

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

ECIP FILE NOTES

COMMUNITY ACTION AGENCY (CAA) _____

PRIMARY APPLICANT NAME _____ **Phone** _____

HEAP Client Number _____ Date of ECIP Request _____

Create/Intake Date _____ Time of ECIP Request _____

INSTRUCTIONS: Use this form to provide additional information and/or case notes relevant to this Application.

CAA Staff Signature

Date _____

CAA Staff Name