HOME ENERGY ASSISTANCE PROGRAM (HEAP)

HEAP APPLICATION UPDATE FORM

CAA Name:	CAA Phone:
CAA Address:	CAA Frank
	CAA Email:
Primary Applicant:	Application ID:
Current Phone:	Email:
APPLICANT INSTRUCTIONS: Applicant must complete all applicable sections of the form and return signed form to the CAA identified above. If Household has moved and is responsible for electric costs, a current utility/electricity bill must be provided. Additional documentation may be needed upon request. If a box is applicable, all fields within the box must be completed.	
Check all that apply: ☐ Change of Address ☐ Change of Product ☐ Change of Vendor ☐ Account Info Change	
EFFECTIVE DATE OF CHANGE: REA	SON FOR CHANGE:
Old Mailing Address: Curr (If moved/changed)	ent Mailing Address:
Old Physical Address: Curr (If moved)	ent Physical Address:
If moved; Did you move to a new county?	Yes No
Current Dwelling Information:	□ Does Not Apply
Did everyone in the household move? Yes No D	Roomer / Boarder artment
Current Vendor Information:	
Electric/Utility Company Name:	
Name on Electric/Utility Account:	
Electric/Utility Account Number:	*If moved and household is responsible for
Fuel Vendor Name:	Location:
Name on Fuel Account:	Account #:
Current Heating System Information:	□ Does Not Apply
Heating System Type: ☐ Furnace ☐ Boiler ☐ Stove ☐ Baseboard ☐ Other:	
Heating System Location: System Conditon: □ Working □ Not Working	
Does Heating system heat entire dwelling? ☐ Yes ☐ No	
Fuel Tank location (<i>check one</i>): Inside Outside Unheated Space (shed, garage, etc.) Tank Size:	
Fuel Type: ☐ Oil ☐ Kerosene ☐ Propane ☐ Electric	☐ Pellets ☐ Natural Gas
☐ Wood Size/Type: ☐ Other:	
Applicant Signature:	Date: