HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance)

HEAP BENEFIT RETURN FORM INSTRUCTIONS

- 1. Agency Name (CAA) enter name of CAA
- 2. Date enter date of request
- 3. Vendor Name enter the Vendor who will be returning the funds
- **4.** Location enter the location of the Vendor (i.e. Dead River Caribou)
- **5.** Return by 15 business days from date of request (a date must be entered; do not enter "ASAP")
- **6.** Return for Program Year(s) enter the year(s) that the benefit requested to be returned was issued. (i.e. PY2022, PY2023)
- 7. Amount to be returned If all funds remaining on account are to be returned, check the box indicating so. If requesting a specific amount, enter the amount in the space provided. Note: CAA should only request a specific amount in the case of an Overpayment.
- **8.** Customer/Client Name- enter the Primary Applicant name
- **9.** Delivery Address enter the address Benefit was issued for (include zip code)
- **10.** Phone number enter the contact number for the Primary Applicant or Applicant(s)
- 11. Account number enter the Household's fuel account number
- **12.** Reason for return select the appropriate reason (add comments in box, if necessary)
- 13. CAA or MaineHousing Person Initiating Request enter the full name of person submitting the request
- **14.** Phone Number enter the contact number for the person submitting the request
- **15.** Vendor Person Processing Benefit Return for Vendor use only
- **16.** Phone Number for Vendor use only
- **17.** The "CAA or MaineHousing Use Only" section must be completed prior to sending the Benefit Return Form to MaineHousing.
 - a. New address enter the Households delivery address including zip code (if applicable)
 - b. Fuel type enter the type of fuel **even if it is the same** (i.e. K1, oil, wood, etc.)
 - New Vendor enter the name of the Vendor to whom the funds should be reissued
 - d. Location enter the location of the new vendor (i.e. Dead River-Caribou)
 - e. Account number enter the Household's fuel account number
 - f. Written request from client in file select ves or no
 - g. Effective Date enter the effective date of the change(s)
 - h. Residency Type select the residency type (rent, own or Roomer/Boarder)
 - i. Subsidized select yes or no
 - j. Heat is now included select yes or no
 - k. Electricity is now included select yes or no
 - I. Tank Location select the tank location (inside, outside or unheated space)
 - m. Tank Size Tank Size enter the size of the fuel tank(s)
 - n. New Heating System Location enter the location of the new heating system (if applicable)
- 18. After completing the above, upload the Benefit Return (BR) Form to HEAP Cloud and send liheap@mainehousing.org an email that includes BR and the client number in the subject line.