

## ECIP DOCUMENT CHECKLIST and FORMS BUNDLE COVER SHEET

### DOCUMENT CHECKLIST

**INSTRUCTIONS:** Documents needed for an ECIP application should be scanned in a bundle in the following order and uploaded as one attachment in HEAP Cloud. **Note:** Other documents may be needed on a case-by-case basis depending on the Household's situation.

1.  ECIP Bundle Cover Sheet
2.  ECIP Emergency Worksheet
3.  ECIP Upfront Request Form
3.  Other supporting documentation (e.g., disconnect notice)
4.  ECIP Purchase Order

### ECIP FORMS BUNDLE

The following forms are contained in the ECIP Forms Bundle.

- |   |  |
|---|--|
| <input type="checkbox"/> ECIP Emergency Worksheet                   | <input type="checkbox"/> ECIP Agreement to Stop Eviction |
| <input type="checkbox"/> ECIP Purchase Order - Fuel                 | <input type="checkbox"/> ECIP File Notes                 |
| <input type="checkbox"/> ECIP Purchase Order – CTE/Repairs          | <input type="checkbox"/> ECIP Upfront Request Form       |
| <input type="checkbox"/> ECIP Purchase Order – Provisional Measures |  |

### APPLICANT INFORMATION

Provide the following data and forms will auto-populate.

#### PRIMARY APPLICANT

First Name \_\_\_\_\_ MI \_\_\_\_\_  
Last Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Email \_\_\_\_\_

#### CAA

CAA Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
CAA Phone \_\_\_\_\_  
CAA Fax \_\_\_\_\_  
CAA Email \_\_\_\_\_

#### HEAP APPLICATION

HEAP Application ID \_\_\_\_\_  
Application Date \_\_\_\_\_  
Income Verification Period From: \_\_\_\_\_  
To: \_\_\_\_\_

#### FUEL VENDOR

Vendor Name \_\_\_\_\_  
Primary Fuel Type \_\_\_\_\_  
Secondary Fuel Type \_\_\_\_\_

**EMERGENCY WORKSHEET**

COMMUNITY ACTION AGENCY (CAA) \_\_\_\_\_

PRIMARY APPLICANT NAME \_\_\_\_\_ Phone \_\_\_\_\_

HEAP Client Number \_\_\_\_\_ Date of Emergency Request \_\_\_\_\_

Date of Standard HEAP Application \_\_\_\_\_ Time of Emergency 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 Systems or Heating Sources?  Yes  No
- Is the household on autofill?  Yes  No
- If yes, when is the next scheduled automatic delivery? \_\_\_\_\_

|           | How much fuel do you currently have? |                |     | Heats X% of home |
|-----------|--------------------------------------|----------------|-----|------------------|
|           | More than 3 days                     | 3 days or less | Out |                  |
| Primary   |                                      |                |     |                  |
| Secondary |                                      |                |     |                  |
| Other     |                                      |                |     |                  |

TYPE OF CRISIS (check one):  Energy Crisis (48 hours)  Life Threatening Crisis (18 hours)

**Fuel Emergency**

|                                     | Primary  | Secondary  |
|-------------------------------------|--|--|
| Last Delivery (date)                |  |  |
| # Units Delivered                   |  |  |
| Fill (Did last delivery fill tank?) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tank Size                           |  |  |
| Amount of Fuel Available            |  |  |
| Vendor Name (last delivery)         |  |  |

Remedy:  Upfront  ECIP

Vendor Delivering Emergency Fuel \_\_\_\_\_

Fuel (or Wood) Type \_\_\_\_\_

|      | Balance | ÷ | Cash Price | = | Units |
|------|---------|---|------------|---|-------|
| HEAP |         |   |            |   |       |

|                   | Balance | ÷ | Cash Price | = | Units |
|-------------------|---------|---|------------|---|-------|
| TANF Supplemental |         |   |            |   |       |

|      | Cash Price | X | Units | + | Delivery/Service | = | ECIP PO Amount |
|------|------------|---|-------|---|------------------|---|----------------|
| ECIP |            |   |       |   |                  |   | \$             |

ECIP PO # (if applicable) \_\_\_\_\_

Date/time certified \_\_\_\_\_

**Utility Disconnect (electricity or natural gas)**

Utility Vendor Name \_\_\_\_\_  
 Utility Contact Name \_\_\_\_\_  
 Disconnect Date \_\_\_\_\_  
 Disconnect Amount \$ \_\_\_\_\_  
 Heating will fail  Broken payment arrangement  
 ECIP will remedy  
 ECIP PO Amount \$ \_\_\_\_\_  
 ECIP PO # \_\_\_\_\_  
 Date/time certified \_\_\_\_\_

**Eviction Emergency**

Landlord Name \_\_\_\_\_  
 Landlord Phone \_\_\_\_\_  
 Eviction Date/Time \_\_\_\_\_  
 Amount needed to stop eviction \$ \_\_\_\_\_  
 Will ECIP remedy  Yes  No  
 List amounts and sources of other funding used to stop eviction

| Amount | Source |
|--------|--------|
| \$     |        |
| \$     |        |

ECIP PO Amount \$ \_\_\_\_\_  
 ECIP PO # \_\_\_\_\_  
 Date/time certified \_\_\_\_\_

**Heating System Emergency**

System Vendor \_\_\_\_\_  
 System is dangerous  Needs repair  
 System is malfunctioning  Needs replacement  
 System is inoperable  
 CTE Amount \$ \_\_\_\_\_  
 Repair Amount \$ \_\_\_\_\_  
 ECIP PO Amount \$ \_\_\_\_\_  
 ECIP PO # \_\_\_\_\_  
 Date/time certified \_\_\_\_\_

**Temporary Relocation**

Type of emergency  Fuel  Heating System  
 Date fuel delivery or service will occur \_\_\_\_\_  
 Hotel/Motel Name \_\_\_\_\_  
 Reservation # \_\_\_\_\_  
 Number of rooms \_\_\_\_\_  
 Expected check-in date \_\_\_\_\_  
 Expected check-out date \_\_\_\_\_  
 ECIP PO Amount \$ \_\_\_\_\_  
 ECIP PO # \_\_\_\_\_  
 Date/time certified \_\_\_\_\_

**Space Heaters**

Type of emergency  Fuel  Heating System  
 Date fuel delivery or service will occur \_\_\_\_\_  
 Number of space heater(s) \_\_\_\_\_  
 Model Number(s) \_\_\_\_\_  
 ECIP PO Amount \$ \_\_\_\_\_  
 ECIP PO # \_\_\_\_\_  
 Date/time certified \_\_\_\_\_  
 Date/time space heater(s) provided \_\_\_\_\_

**INTAKE/CERTIFICATION**

Intake Name \_\_\_\_\_  
 Intake Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Certifier Name \_\_\_\_\_  
 Certifier Signature \_\_\_\_\_ Date \_\_\_\_\_

**Case Notes**

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

**AGREEMENT TO STOP EVICTION PROCESS**

**COMMUNITY ACTION AGENCY (CAA)** \_\_\_\_\_

**PRIMARY APPLICANT NAME** \_\_\_\_\_ **Phone** \_\_\_\_\_

**TENANT NAME** \_\_\_\_\_ **RENTAL UNIT ADDRESS** \_\_\_\_\_

**LANDLORD NAME** \_\_\_\_\_ \_\_\_\_\_

The Tenant and Landlord for the above identified Rental Unit Address and CAA agree as follows:

1. Tenant has received an eviction notice for nonpayment of rent, a copy of which is attached to this Agreement. The sole cause for eviction is nonpayment of rent.
2. Heat is included as part of the rent for the rental unit. CAA has Energy Crisis Intervention Program (ECIP) funds which may be used to prevent the eviction of a tenant from a rental unit when heat is included in the rent if the sole cause of eviction is nonpayment of rent.
3. In exchange for the payment of \$ \_\_\_\_\_ of ECIP funds plus \$ \_\_\_\_\_ additional funds by CAA to Landlord, Landlord agrees not to file an eviction suit for the nonpayment of currently outstanding rent, late fees, or other sums currently owed by Tenant. If an eviction suit as already been filed, Landlord agrees to dismiss the suit.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name, Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

CAA Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name, Title: \_\_\_\_\_

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

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

UPFRONT DELIVERY REQUEST FORM

ISSUING AGENCY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Fax: \_\_\_\_\_
Email: \_\_\_\_\_

VENDOR:

Vendor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
City State Zip: \_\_\_\_\_ Email: \_\_\_\_\_

CUSTOMER:

Primary Applicant \_\_\_\_\_
Name on Account \_\_\_\_\_ Request Date: \_\_\_\_\_
Service/Delivery \_\_\_\_\_ Address \_\_\_\_\_ Account #: \_\_\_\_\_
City State Zip \_\_\_\_\_ Phone \_\_\_\_\_

Approved Fuel Type \_\_\_\_\_ Approved HEAP Amount \$ \_\_\_\_\_

TYPE OF CRISIS (check one) [ ] Energy Crisis (48 hours) [ ] Life Threatening Crisis (18 hours)

DELIVERY MUST BE MADE WITHIN \_\_\_\_\_ of \_\_\_\_\_ by \_\_\_\_\_
Enter # of hours Enter date (mm/dd/yyyy) Enter time

IS THERE A DELIVERY FEE? [ ] Yes [ ] No

If yes, what is the delivery fee? \$ \_\_\_\_\_
Enter fee amount

Delivery fee will be paid for with ECIP Purchase Order # \_\_\_\_\_
Enter PO Number

NOTES:

Maine State Housing Authority guarantees the payment for this delivery.

The above-named Issuing Agency authorizes the delivery of fuel to the customer named herein prior to payment being sent to the vendor named herein.

Approved by: \_\_\_\_\_ Approved Date: \_\_\_\_\_ mm/dd/yyyy

Signature \_\_\_\_\_
Name \_\_\_\_\_
Phone Number \_\_\_\_\_

# ECIP PURCHASE ORDER

## Clean, Tune and Evaluation/Repair Services

- Vendor Copy
- Applicant Copy
- Original

**PO NUMBER:** \_\_\_\_\_

**PO DATE:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Vendor Phone:** \_\_\_\_\_

**CAA Name:** \_\_\_\_\_

**CAA Address:** \_\_\_\_\_

\_\_\_\_\_

**Customer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_

**CAA Phone:** \_\_\_\_\_

**CAA Email:** \_\_\_\_\_

**CAA Fax:** \_\_\_\_\_

### DELIVERY INSTRUCTIONS

**INSTRUCTIONS:** Please provide the authorized service(s) to the customer indicated above within the time prescribed by the CAA, but in any case no later than 48 hours from the time of the first request made by the CAA.

The value of the clean, tune and evaluate service shall not exceed: \$ \_\_\_\_\_

The value of the repair service(s) shall not exceed: \$ \_\_\_\_\_

Other instructions:

### VENDOR INSTRUCTIONS

Once the services have been rendered, Vendor must provide an invoice with the name of the Applicant, service address, account number (if applicable), date of service performed, description of the services performed, and amount being invoiced to the CAA listed above.

Payment will be issued to the Vendor within ten (10) business days from Community Action Agency's (CAA) receipt and approval of the Vendor's ECIP documentation.

## ECIP PURCHASE ORDER

PO NUMBER: \_\_\_\_\_

PO DATE: \_\_\_\_\_

Vendor: \_\_\_\_\_

Vendor Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Phone: \_\_\_\_\_

CAA Name: \_\_\_\_\_

CAA Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

Authorized by: \_\_\_\_\_

CAA Phone: \_\_\_\_\_

CAA Email: \_\_\_\_\_

CAA Fax: \_\_\_\_\_

### DELIVERY INSTRUCTIONS

**INSTRUCTIONS:** Please provide a fuel delivery to the Customer identified above within the time prescribed by the CAA identified above, but in any case no later than 48 hours from the time of the first request made by the CAA.

The type of fuel to be delivered is: \_\_\_\_\_

The value of the fuel plus any delivery charge shall not exceed: \$ \_\_\_\_\_

Other instructions:

### VENDOR INSTRUCTIONS

Payment will be issued to the Vendor within ten (10) business days from Community Action Agency's (CAA) receipt and approval of the Vendor's ECIP documentation. Once the delivery has been made, submit the following to the CAA listed above:

1. **Oil, Kerosene and/or Propane:** Provide a copy of the Purchase Order and metered delivery ticket.

**Other Fuel Types:** Provide a copy of the Purchase Order and invoice.

**Utility Disconnects:** Provide written confirmation with the Applicant's name, service address, name on the account (if different), account number, and the date and time utility service was restored or the disconnect order was removed from the Household's account.

2. If the total amount on the delivery ticket is greater than the ECIP PO, the Vendor must notate dollar amounts to be covered by ECIP, HEAP and TANF Supplemental, and client or another party/organization. Sign and date notations.

**Oil, Kerosene and/or Propane:** If delivery ticket does not document all charges that were approved on the Purchase Order (*example*, delivery fee, safety check, start-up fee), submit an invoice or spreadsheet with the customer's name, delivery address, date of delivery, type of fuel delivered, and the number of units, price per unit, fee type, fee amount, and total.

Maine State Housing Authority (MaineHousing)  
Home Energy Assistance Program (HEAP)

**ECIP PURCHASE ORDER  
Provisional Measures**

- Vendor Copy
- Applicant Copy
- Original

**PO NUMBER:** \_\_\_\_\_

**PO DATE:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vendor Phone:** \_\_\_\_\_

**CAA Name:** \_\_\_\_\_

**CAA Address:** \_\_\_\_\_

\_\_\_\_\_

**Customer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_

**CAA Phone:** \_\_\_\_\_

**CAA Email:** \_\_\_\_\_

**CAA Fax:** \_\_\_\_\_

**DELIVERY INSTRUCTIONS**

After service has been provided, please mail or fax a copy of this purchase order and a detailed invoice to the Issuing CAA for payment.

| <b>Space Heaters</b>  |           |
|---|-----------|
| Number of space heaters   |           |
| Model Number(s)   |           |
|   |           |
|   |           |
| <b>Total Amount Authorized</b>  | <b>\$</b> |
| <b>Space Heater Specifications:</b>   |           |
| <ul style="list-style-type: none"> <li>● U.L. Certified</li> <li>● Wattage Output: 1500 watts</li> <li>● Power: electric</li> <li>● Safety Features: auto shutoff, overheat protection</li> </ul> |           |
| <b>Issuance of Space Heater(s):</b>   |           |
| CAA Signature   | Date      |
| <b>Receipt of Space Heater(s):</b>  |           |
| Client Signature  | Date      |

| <b>Temporary Relocation</b>     |           |
|---------------------------------|-----------|
| Reservation confirmation number |           |
| Number of rooms to be provided  |           |
| Check in date                   |           |
| Check out date                  |           |
| <b>Total Amount Authorized</b>  | <b>\$</b> |

**Other Agency Notes:**