

Maine State Housing Authority (MaineHousing)
Home Accessibility and Repair Program (HARP)

MINIMAL / ZERO INCOME WORKSHEET

Community Action Agency (CAA) Name: _____

Name of Zero/Minimal Income Adult: _____ DATE: _____

INSTRUCTIONS: If you are an adult head of household/household member with minimal or no income, please explain how you you have met your basic living needs during the past three months. This includes any financial help, such as gifts and/or loans, received from family, friends, General Assistance, churches, etc. You may need to provide documentation to verify the date(s) and amount(s) received from the individual(s) or organization(s) that provided help. Attach additional worksheets as needed. If the applicant needs to fill out this form on behalf of the zero-income adult, please make it clear how expenses were paid in the applicable rows below.

	Month/Year:		Month/Year:		Month/Year:	
	Amount	How was it paid?	Amount	How was it paid?	Amount	How was it paid?
Food	\$		\$		\$	
Shelter	\$		\$		\$	
Electricity	\$		\$		\$	
Heating	\$		\$		\$	
Property Taxes	\$		\$		\$	
Transportation (<i>gas, car payment, ins.</i>)	\$		\$		\$	
Medical	\$		\$		\$	
Other	\$		\$		\$	

Is your mortgage up to date? *if applicable

☐ Yes

No

N/A

COMMENTS

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. I will provide additional documentation upon request. 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 funding received, and/or risking my future eligibility for funding.

Primary Applicant Signature

Date

Zero Income Adult Signature *if different than the applicant