

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

## Manual Transaction Report Record

At a minimum, Vendor is required to prepare, retain, and provide records consisting of the information listed below. If a Vendor chooses to maintain HEAP account records manually, you may use this form.

Client's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Client's Address: \_\_\_\_\_  
\_\_\_\_\_

Fuel Type Approved: \_\_\_\_\_

Prior Year Benefit Remaining: \_\_\_\_\_

*If applicable:*

Date HEAP Benefit Received: \_\_\_\_\_

Date HEAP Supplemental Benefit Received: \_\_\_\_\_

Amount of HEAP Benefit: \_\_\_\_\_

Amount of HEAP Supplemental Benefit: \_\_\_\_\_

|    | Date of Delivery | Fuel Type | Unit Price | Number of Units | Total Price | Balance Remaining | Paid by* |
|----|------------------|-----------|------------|-----------------|-------------|-------------------|----------|
| 1  |                  |           |            |                 |             |                   |          |
| 2  |                  |           |            |                 |             |                   |          |
| 3  |                  |           |            |                 |             |                   |          |
| 4  |                  |           |            |                 |             |                   |          |
| 5  |                  |           |            |                 |             |                   |          |
| 6  |                  |           |            |                 |             |                   |          |
| 7  |                  |           |            |                 |             |                   |          |
| 8  |                  |           |            |                 |             |                   |          |
| 9  |                  |           |            |                 |             |                   |          |
| 10 |                  |           |            |                 |             |                   |          |
| 11 |                  |           |            |                 |             |                   |          |
| 12 |                  |           |            |                 |             |                   |          |
| 13 |                  |           |            |                 |             |                   |          |
| 14 |                  |           |            |                 |             |                   |          |
| 15 |                  |           |            |                 |             |                   |          |
| 16 |                  |           |            |                 |             |                   |          |
| 17 |                  |           |            |                 |             |                   |          |
| 18 |                  |           |            |                 |             |                   |          |
| 19 |                  |           |            |                 |             |                   |          |
| 20 |                  |           |            |                 |             |                   |          |

\*Paid by: C = client, H = Heap, if other please specify

*From May 1st of the previous year to April 30 of the current year.*

Total Amount of Gallons paid by HEAP \_\_\_\_\_

Total Household Gallons \_\_\_\_\_

Total Amount of Gallons paid by ECIP \_\_\_\_\_

Total Household Cost \_\_\_\_\_

Benefit Remaining \_\_\_\_\_