MaineHousing
TANF Payment Request Form

CLEAR

Date: _____

Vendor Name: _____

Contact Name: _____

Contact Email: _____

Please return completed payment request including a transaction history for each customer from May 1st preceeding the Program Year (PY) funds are being requested for to MaineHousing via one of the following:

Email (must be secure-please refer to Vendor Handbook): LIHEAP@mainehousing.org
Fax: 207-624-5780
Mail: 26 Edison Drive, Augusta, ME 04330

Account Number	Customer Name	Delivery/Street Address	Product Type	Date of Delivery	# of Units	Price Per Unit	Total Delivery Amount	HEAP Funds Applied	Other Funds Applied	Amount Billed to TANF	PY of TANF Credit	MH Use Only Approved	MH Use Only Entered
							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						
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							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						
							$ 0.00						

Total Amount Billed to TANF: $ 0.00