

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

MINOR CHILD(REN) PRIMARY RESIDENCY SELF-DECLARATION

COMMUNITY ACTION AGENCY (CAA): Downeast Community Partners

PRIMARY APPLICANT NAME: _____ Date of Application

APPLICANT (Custodial Parent/Guardian): _____

I declare that I am the custodial parent/guardian for the minor child(ren) listed below. I also declare that the said child(ren) reside in my home 50% or more of the time.

The absent parent of the child(ren) was court ordered to or agreed to pay me: *(enter amount and check frequency)* \$ _____ weekly biweekly monthly

| Names of children this agreement applies to: |
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Notes:

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.

Custodial Parent/Guardian Signature

Date