

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: _____	<i>If applicable:</i>
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 _____	