

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

MINIMAL / ZERO INCOME WORKSHEET

COMMUNITY ACTION AGENCY (CAA): Downeast Community Partners

PRIMARY APPLICANT NAME: _____

Date of Application _____

INSTRUCTIONS: If your Household has minimal or no income, please explain how you meet your basic living expenses. You must include any financial help, such as gifts and/or loans, received from family, friends, General Assistance, churches, etc. You will need to provide documentation to verify the date(s) and amount(s) received from the individual(s) or organization(s) that provided help. This form must be completed for the months specified below. Attach additional worksheets as needed.

	Month/Year:		Month/Year:		Month/Year:	
	Amount	How was it paid?	Amount	How was it paid?	Amount	How was it paid?
Food	\$		\$		\$	
Shelter	\$		\$		\$	
Electricity	\$		\$		\$	
Heating	\$		\$		\$	
Property Taxes	\$		\$		\$	
Transportation (gas, car payment, ins.)	\$		\$		\$	
Medical	\$		\$		\$	
Other	\$		\$		\$	

Do you have any past due bills or collection notices? *(Copies of bills/notices required)*

- Rent/Mortgage
 Electric
 Heating
 Cable TV
 Propane/Natural Gas
 Phone
 Medical
 Charge Accounts
 Other _____

COMMENTS

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.

Primary Applicant Signature

Date