

# Maine State Housing Authority - LIHEAP Application 2010

**1. APPLICANT AND MEMBER INFORMATION - Enter Applicant First**

First Name	M.I.	Last Name	Title	SSN/Identification No.	Sex	DOB	Hlth. Ins.	Educ. Level (Yrs)	Hypo-therm	Dr.'s Note	Dis-abled	Native Amer
i.												
ii.												
iii.												
iv.												
v.												
vi.												
vii.												

**2. Additional**

**3. Mailing Address** \_\_\_\_\_

**4.** \_\_\_\_\_

**5. Municipality** \_\_\_\_\_ **6. Zip** \_\_\_\_\_

**7. Physical Address** \_\_\_\_\_

**8.** \_\_\_\_\_

**9. Munic/Legal Res.** \_\_\_\_\_ **10. Zip** \_\_\_\_\_

**11. Is anyone in the household receiving?**

Food Stamps

Gen. Assist.

Medicaid

Other \_\_\_\_\_

**Please Check Primary Cont**

**12a. Message Phon**  \_\_\_\_\_ **12b. Land Line**  \_\_\_\_\_

**12c. Cell Phone**  \_\_\_\_\_ **12d. Other Phone**  \_\_\_\_\_ **12e. Texting Allowed?**  Yes  No

**12f. Email Address** \_\_\_\_\_ **12g. Other Email** \_\_\_\_\_

**14. Occupancy Information**

Own  Rent  Rent/Heat  Room/Board  Subsidized  Sub/Heat Inc.

**15. Dwelling Information**

Single Family  Apt.  Mobile Home  If Mobile Home - Constructed Prior to 1976?

Age \_\_\_\_\_ Condition \_\_\_\_\_ Sq. Ft. Living Space \_\_\_\_\_ Number of Rooms \_\_\_\_\_ Number of Apt. \_\_\_\_\_

**16. Types of Rooms(#)** LR \_\_\_\_\_, BR \_\_\_\_\_, DR \_\_\_\_\_, Kit \_\_\_\_\_, Others \_\_\_\_\_

**17. Water Heater Fuel Typ**  Electric  Oil  L.P. Gas  Nat. Gas  Other \_\_\_\_\_

**18. Insulation**  Walls  Attic  Water Heater  Home Weatherized: Date Weatherized \_\_\_\_/\_\_\_\_/\_\_\_\_

**19. Utility and Fuel Tank Information**

All Utilities Included  Electricity Included  Has Elec. Account  Own Electric Meter  Has Energy Cost

Own Fuel Tank  Outside Tank  Tank Size \_\_\_\_\_

**20. Heating Systems**

**Primary Heating System Type**

Electric  Oil Boiler/Furnace  Gas Boiler/Furnace  Wood/Coal Stove  Wood/Coal Furnace

Oil/Gas Heater  Wood Pellet Stove  Wood Pellet Boiler/Furnace  Other \_\_\_\_\_

**Fuel Type**

Oil  Kero  Elec.  L.P. Gas  Nat. Gas  Wood  Coal  Wood Pellet  Other \_\_\_\_\_

**Conditions**  Was Heating System Cleaned?  Was Chimney Cleaned?

Not Working  Working Well  Not Working Well  Not Applicable

**Secondary Heating System Typ**

Electric  Oil Boiler/Furnace  Gas Boiler/Furnace  Wood/Coal Stove  Wood/Coal Furnace

Oil/Gas Heater  Wood Pellet Stove  Wood Pellet Boiler/Furnace  Other \_\_\_\_\_

**Fuel Type**

Oil  Kero  Elec.  L.P. Gas  Nat. Gas  Wood  Coal  Wood Pellet  Other \_\_\_\_\_

**Conditions**  Was Heating System Cleaned?  Was Chimney Cleaned?

Not Working  Working Well  Not Working Well  Not Applicable

**21. Energy Vendors**

Vendor Name/Fuel Type \_\_\_\_\_ Name on Account \_\_\_\_\_  Deceased Spouse?

Account Number \_\_\_\_\_  Have more than one vendo

Electric Utility Name \_\_\_\_\_ Name on Account \_\_\_\_\_  Electric Utility Only

Account Number \_\_\_\_\_  Deceased Spouse?

**22. Room & Board** Room Per Month \$ \_\_\_\_\_ Board Per Month \$ \_\_\_\_\_

**23. Rent/Mortgage** R/M Per Month \$ \_\_\_\_\_ Mob. Home Lot Per Month \$ \_\_\_\_\_ Zero Rent Reason \_\_\_\_\_

**24. Monthly Allowance** Fuel Subsidy Allowance \$ \_\_\_\_\_ Utility Allow. \$ \_\_\_\_\_

**25. Landlord Informatio** First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Address Line 2 \_\_\_\_\_ Telephone No. \_\_\_\_\_

Municipality \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**26. I HAVE READ AND UNDERSTOOD THE CONSENT ON "INCOME INFORMATION, CONFIDENTIALITY WAIVER AND PENALTY PROVISION" ON THE BACK OF THIS APPLICATION. I UNDERSTAND AND AGREE THAT YOU MAY CONTACT ANY AND ALL LISTED SOURCES OF INCOME FOR VERIFICATIONS AS NECESSARY, SUCH AS TANF, GENERAL ASSISTANCE, ETC.**

**27. I CHOOSE TIME PERIOD**  1 Month  3 Months  12 Months  Want LIAP

**Staff Information:**  Staff  Volunteer  Home Visit

**28. SIGNATURES** Applicant Signature \_\_\_\_\_ Outreach/Intake Worker Signature \_\_\_\_\_ Application Date: \_\_\_\_\_

**OFFICE USE**

**29. Household Income**

i. Gross Wages	vii. SSI	xiii. Total HH Incom
ii. Rent, Alimony, Child Sup.	viii. Soc. Sec./SSD	
iii. Self-Employment	ix. V.A. Bene.	
iv. Pension, Retire.,Ins., Annuit	x. Dividends/Int.	
v. Unemployment	xi. Other	
vi. TANF	xii Less Medical Expense	

**30. Benefit**  Vendor Rpts \$  DHLC \$ % Poverty \_\_\_\_\_ No. Points \_\_\_\_\_ Ben. Amt. \_\_\_\_\_

**31. I HAVE REVIEWED THIS APPLICATION AND I CERTIFY THE HOUSEHOLD INCOME ELIIGIBLE FOR OR DENIED FOR**

HEAP  ECIP  REACH  Wx  CHIP  LIAP  ARP

ELIGIBLE

DENIED

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_