CLEAR

MaineHousing
TANF Payment Request Form

Date: _____

Vendor Name: _____

Contact Name: _____

Contact Email: _____

Please return completed payment request including a transaction history for each customer from May 1st preceding the Program Year (PY) funds are being requested for to MaineHousing via one of the following:

Email (must be secure-please refer to Program Year 2026 Vendor Guide): LIHEAP@mainehousing.org
Fax: 207-624-5780
Mail: 26 Edison Drive, Augusta, ME 04330

Account Number	Customer Name	Delivery/Street Address	Product Type	Date of Delivery	# of Units	Price Per Unit	Delivery Fee	Total Delivery Amount	HEAP Funds Applied	Other Funds Applied	Amount Billed to TANF	PY of TANF Credit	MH Use Only Entered

Total Amount Billed to TANF: _____