For Community Action Agency Use Only

CAA Name	**Household ID**
	Application ID
CAA Intake Staff	**Application Date**
	Application Received Date

CLEAR

MaineHousing
MAINE STATE HOUSING AUTHORITY

PRINT

Home Energy Assistance Programs Application

APPLICANT INFORMATION

Applicant First Name, Middle Name, Last Name, and Suffix (Jr., Sr., III, etc.)

Gender
- ◯ Female
- ◯ Male
- ◯ Other

Primary Language

Interpreter Needed ◯ Yes ◯ No

Are you disabled? ◯ Yes ◯ No

Date of Birth

Citizenship Type
- ◯ US Citizen
- ◯ Qualified Alien
- ◯ Ineligible Alien
- ◯ US Non-Citizen National

Identification Type
- ◯ No Identification Number
- ◯ Social Security Number
- ◯ Alien Number

Identification Number (or reason for no ID number)

Race
- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian - Pacific Islander
- ◯ White
- ◯ Other _____

Ethnicity
- ◯ Hispanic, Latino or Spanish Origins
- ◯ Not Hispanic, Latino or Spanish Origins

Primary Phone

Alternate Phone

Email Address

Marital Status
- ◯ Single
- ◯ Married
- ◯ Divorced
- ◯ Widowed
- ◯ Separated

Health Insurance
- ◯ Medicare
- ◯ MaineCare
- ◯ Medicaid
- ◯ None
- ◯ Private

Education Level
- ◯ Grades 0 - 8
- ◯ Grades 9 -12/Non-Graduate
- ◯ High School Graduate/Equivalency Diploma
- ◯ 12 Grade + Some Post-Secondary
- ◯ 2 or 4-years College Graduate
- ◯ Non-High School Graduate/Equivalency Diploma
- ◯ Graduate of other Post-Secondary School
- ◯ Unknown/Not Reported

Physical Address (Street, Town, State, and Zip)

Mailing Address, if different from above (Street, Town, State, and Zip)

HOUSEHOLD INFORMATION

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

Gender
- ◯ Female
- ◯ Male
- ◯ Other

Primary Language

Interpreter Needed ◯ Yes ◯ No

Are you disabled? ◯ Yes ◯ No

Date of Birth

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Do you have additional household members? ◯ Yes ◯ No - If yes, attach an **Additional Application Information Form**

HOUSEHOLD QUESTIONNAIRE

Have you applied for Home Energy Assistance (HEAP) in the past?	◯ Yes ◯ No
Does anyone in your household currently receive TANF Benefits?	◯ Yes ◯ No
Does anyone in your household currently receive SNAP Benefits?	◯ Yes ◯ No
Does anyone in your household currently receive General Assistance?	◯ Yes ◯ No
Do you intend to be in Maine for the entire heating season (October 1st through April 30th)?	◯ Yes ◯ No
If not, what months will you be gone?	
Are there any household members who are college students?	◯ Yes ◯ No
If yes, and you would like to exclude them – provide the name, date of birth, and number of semester credit hours for each student.	
Does your electric meter service only your dwelling?	◯ Yes ◯ No
Are you interested in the Low-Income Assistance Program (LIAP) that helps homeowners and renters with electric utility bills?	◯ Yes ◯ No
Are any household members on oxygen or a ventilator for eight of more hours a day?	◯ Yes ◯ No

DWELLING INFORMATION

Do you rent or own?

