

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

Manual Transaction Report Record

VENDOR NAME: _____ **Vendor Phone Number** _____

Customer's Name: _____ Account Number: _____

Customer's Address: _____ Fuel Type Approved: _____

Prior Year Benefit Remaining: _____

	Event Date	Description	Reference #	Number of Units	Price per Unit	Total Amount	Balance Remaining	Paid by*	Notes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

*Paid by: C = Customer, H = HEAP, E = ECIP. T = TANF Supplemental, if other please specify

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

Total Units paid by HEAP _____

Total Household Units _____

Total Units paid by ECIP _____

Total Household Cost _____

Benefit Remaining _____