Maine State Housing Authority (MaineHousing) HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

HEAP BENEFIT RETURN FORM

COMMUNITY ACTION AGENCY (CAA):		
		Date
VENDOR NAME:		
report showing deliveries are requested funds and account	nd payment activity from May 1st forward summary must be submitted to MaineHo	customer and provide a detailed transaction for the benefit year(s) being returned. The busing within 15 calendar days (no later than the and/or termination of your Vendor Agreement.
Attenti 353 W	State Housing Authority on: Energy and Housing Services ater Street ta, Maine 04330	
Return funds by:	Program Year C	Oct 1, through Sept 30,
Amount to be returned: \$	All remaining H	EAP benefits on account
Customer/Client Name:		
Client Address:		
Phone Number:		Account #:
Reason for Return (please of	heck):	
☐ Moved (in state)		☐ Incorrect vendor
☐ Vendor change	Deceased	☐ Inactive account (12 months)
Over-payment	☐ Expired Funds	Other (specify reason)
CAA or MaineHousing - Person Initiating Request (print name)		Telephone Number
Vendor - Person Processing Ben	efit Return (print name)	Telephone Number
	CAA OR MAINEHOUSING US	SE ONLY
New Address		Fuel Type
New Vendor		Account #
Residency Type	Rent Own	Subsidized Yes No
Current Rental/Lease Agreement in fi	le Yes No	Electricity is now included Yes No
Written request from client in file	Yes No	Heat is now included Yes No
Tank Location	☐ Inside ☐ Outside/Unheated Space	Tank Size

Prepared by MaineHousing Benefit Return Form HEAP08282017