- ◯ Rent
- ◯ Rent, Heat Included
- ◯ Rent, Electricity Included
- ◯ Rent, Heat & Elec. Included
- ◯ Roomer
- ◯ Life Estate
- ◯ Own
- ◯ Own and Subsidized
- ◯ Rent and Subsidized
- ◯ Rent Subsidized, Heat Included
- ◯ Rent Subsidized, Electricity Included
- ◯ Rent Subsidized, Heat & Elec. Included

Dwelling Type

- ◯ Stick-built
- ◯ Modular
- ◯ Apartment
- ◯ Condo
- ◯ Duplex
- ◯ Mobile Home (Pre 1976)
- ◯ Manufactured-Single
- ◯ Manufactured-Double

HEATING SYSTEM INFORMATION

Primary System Type

- ◯ Stove
- ◯ Furnace
- ◯ Baseboard
- ◯ Boiler
- ◯ Other Heat
- ◯ Heat Pump

System Category

- ◯ Heating
- ◯ Both (Heating and Cooling)

System Condition

- ◯ Working Well
- ◯ Not Working
- ◯ N/A or Unknown

Is your tank outside? ◯ Yes ◯ No ◯ N/A

If no, is it in an unheated or heated space?

What is your tank size?

Fuel Type

- ◯ Kerosene
- ◯ Oil
- ◯ Electricity
- ◯ Natural Gas
- ◯ LP Gas
- ◯ Coal
- ◯ Wood
- ◯ Wood Pellets
- ◯ Corn
- ◯ Bio-Fuel (including BioBrick)
- ◯ Subsidized with Heat Included

Does it heat the entire home? ◯ Yes ◯ No

Does your primary heating system and/or fuel tank supply <u>only</u> your dwelling? ◯ Yes ◯ No

Other System Type

- ◯ Stove
- ◯ Furnace
- ◯ Baseboard
- ◯ Boiler
- ◯ Other Heat
- ◯ Heat Pump

System Priority

- ◯ Secondary
- ◯ Second Back Up
- ◯ Third Back Up

System Category

- ◯ Heating
- ◯ Both (Heating and Cooling)

System Condition

- ◯ Working Well
- ◯ Not Working
- ◯ N/A or Unknown

Is your tank outside? ◯ Yes ◯ No ◯ N/A

If no, is it in an unheated or heated space?

What is your tank size?

Fuel Type

- ◯ Kerosene
- ◯ Oil
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- ◯ LP Gas
- ◯ Coal
- ◯ Wood
- ◯ Wood Pellets
- ◯ Corn
- ◯ Bio-Fuel (including BioBrick)
- ◯ Subsidized with Heat Included

Do you have additional heating systems? ◯ Yes ◯ No - If yes, attach an **Additional Application Information Form**

VENDOR AND UTILITY INFORMATION

Requested Fuel Vendor Name		**Vendor Town/City**	
Requested Fuel Type			
○ Kerosene	○ Natural Gas	○ Wood	○ Bio-Fuel (including BioBrick)
○ Oil	○ LP Gas	○ Wood Pellets	○ Subsidized with Heat Included
○ Electricity	○ Coal	○ Corn	
Name on Account		**Account Number**	

Electric Utility Vendor Name	
Name on Account	**Account Number**

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

Household Member Name:				
Name of Income Source:				
Gross Amount Earned:	$	○ Weekly	○ Bi-Weekly	○ Monthly

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Name of Income Source:				
Gross Amount Earned:	$	○ Weekly	○ Bi-Weekly	○ Monthly

Does your household have additional income sources? ○ Yes ○ No -If yes, attach an **Additional Application Information Form**

☐ **My household currently has no source of income**

ATTESTATION

I hereby attest under penalty of perjury that all information provided in this application and application - additional information form for the program is true, accurate, and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information may result in disqualification from the program, revocation of any offers extended, and federal and state criminal and civil actions for fines, penalties, damages, or imprisonment. By signing this application, I acknowledge that I have read and understood all the terms and conditions outlined in the program requirements and agree to comply with all rules and regulations set forth by the program administrators. I authorize the verification of all information provided and consent to the collection, storage, and processing of my personal data for the purpose of program evaluation.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS ATTESTATION.

Applicant Signature	**Date**
Applicant Printed Name	

Maine State Housing Authority ("MaineHousing") does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances:
Lauren Bustard, Maine State Housing Authority
26 Edison Drive, Augusta, Maine 04330-6046,
Telephone Number 1-800-452-4668 (voice), (207) 626-4600 (voice) or 711 (Maine Relay)