

# Income-Based Eligibility Verification Request



Efficiency Maine offers low-cost and no-cost energy upgrades and enhanced electric vehicle rebates for eligible low- or moderate-income Mainers. These rebates are higher than the standard incentives, with the highest amounts for those who are low-income. Efficiency Maine also offers home energy loans to eligible homeowners.

If you have questions about this form, please call 866-376-2463.

Please choose only one of the three options below:

**Qualified low-income households** may be eligible for the highest rebates for electric vehicles (EVs), heat pumps, water heaters, and insulation. Please select the low-income program you currently participate in if this applies to you.

☐ **Home Energy Assistance Program (HEAP)**

- Efficiency Maine will verify HEAP eligibility from the name and address you provide on Page 2. You do not need to submit additional documentation with your request.

☐ **MaineCare** for medical insurance coverage, or **Supplemental Nutrition Assistance Program (SNAP)** for food assistance, or **Temporary Assistance for Needy Families (TANF)** for cash assistance

- Please complete and return the enclosed *DHHS Authorization to Release Information* (two pages). DHHS will verify your information for Efficiency Maine.

**Qualified moderate-income households** may be eligible for elevated rebates based on federal Adjusted Gross Income. Please select this option if you did not select a low-income option, above.

☐ **AGI: up to \$70,000** for an individual filing as single, head of household or married filing separately, or **\$100,000** if married filing jointly or individual filing as a qualifying widower

- Please include a copy of your most recent IRS Tax Return Transcript
- You can request a transcript by mail by calling the IRS automated phone transcript service at 800-908-9946.

Please submit by email to [Lii@efficiencymaine.com](mailto:Lii@efficiencymaine.com) OR mail to PO Box 219, Brunswick, ME, 04011-0219.

**Efficiency Maine LMI Verification Request Page 1 of 2**

Rev. 9.28.2023

# Income-Based Eligibility Verification Request



For MaineCare, SNAP, or TANF verification, please complete only the DHHS *Authorization to Release Information* on the following two pages. It is not necessary to complete the information below on this page.

For all HEAP or AGI verification requests, please complete the information below. Do not complete or return the DHHS *Authorization to Release Information* (on the following two pages).

## Your Information:

First Name	
Last Name	
Partner's first and last name (only for federal adjusted gross income eligibility if married, filing jointly)	
Phone Number	
Physical Address	
Physical Address County	
Mailing Address (if different)	
Email if available (may receive faster notification)	

## Terms and Conditions:

*Efficiency Maine will verify program eligibility based on the information provided and then will delete/destroy sensitive taxpayer documents. This verification does not guarantee a rebate. Individual rebates may have additional requirements. Please allow 10 business days for notification of eligibility from the time we receive your request.*

*Upgrades and EVs supported through these programs are not eligible for any other Efficiency Maine incentives. Programs and incentives subject to change or termination. Consult [efficiencymaine.com](http://efficiencymaine.com), or call our call center at 866-376-2463 to confirm current program terms, rebate availability, and forms.*

Please submit by email to [Lii@efficiencymaine.com](mailto:Lii@efficiencymaine.com) OR mail to PO Box 219, Brunswick, ME, 04011–0219.



## Authorization to Release Information

We are committed to the privacy of your information.  
Please read this form carefully.

By completing this form, you are giving the Maine Department of Health and Human Services (DHHS) Office for Family Independence (OFI) permission to share certain information with Efficiency Maine.

### What is the purpose of the disclosure?

*To see if my/my household income level qualifies for Efficiency Maine's Low-Income Initiatives that could bring down my energy costs.*

### What information will OFI share with Efficiency Maine?

- (1) Confirmation of my/my household's participation in one or more DHHS program that requires a low to moderate income level; and
- (2) Confirmation of my full name, home address, and contact information, including email address and/or phone number, where available.

Please check: ☐ Yes, I want OFI to release and send my name and contact information to:

Organization  
*Efficiency Maine*

Please print your name and information clearly. If you are a Personal Representative (parent, guardian) please enter the name and information of the person who receives/received DHHS benefits.

Individual's Name:	
_____	_____
(First)	(Mid Initial)
_____	_____
(Last)	(Jr, III, etc.)
Home Address:	
_____	
_____	_____, Maine _____
(Street, Apt. #)	(Town) (ZIP)
Contact Info:	Client ID: _____
(_____) - _____	(A#)
(phone)	or
_____@_____	Date of Birth: _____
(email – optional)	(MM/DD/YYYY)

Please mail completed form to: Efficiency Maine, P.O. Box 219, Brunswick, ME 04011-0219

**I understand and agree that:**

- I am signing this form voluntarily. I have the right to a copy of this form if I request one.
- My current or future treatment, payment for services, or benefits from DHHS will not depend on whether I sign this form. I will not lose my DHHS benefits if I decide not to sign below.
- “Information” may be in written, spoken and/or electronic format. My signature allows DHHS/OFI to discuss my information with Efficiency Maine, if necessary.
- My information will be kept confidential as required by law. If I choose to share my information with others who are not legally required to keep it private, it may no longer be protected by confidentiality laws.
- I may revoke (take back) my permission to release my information by filling out the Revocation Form found at <http://www.maine.gov/dhhs/privacy/index.shtml> and sending it OFI. The Revocation Form is effective only after it is received and does not apply to information that was already shared.
- If I take back my permission or refuse to release some or all of my information, I may not qualify for Efficiency Maine’s Low-Income special incentives.
- This form expires **one year** from the date below unless I write an earlier date here: \_\_\_\_/\_\_\_\_/\_\_\_\_
- This form permits additional releases until it expires.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

☐ Check this box if this form was completed and signed by the Personal Representative of the individual who receives benefits from DHHS, and clearly print the Personal Representative’s name and authority to sign for that individual.

**Personal Representative’s full name:**

\_\_\_\_\_  
(Please print clearly)

**Personal Representative’s authority to sign:**

\_\_\_\_\_  
(e.g., Parent, Guardian)

**Please mail completed form to: Efficiency Maine, P.O. Box 219, Brunswick, ME 04011-0219**