

CLEAR

PRINT



## Home Energy Assistance Programs Application – Additional Information (if applicable)

## HOUSEHOLD INFORMATION

 No additional household members

## Household Member First Name, Middle Name, Last Name, and Suffix (Jr., Sr., III, etc.)

Gender <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other	Primary Language	Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth	
Citizenship Type <input type="radio"/> US Citizen <input type="radio"/> Qualified Alien		Identification Type <input type="radio"/> Ineligible Alien <input type="radio"/> US Non-Citizen National <input type="radio"/> Social Security Number <input type="radio"/> Alien Number	Identification Number (or reason for no ID number)
Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian		Ethnicity <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian - Pacific Islander <input type="radio"/> White <input type="radio"/> Other _____	<input type="radio"/> Hispanic, Latino or Spanish Origins <input type="radio"/> Not Hispanic, Latino or Spanish Origins
Primary Phone		Email Address	
Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Separated	Health Insurance <input type="radio"/> Medicare <input type="radio"/> MaineCare <input type="radio"/> Medicaid <input type="radio"/> None <input type="radio"/> Private	Education Level <input type="radio"/> Grades 0 - 8 <input type="radio"/> Grades 9 -12/Non-Graduate <input type="radio"/> High School Graduate/Equivalency Diploma <input type="radio"/> 12 Grade + Some Post-Secondary	<input type="radio"/> 2 or 4-years College Graduate <input type="radio"/> Non-High School Graduate/Equivalency Diploma <input type="radio"/> Graduate of other Post-Secondary School <input type="radio"/> Unknown/Not Reported

## Household Member First Name, Middle Name, Last Name, and Suffix (Jr., Sr., III, etc.)

Gender <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other	Primary Language	Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth	
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Primary Phone		Email Address	
Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Separated	Health Insurance <input type="radio"/> Medicare <input type="radio"/> MaineCare <input type="radio"/> Medicaid <input type="radio"/> None <input type="radio"/> Private	Education Level <input type="radio"/> Grades 0 - 8 <input type="radio"/> Grades 9 -12/Non-Graduate <input type="radio"/> High School Graduate/Equivalency Diploma <input type="radio"/> 12 Grade + Some Post-Secondary	<input type="radio"/> 2 or 4-years College Graduate <input type="radio"/> Non-High School Graduate/Equivalency Diploma <input type="radio"/> Graduate of other Post-Secondary School <input type="radio"/> Unknown/Not Reported

## HEATING SYSTEM INFORMATION

No additional heating systems

<b>System Type</b> <input type="checkbox"/> Stove <input type="checkbox"/> Baseboard <input type="checkbox"/> Other Heat <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Heat Pump			<b>System Priority</b> <input type="checkbox"/> Secondary <input type="checkbox"/> Second Back Up <input type="checkbox"/> Third Back Up	<b>System Category</b> <input type="checkbox"/> Heating <input type="checkbox"/> Both (Heating and Cooling)
<b>System Condition</b> <input type="checkbox"/> Working Well <input type="checkbox"/> Not Working <input type="checkbox"/> Not Working Well <input type="checkbox"/> N/A or Unknown			<b>Is your tank outside?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>If no, is it in an unheated or heated space?</b>	<b>What is your tank size?</b>
<b>Fuel Type</b> <input type="checkbox"/> Kerosene <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Bio-Fuel (including BioBrick) <input type="checkbox"/> Oil <input type="checkbox"/> LP Gas <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Subsidized with Heat Included <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Corn				

## INCOME INFORMATION

No additional income sources

Income is money/contributions paid to or for someone. Provide information on all income for each person living in your home.

<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Gross Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Gross Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly