

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 \_\_\_\_\_

Date of Standard HEAP Application \_\_\_\_\_ 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