

# APPLICATION

CAA: \_\_\_\_\_ CAA Phone: \_\_\_\_\_  
 \_\_\_\_\_ Intake Worker \_\_\_\_\_  
 \_\_\_\_\_ Applied Date: \_\_\_\_\_

## PRIMARY APPLICANT INFORMATION

Name: \_\_\_\_\_  Mailing Address same as Service Address  
 Service Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Apt # \_\_\_\_\_ Mailing Apt # \_\_\_\_\_  
 City State Zip \_\_\_\_\_ Mailing City State Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Alt Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Application Method:  Phone  In Office  Outreach  
 Comments  
 \_\_\_\_\_

## PROPERTY INFORMATION

Owner Type  Own  Rent  Roomer/Boarder Number of Rooms \_\_\_\_\_  
 Dwelling Type  Apartment  Condo/Duplex  Stick Built/Modular  Mobile/Manufactured  
 Landlord Name \_\_\_\_\_  
 Landlord Address \_\_\_\_\_ Landlord Phone \_\_\_\_\_  
 Landlord City \_\_\_\_\_ Landlord Email \_\_\_\_\_  
 Landlord State Zip \_\_\_\_\_  
 Rental Type  Subsidized Housing  Electricity In Rent  Heat in Rent  Request LIAP

## FAMILY INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Uncounted  
 SSN/Alien# \_\_\_\_\_ Gender  Male  Female  Other  
 Medical Insurance  Medicare  Mainecare  Private  None  Other  Unknown  
 Marital Status  Single  Married  Separated  Divorced  Widowed  
 Education  4 year College Grad  K through 17  Unknown  
 Demographics  Native American  Emancipated Minor  Disabled  U.S. Citizen

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**FAMILY INFORMATION** *continued*

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<b>Medical Insurance</b>	<input type="checkbox"/> Medicare <input type="checkbox"/> Mainecare <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
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**INCOME INFORMATION**

<b>Income Period</b>	<input type="checkbox"/> 3 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 1 month (ECIP only)	<input type="checkbox"/> 30 days (ECIP only)
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**FUEL VENDOR/CONSUMPTION INFORMATION**

<b>Heating System Location</b>	_____	<b>Priority</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> None
<b>System Type</b>	<input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> Stove <input type="checkbox"/> Heater	<input type="checkbox"/> Second back up	<input type="checkbox"/> Third backup
	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other	<b>Condition</b>	
<b>Fuel Type</b>	<input type="checkbox"/> Bio Bricks <input type="checkbox"/> Coal <input type="checkbox"/> Corn <input type="checkbox"/> Electric	<input type="checkbox"/> Working Well	<input type="checkbox"/> Not Working Well <input type="checkbox"/> Not Working <input type="checkbox"/> None
	<input type="checkbox"/> Kerosene <input type="checkbox"/> Nat Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane		
	<input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets		
<b>Fuel Vendor Name</b>	_____	<b>Account Number</b>	_____
<b>Name on Account</b>	_____	<b>Fuel Subsidy Allowance</b>	_____
	<input type="checkbox"/> Same as Applicant		

**FUEL VENDOR/CONSUMPTION INFORMATION** *continued*

**Heating System Location** \_\_\_\_\_

**System Type**

Boiler       Furnace       Stove       Heater

Electric Baseboard       Heat Pump       Other

**Fuel Type**

Bio Bricks       Coal       Corn       Electric

Kerosene       Nat Gas       Oil       Propane

Wood       Wood Pellets

**Priority**

Primary       Secondary       None

Second back up       Third backup

**Condition**

Working Well       Not Working Well       Not Working       None

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**Fuel Vendor Name** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Name on Account** \_\_\_\_\_ **Fuel Subsidy Allowance** \_\_\_\_\_

Same as Applicant

**Energy Service Status**

**Electric Utility Vendor Name** \_\_\_\_\_ **Name on Account** \_\_\_\_\_

**Account Number** \_\_\_\_\_  Same as Applicant

Utility Only       Yes       No

**Fuel Status**

Does the household have a past due or shutoff notice for electricity or natural gas?       Yes       No

Is the household's electricity or natural gas service currently disconnected?       Yes       No

How much fuel do you currently have?       No energy crisis       Less than 3 days       Out

**Questions**

Does your electric meter service only your dwelling?       Yes       No

Does your primary fuel tank supply only your dwelling?       Yes       No

Is your primary fuel tank outside or in an unheated space?       N/A       No       Yes, Outside       Yes, Unheated Space

What is the primary fuel tank size in gallons? \_\_\_\_\_

**QUESTIONS**

- Does anyone in your household currently receive general assistance?       Yes       No
- Does anyone in your household currently receive SNAP benefits?       Yes       No
- Does anyone in your household currently receive MaineCare benefits?       Yes       No
- Are there any persons living in your home who are college students?       Yes       No
- If yes, provide the name, date of birth and number of semester credit hours for each college student.

Student Name	Date of Birth	Credit Hours

Student Name	Date of Birth	Credit Hours

- Are you or a member of your household on oxygen or ventilator 8 hours or more per day?       Yes       No
- Do you intend to be in Maine the entire heating season?       Yes       No
- If not, what months will you be gone? \_\_\_\_\_
- How long have you lived in your dwelling (months or years)? \_\_\_\_\_
- Is your home used for business?       Yes       No
- If yes, what rooms are used for business? \_\_\_\_\_
- How many fuel companies did you use between 05/01/2019 and 04/30/2020 for your Primary Heating System? (Not just deliveries made by fuel assistance) \_\_\_\_\_

