

Maine State Housing Authority (MaineHousing)  
CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

**DECLARATION OF ASSETS AFFIDAVIT**

**Community Action Agency (CAA)**

**Questions about the affidavit should be directed to:**

\_\_\_\_\_  
CAA Name

CAA Contact Name: \_\_\_\_\_

\_\_\_\_\_  
CAA Address

Telephone: \_\_\_\_\_

\_\_\_\_\_  
CAA City                      CAA State                      CAA Zip

Email: \_\_\_\_\_

**Return completed and signed affidavits to the above-named CAA.**

The information in this Affidavit is being requested to determine eligibility for assistance with heating system repair or replacement for the dwelling located at:

**Physical Address:** \_\_\_\_\_

**I. DECLARANT INFORMATION**

**List of persons who are required to declare assets.**

	First Name	Last Name	Age	Address
1				
2				
3				
4				
5				
6				
7				

**II. ASSETS**

**List cash, checking, savings, CD & money market accounts.  
Do not list health savings accounts, educational funds, and burial accounts.**

Name and Address of Financial Institution	In Whose Name(s) Held	Type of Account	Account Balance
			\$
			\$
			\$
			\$

**List all stocks, bonds & mutual funds.**

Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value
			\$
			\$
			\$
			\$
			\$

**List all real estate** (including property jointly owned).

Name(s) of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Loan Balance
			\$
			\$
			\$
			\$

**III. DECLARANT CERTIFICATIONS**

Under penalty of perjury, I certify the information I gave is true, correct, and complete to the best of my knowledge as of the date set forth opposite my signature on this Affidavit. I will provide additional information upon request. If I have knowingly given false, misleading, or incomplete information, I understand I may be subject to criminal penalties, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Declarant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Declarant's Printed Name

**For CAA use only:**

**Total Countable Assets:** \_\_\_\_\_

**Notes:**