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

ECIP EMERGENCY WORKSHEET

COMMUNITY ACTION AGENCY (CAA): _____

PRIMARY APPLICANT NAME: _____ _____ **Date of Application**

PRIMARY APPLICANT TELEPHONE: _____

GENERAL INFORMATION

Standard HEAP Application ID _____ Date of ECIP Request _____

Date of Standard HEAP Application _____ Time of ECIP Request _____

STATUS OF HOME ENERGY SERVICE

Is the household disconnected *(e.g. electricity, natural gas)*? ☐ Yes ☐ No

Does household have a past due or shut-off notice? ☐ Yes ☐ No

Does the household have any operable Heating Sources? ☐ Yes ☐ No

How much fuel do you currently have?			
	More than 3 days	3 days or less	Out
Primary			
Secondary			
Other			

TYPE OF CRISIS *(check one)*: ☐ Energy Crisis ☐ Life Threatening Crisis

☐ Fuel Emergency

	Primary	***Secondary***
Last Delivery (date)		
# Units Delivered		
Fill *(Did last delivery fill tank?)*		
Price per units paid		
Amount of Fuel in tank		
# Days of fuel left		

Vendor Name (Primary) _____

Vendor Name (Secondary) _____

Secondary heats a significant portion of home ☐ Yes ☐ No

Vendor Delivering ECIP _____

Fuel Type _____

Wood Type *(if applicable)* _____

ECIP Purchased Units _____

Delivery Charge *(if applicable)* _____

LIHEAP Credit Available _____

☐ Utility Disconnect (electricity or natural gas)

Utility Vendor _____

Utility Contact Name _____

Disconnect Date _____

Disconnect Amount _____

☐ Heating will fail

☐ ECIP will remedy

☐ Broken payment arrangement

☐ Heating System Emergency

System Vendor _____

CTE amount _____

Repair amount _____

☐ System is dangerous ☐ Needs repair

☐ System is malfunctioning ☐ Needs replacement

☐ System is inoperable

STATUS OF APPLICATION *(check all that apply)*:

☐ Standard HEAP Application already certified *(verification in HEAP file)*

☐ All income proof is available for ECIP certification. (*attached HEAP file)*

☐ ECIP application on hold for further proof.

Has anyone in the Household received ECIP this year?

☐ No ☐ Yes When _____

Comments: _____

PURCHASE ORDER INFORMATION

Per Unit Price _____ Delivery Charge _____ Total Amount Approved _____

PO Number _____ Date _____ Time Application was Certified _____

Intake Signature _____ Certifier Signature _____