

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**FILE NOTES**

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

CAA Phone: \_\_\_\_\_  
CAA Fax: \_\_\_\_\_  
CAA Email: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Application ID: \_\_\_\_\_

Application Date: \_\_\_\_\_

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

\_\_\_\_\_  
CAA Staff Signature

**Date** \_\_\_\_\_

\_\_\_\_\_  
CAA Staff Name