

PENOBSCOT INDIAN NATION
HOME ENERGY ASSISTANCE PROGRAM
Intake Application

Appendix B

Case #:

Vendor #:

Household Composition (Include all persons living in the household)

Name of Applicant:

Last First Date of Birth Age Social Security Number

Location of Household (Street Address) Telephone Number

Complete Mailing Address (Street or Box Number, City, State, Zip Code)

Other Household Members	Birth Date	Age	Social Security No.	60+	55-59	Dis-abled	0-2

Total number living in household: _____

II. Type of Dwelling Unit and Applicant Status

Dwelling Type: Single Family, one-story
Single Family, two-story
Mobile Home
Apartment
Room

Applicant Status: Owner

Renter: Landlord's Name, Address and Phone #: _____

Buyer: Mortgage Holder's Name, Address and Phone #: _____

III. Heating and Electricity Information

Do you pay for your heat directly? ___ Yes ___ No If yes, who is your vendor? _____

What is your primary heating source? Kerosene/Oil ___ Propane ___ Electricity ___ Wood ___ Other (specify): _____

Do you have a secondary heating source? ___ Yes ___ No If yes, what kind of fuel do you use? _____

How is your household electricity paid? Direct Payment Housing Authority Included in rental

If you directly pay for electricity or if the Housing Authority pays it for you, please provide a copy of your most recent bill. Date and time electric bill was received: _____ Initials _____

IV. Household Income and Employment (for all persons living in the household)

Type of Gross Income	Amount	How Received? Per	Total Income for:	
			12 Months	13 Weeks
Gross Wages:				
Name: _____				
Name: _____				
Name: _____				
Rental Income				
Alimony				
Child Support				
Self-employment				
Pension, Retirement, Annuity				
Unemployment Compensation				
Worker's Compensation (lump sum and installment payments)				
AFDC				
Gross SSI:				
Name: _____				
Name: _____				
Name: _____				
Gross Social Security Disability				
Name: _____				
Name: _____				
Name: _____				
Gross Social Security:				
Name: _____				
Name: _____				
Name: _____				
VA Benefits				
Dividends/Interest				
Other Income (Specify):				
Total Household Income				

INCOME VERIFICATION, CONFIDENTIALITY WAIVER AND PENALTY PROVISION

I CONSENT to the Penobscot Indian Nation or its authorized representatives verifying all information in this application, including household composition and sources of income for the twelve (12) months preceding the date below. I also CONSENT to the verification of home energy bills, payment and credits for my household for the same twelve-month period and through the fiscal year for which this application applies. Therefore, for the duration of this time, I WAIVE any rights which I may have to keep such information confidential. I UNDERSTAND that if I knowingly make a false or fraudulent statement that results in a payment to which I am not entitled, I will be liable to the Penobscot Indian Nation for such amount, and I may be prosecuted to the full extent of the law. I further UNDERSTAND that if I fail to report all sources of income for my household and/or all household members, my application for HEAP assistance will be automatically denied.

Applicant Signature

Intake Worker Signature

Date

Date



FOR INTAKE WORKER USE ONLY AFTER ALL DOCUMENTATION IS RECEIVED:

Complete application forwarded to Program Coordinator on: _____ at: _____ AM/
Date Time

Intake Worker Signature: _____