HOME ENERGY ASSISTANCE PROGRAM (HEAP)

SUBSIDIZED HOUSING FORM

CAA Name: CAA Address:	CAA Phone: CAA Fax: CAA Email:
Applicant Name: Physical Address: City State Zip:	Date of Application: Application ID#:
INSTRUCTIONS : The information requested on this form is needed to complete the Home Energy Assistance Program (HEAP) application for the household named below. Be sure the Property Manager, Subsidized Housing Agent, or local Housing Authority ("Agent") completes and returns the form to the CAA listed on this form.	
Form Return Deadline:	
RELEASE OF INFORMATION I hereby waive any rights of confidentiality I may have regarding the disclosure of the nature of any housing subsidy which my household receives. The information includes any subsidy received from local, state or federal sources. I understand that this waiver shall remain in effect in compliance with the rules established under the HEAP program. Applicant Signature Date	
To be completed by the HEAP Intake or Outreach Worker at the time of Application	
Applicant Name	Housing Agent
Street Address City State Zip	Applicant Phone Number
To be completed by the Property Manager, Subsidized Housing Agent or Local Housing Authority ("Agent")	
NOTE: The information provided below must reflect information for the Applicant as of the Date of Application listed above.	
Agent Name	Agency Name
Street Address	Agent Phone Number
City State Zip	
A. Is Tenant's Rent SubsidizedB. Actual Monthly Amount Tenant pays for rent (NET)	□ Yes □ No \$
C. Is the Tenant's heat included in the rent? If No, Tenant's total Monthly Utility Allowance If No, Tenant's Monthly Utility Allowance for heating (if known)	□ Yes □ No \$ \$
D. Primary source of heat is ☐ Electricity ☐ Oil ☐ Kero	□ LPGas □ Nat Gas □ Other
I certify that to the best of my knowledge the above information is accurate and may be verified by the CAA and MaineHousing.	
Agent Signature Title	Date
I have reviewed the above information. CAA Certifier Signature Date	