)
Self-Employment/Rental Income Verification (signed)
Self-Employment Worksheet (with back up) (signed)
SS/SSDI/SSI Award Letter
TANF Printout (In State/Out of State)
Unemployment DOL Benefit History Report
V.A. Benefits Documentation
Child Support Paid (court documentation, proof of payments)
Medical, Dental, Vision, Prescription Receipts
Fuel Vendor Name and Account Number
LIAP Form (signed)
Utility Bills
Subsidized Housing Form (signed)
Subsidized Housing Recertification (signed)
(HUD Form 50058/50059; RD 3560-8)
Other:

Primary Applicant Signature Date
Intake Worker Signature Date
Intake Worker Name Intake Worker Phone Number