

Maine State Housing Authority (MaineHousing)
HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

HEAP ADDITIONAL INFORMATION QUESTIONNAIRE

COMMUNITY ACTION AGENCY (CAA): _____

Application ID# _____

PRIMARY APPLICANT NAME: _____

Date of Application _____

I. STATUS OF HOME ENERGY SERVICE:

1. Is the household electricity or natural gas disconnected? Yes No
2. Does the household have a past due or shut-off notice for electricity or natural gas? Yes No
3. How much fuel do you currently have? More than 3 days 3-days or less Out
4. If out of fuel, how are you currently heating your home? _____

II. HOUSEHOLD INFORMATION:

1. Do you have a valid unexpired government-issued photo identification card (Driver's license, state issued ID card, Passport, Passport Card, U.S. Military ID, or SNAP/EBT card with photo) Yes No
2. Are there any persons living in your home who are college students? Yes No
If yes, provide the name, age and number of semester credit hours for each college student

3. Are there any persons living in your home who are **not** U.S. citizens? Yes No
If yes, provide names of non-citizens: _____
4. Are you or a household member on oxygen or ventilator 8 hours or more per day? Yes No

III. DWELLING INFORMATION:

1. Do you intend to be in Maine the entire heating season (October 1st through April 30th)? Yes No
If not, what months will you be gone? _____
2. Does your home have running water? Yes No
3. Is your home used for business? Yes No

IV. HEATING INFORMATION:

1. Heating systems installed in your home:	Primary	Secondary	Other
a. Fuel Type			
b. Condition (working well, not working well, not working)			
c. How many fuel companies did you use between 5/1/16 and 4/30/17? (not just deliveries by Fuel Assistance)		N/A	N/A
d. Did you carry fuel in containers between 5/1/16 and 4/30/17?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Where is your oil/kerosene tank located?			

2. Do you share a Heating System with other units of multi-unit dwelling/duplex? Yes No
3. Do you heat a non-residential area such as a garage? Yes No
4. Have you replaced your Heating System within the past year? Yes No Fuel Type: _____

V. INCOME INFORMATION:

1. Have you received self-employment income during the previous 12 months? Yes No
2. Have you received rental income during the previous 12 months? Yes No

By signing this form I am certifying that the information provided on this form is true and accurate to the best of my knowledge.

Primary Applicant Signature X _____ Date _____

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PERMISSION TO SHARE PERSONAL INFORMATION

COMMUNITY ACTION AGENCY (CAA): _____

PRIMARY APPLICANT NAME: _____

Date of Application

INSTRUCTIONS: All household members 18 years old or older must sign the Permission To Share Personal Information form.

I grant permission to MaineHousing and the above-named CAA to provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for MaineHousing programs and programs administered by the CAA.

I also grant permission to MaineHousing and the CAA to provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies. I also grant permission to state and federal agencies to share my personal information relevant to the application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing. I understand this information may include the benefits I received.

I grant permission to MaineHousing and the CAA to provide information to and obtain information from the agencies listed above or others as needed to determine and confirm eligibility for MaineHousing programs and other programs administered by the CAA.

I grant permission to MaineHousing and the CAA to disclose my personal information for the determination of eligibility for programs administered by State, federal, and local agencies.

I specifically grant permission to the Maine Department of Health and Human Services, the Maine Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to the application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing.

I also grant permission to MaineHousing and the CAA to inspect the heating fuel and utility billing and payment records for my current residence for up to five years prior to and up to five years after the date of this consent for purposes of determining eligibility and evaluating the effectiveness of any weatherization work performed.

Printed Name	Social Security Number
X	
Signature	Date

Printed Name	Social Security Number
X	
Signature	Date

Printed Name	Social Security Number
X	
Signature	Date

Printed Name	Social Security Number
X	
Signature	Date
