

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

**APPLICANT INCOME AFFIDAVIT**

**COMMUNITY ACTION AGENCY (CAA):** Downeast Community Partners

**PRIMARY APPLICANT NAME:** \_\_\_\_\_

**Date of Application**

**APPLICANT NAME:** \_\_\_\_\_

**INCOME VERIFICATION PERIOD:** From \_\_\_\_\_ To \_\_\_\_\_

**INSTRUCTIONS:** Complete this Affidavit only if both of the following are true:

- (1) Applicant is 18 years of age or older and is not a full-time high school student; and
- (2) Applicant had zero income in one or more of the months during the income verification period.

**For each source of income, indicate the amount received in the months listed. Do not leave blanks. If answer is zero, write in zero (0).**

Source of Income	Month/Year	Month/Year	Month/Year
a. Wages from employment (including tips, commissions, bonuses, etc.)			
b. Income from operation of a business or odd jobs			
c. Rental income from real or personal property			
d. Social Security, SSI (Supplemental Security Income) and SSD (Social Security Disability)			
e. Pensions, annuities, retirement funds, or insurance policies			
f. Unemployment or disability benefits			
g. Periodic allowances such as alimony or child support			
h. Income from dividends, interest, estates, and trusts			
i. Support from a person or a family member not living in the household			
j. Any other source not named above: List source:			

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 benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date