Application ID



Home Energy Assistance Programs Application – Additional Information (if applicable)

HOUSEHOLD INFORMATION

 \Box No additional household members

Household Member Fi	rst Name, Middle N	ame, Last Name, and	d Suffix (Jr., Sr	., III, etc.)		
Gender	Primary Language			Interpreter Needed	□ Yes □ No	
□ Self-Identified Female				1		
□ Self-Identified Male						
□ Other						
Are you disabled?	□ Yes	🗆 No	Date of Birth	1		
Citizenship Type		Identification Ty	pe	Identification	Number	
US Citizen	□ Ineligible Alien	□ No Identification Number		(or reason for n	o ID number)	
□ Qualified Alien	US Non-Citizen	□ Social Security				
	National	□ Alien Number				
Race			Ethnicity			
□ American Indian	\Box Black or African A	American	Hispanic, Latino or Spanish Origins			
or Alaska Native	🗆 Native Hawaiian - Pacific Islander		🗆 Not Hispanic, Latino or Spanish Origins			
□ Asian	□ White					
	□ Other					
Primary Phone			Email Addre	SS		
Marital Status	Health Insurance	Education Level				
□ Single	□ Medicare	□ Grades 0 - 8		□ 2 or 4-years Colleg	e Graduate	
□ Married	□ MaineCare	Grades 9 -12/Non	-Graduate	□ Non-High School	Graduate/Equivalency	
□ Divorced	□ Medicaid	High School Gradu	uate/Equivalenc	y Diploma		
□ Widowed	□ None	Diploma	-	Graduate of other	Post-Secondary School	
□ Separated	□ Private	\Box 12 Grade + Some 1	Post-Secondary	□ Unknown/Not R	eported	

Household Member First Name, Middle Name, Last Name, and Suffix (Jr., Sr., III, etc.)							
Gender	Primary Language				Interp	reter Needed	
□ Self-Identified Female					□ Yes	□ No	
□ Self-Identified Male							
□ Other							
Are you disabled?	□ Yes	□ Yes □ No Date of Bi			h		
Citizenship Type			Identificatio	on Type		Identification Number	
US Citizen	☐ Ineligible Alien □		□ No Identification Number		er	(or reason for no ID number)	
□ Qualified Alien	🗆 US Non-Citizen N	National 🛛 Social Sec		curity Number			
		□ Alien Number		mber			
Race				Ethnicity			
□ American Indian	\Box Black or African American			Hispanic, Latino or Spanish Origins			
or Alaska Native	🗆 Native Hawaiian - Pacific Islander			🗆 Not Hispanic, Latino or Spanish Origins			
🗆 Asian	□ White						
	□ Other						
Primary Phone				Email Addres	ss		
Marital Status	Health Insurance	Educati	ion Level				
□ Single	□ Medicare	□ Grade	es 0 - 8		□ 2 c	or 4-years College Graduate	
□ Married	□ MaineCare	□ Grades 9 -12/Non-Graduate			□ Non-High School Graduate/Equivalency		
Divorced	□ Medicaid	□ High School Graduate/Equivalency Diploma					
□ Widowed	□ None	Diplo	ma	-	Gr	aduate of other Post-Secondary School	
□ Separated	□ Private	🗆 12 G1	rade + Some I	Post-Secondary	🗆 Ur	nknown/Not Reported	

HEATING SYSTEM INFO	RMATION			\Box No additional heating systems		
System Type			System Priority	System Category		
□ Stove □ Baseboard	🗆 Other H	leat	□ Secondary	□ Heating		
□ Furnace □ Boiler	🗌 Heat Pu	mp	□ Second Back Up	\Box Both (Heating and Cooling)		
			□ Third Back Up			
System Condition			Is your tank outside?	What is your tank size?		
\Box Working Well \Box N	lot Working		\Box Yes \Box No \Box N	/A		
\Box Not Working Well \Box N	J/A or Unknown	ı	If no is it in an ambastad			
			If no, is it in an unheated	or		
			heated space?			
Fuel Type						
□ Kerosene	🗆 Natural	Gas	\square Wood	□ Bio-Fuel (including BioBrick)		
🗆 Oil	□ LP Gas		□ Wood Pellets	□ Subsidized with Heat Included		
□ Electricity	\Box Coal		□ Corn			
INCOME INFORMATION	т					
INCOME INFORMATION \Box No additional income source Income is money/contributions paid to or for someone. Provide information on all income for each person living in your home.						
	s paid to or for s	someone. Provide	information on all income for	each person living in your nome.		
Household Member:						
Name of Income Source:						
Gross Amount Earned:	\$	□ Weekly	□ Bi-Weekly	□ Monthly		
Household Member	r:					
Name of Income Source	*					
Gross Amount Earned	l: ^{\$}	□ Weekly	□ Bi-Weekly	□ Monthly		