

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, State 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 all applicant household members.**

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

**II. ASSETS**

**List value of all assets. Ex: cash, checking, savings, CD, money market accounts etc.  
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 value of all investments. Ex: stocks, bonds, mutual funds, crypto currency, retirement accounts etc.**

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:**