

HOME ENERGY ASSISTANCE PROGRAMS (HEAP)

BENEFIT RETURN FORM

Agency Name (CAA): _____ Request Date: _____

Vendor Name: _____ Location: _____

INSTRUCTIONS:

- Reconcile account for the customer listed below.
- Return unused HEAP, S-SUPP, ECIP and/or TANF Supplemental Benefit funds.
- Void TANF credits.
- Provide a detailed transaction report (history) showing deliveries and payment activity from the May 1st preceding the Program Year(s) for which benefit funds are being returned through the date of the return.

If no HEAP funds remain, vendors must submit the Benefit Return Form with a transaction report (as described above) showing that the funds have been exhausted.

The requested funds, if applicable, and transaction report must be submitted to MaineHousing within 15 business days (no later than the date specified below). Failure to comply may result in suspension and/or termination of your Vendor Agreement.

Return Documents and
Checks Payable to:

MaineHousing
Attention: Energy and Housing Services
26 Edison Drive
Augusta, Maine 04330
Secure email: liheap@mainehousing.org
Fax: (207) 624-5780

Return For Program Years:

- HEAP HEAP S-SUPP
 ECIP TANF SUPP

Return by Date: _____

Amount to be returned: _____

Customer/Client Name: _____

Delivery Address: _____

Phone Number: _____

If Checked; Return all remaining HEAP, TANF, S-SUPP and/or ECIP Benefit funds on account

Account #: _____

Reason for Return (please check):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Moved (in state) | <input type="checkbox"/> Moved (out of state) | <input type="checkbox"/> Incorrect vendor | <input type="checkbox"/> Vendor change |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Inactive account | <input type="checkbox"/> Over-payment | <input type="checkbox"/> Expired Funds |
| <input type="checkbox"/> Other (specify reason) | | | |

Empty rectangular box for additional information or comments.

CAA or MaineHousing - Person Initiating Request (print name)

Phone Number

Vendor - Person Processing Benefit Return (print name)

Phone Number