

Application for Participation in the State of Maine's Arrearage Management Program

Section 1: Applicant Information (to be completed by CAP or utility)

Applicant's name (first, middle initial, last)	Applicant's email address		
Application date (month/day/year)	LIHEAP eligibility documentation (type)		
Mailing Address: Street, PO Box, or RR (include apartment number, in care of, etc.)			
City	State	Zip Code	Phone #
Service address (if different from mailing address):			

Section 2: Utility Information (to be completed by CAP or utility)

Electric utility name	Rate (e.g. res., space heat, TOU, etc.)	Electric utility account #	Applicant participating in LIAP?
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Section 3: Applicant's Heating Use (to be completed by CAP or utility)

Primary area heating source (electric, oil, wood, etc.)	Hot water heater fuel type (electric, gas, etc.)	(age of electric hot water heater)
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1. Quantity of **electric** appliances currently in use (check all that apply):

<input type="checkbox"/> Room air purifier	<input type="checkbox"/> Air conditioner (central)	<input type="checkbox"/> Freezer
<input type="checkbox"/> Top-load clothes washer	<input type="checkbox"/> Air conditioner (window)	<input type="checkbox"/> Space heater
<input type="checkbox"/> Cook stove/oven	<input type="checkbox"/> Electric heat tape	<input type="checkbox"/> Dehumidifier
<input type="checkbox"/> Other (list below)		

2. Approximately how many screw-in lights currently use efficient bulbs, either LEDs or CFLs (curly)?

_____ None _____ A few _____ More than 10 – 20 _____ All or nearly all

3. Has the applicant participated in any Efficiency Maine or MSHA weatherization programs?

Yes No If yes, please list program(s) and participation date(s).

Program:

Date:

Program:

Date

Program:

Date:

4. Does the applicant own or rent their home? Own Rent

5. Type of residence: apartment/condo single family home mobile home

6. How many occupants live in the unit? _____

Section 4: Prior 24 months of Electricity Use (to be completed by utility if interval data not available electronically)

	1	2	3	4	5	6	7	8	9	10	11	12
1st 12 months												
2nd 12 months												

By signing this application, I: i) certify that I am eligible for LIHEAP; ii) request that my electric utility enroll me in its Arrearage Management Program; iii) agree to abide by the terms of the Arrearage Management Program and understand that failure to do so may result in my removal from the program; iv) give my electric utility permission to share all electricity usage data from my residence including the information in this form with the Efficiency Maine Trust; and v) agree to complete an electricity usage assessment with the Efficiency Maine Trust and understand that my failure to do so will result in my disqualification from the Arrearage Management Program.

Signature of person applying: _____ **Date** _____

Signature of person filling out this form _____ **Date** _____

For utility use only

Date Application/Request Received:

Date Applicant Enrolled in AMP:

Date form forwarded to EMT: