

Maine State Housing Authority (MaineHousing)  
Lead Hazard Reduction Grant Program

**MINIMAL / ZERO INCOME WORKSHEET**

**COMMUNITY ACTION AGENCY (CAA):** \_\_\_\_\_

**Minimal/Zero Income Adult Name:** \_\_\_\_\_

**Date** \_\_\_\_\_

**INSTRUCTIONS:** If your Household has minimal or no income, please explain how you meet your basic living needs. This form 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 ( <i>gas, car payment, ins.</i> )	\$		\$		\$	
Medical	\$		\$		\$	
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 funding received, and/or risking my future eligibility for funding.

\_\_\_\_\_  
Signature of Minimal/Zero Income Adult

\_\_\_\_\_  
Date