



## Keeping Cumberland County Warm

### Heating Assistance Grant Application Documents

Please find enclosed the application documents for our heating assistance grant. Complete the forms in their entirety and return to your local GA office along with the additional requested information. Incomplete submissions will not be considered. Feel free to reach out with any questions.

Cumberland County Contact:

Sandy Warren

Cumberland County Compliance & Audit Manager

[warren@cumberlandcounty.org](mailto:warren@cumberlandcounty.org)

## Keeping Cumberland County Warm Application

**Instructions:** the below information will be utilized to determine eligibility for heating assistance under the SLFRF program. The Keeping Cumberland County Warm heating Assistance Program helps qualified homeowners and renters pay for heating costs. Benefits include help paying for fuel and emergency fuel delivery. Households are eligible that are making above the income thresholds of GA & LHEAP but not more than the 300% Federal Poverty Guidelines.

**Applicant Information:**

- A. Name of Individual: \_\_\_\_\_
- B. Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ County: \_\_\_\_\_

**What do you have for a heating source?** \_\_\_\_\_

**Declaration of Income and Family size:**

I declare that my household income (select one) \_\_\_\_\_ month or \_\_\_\_\_ year was \$\_\_\_\_\_. I also certify that a total of \_\_\_\_\_ people (including spouse, children, parents, grandparents, etc.) are living in my household.

**Declaration of Assistance**

I declare that I have received the following assistance from other sources:

- None
- State of Maine Winter Energy Relief Payment:
- Other: \_\_\_\_\_

If you check any box other than none, please explain below what those were and how you used them:

Please circle the category that fits your family size and income.

Family Size	GA Income Caps	LIHEAP Income Caps	Low-Moderate Income
1	\$15,156	\$30,860	<b>\$30861- \$40,770</b>
2	\$17,556	\$40,356	<b>\$40,357- \$54,930</b>
3	\$22,716	\$49,582	<b>\$49,583- \$69,090</b>

4	\$28,980	\$59,348	<b>\$59,349- \$82,710</b>
5	\$35,496	\$68,843	<b>\$68,434- \$97,410</b>
6	\$35,571	\$78,339	<b>\$78,340-\$111,570</b>
7	\$35,646	\$80,120	<b>\$80,121-\$125,730</b>
8	\$35,721	\$81,900	<b>\$81,901-\$139,890</b>
9	\$35,796	\$83,681	<b>\$83,682-\$154,050</b>
10	\$35,871	\$85,461	<b>\$85,462-\$168,210</b>

**Ethnicity:** *(select only one)*  Hispanic or Latino  Not Hispanic or Latino

**Race:** *(select one or more)* \_\_\_\_\_

- American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Pacific Islander  
 White  Other

**Have you been impacted by COVID-19? If so please check the box that best fits you.**

- COVID impacted your income  
 COVID impacted any or all of the following: livelihood, Mental Health, Physical health, food security

**Applications that qualify for GA OR LIHEAP are ineligible for this program**, income must be above LIHEAP levels but no more than the Low- Moderate Income. Expectation may be granted with written approval and justification. Approvals and justification must be submitted to the County Compliance and Audit Manager and approved prior to funding.

**Funding must be reasonably proportional to your need. You may not receive more than your need or request a surplus.**

I certify that the information that I provided is correct and true. I understand that this information will be used to determine my eligibility for assistance and if there is information found to be duplicative, I may be required to repay funds.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Required Documentation:**

\*Income Verification

\*Copy of past-due utility bills if applicable to show cost of heat vs normal usage.

\*Photo ID and proof of residency such as a utility bill. Or some way to identify that the client is who they say they are and lives at the location being assisted.



## **Keeping Cumberland County Warm Application Duplication of Benefits Affidavit**

### **INSTRUCTIONS/INFORMATION:**

The Affidavit must be signed by the head of household applying for financial assistance under the Keeping Cumberland County Warm (SLFRF) heating Assistance Program.

By signing this Affidavit, the applicant certifies to the accuracy of the information provided. Financial assistance available under this program comes from the U.S. Department of Treasury. If fraud is committed to obtain heating assistance, the applicant could be 1) required to repay all overpaid assistance received, 2) fined, and/or 3) imprisoned.

### **AFFIDAVIT**

This Affidavit shall be considered part of the application for grant assistance through the Keeping Cumberland County Warm heating Assistance Program and is incorporated therein.

Read this carefully to be sure the information in it is true and complete before signing. The information affirmed by this Affidavit and included in the application is subject to verification by Treasury, The Cumberland County Compliance & Audit Manager, Local Municipal Ga, and their respective agents.

The undersigned, hereinafter referred to as “Applicant,” affirms as follows:

1. The information provided herein and in the accompanying application is true and accurate.
2. Applicant has not received heating assistance from other sources, including supplemental employment, income payments, or any other grant, subsidy, or gift.
4. Applicant owns or rents the home/apt. (check one):
  - Own
  - Rent

By executing this Affidavit, Applicant acknowledges and understands that Title 18 of United States Code Section 1001 makes it a violation of federal law for a person to knowingly and willfully:

- (a) Falsify, conceal, or cover up a material fact;
- (b) Make any materially false, fictitious, or fraudulent statement or representation; or

(c) Make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government.

APPLICANT SIGNATURE

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's (if any) Signature

\_\_\_\_\_  
(Print Applicant Name)

\_\_\_\_\_  
(Print Co-Applicant (if any) Name)