

**HEAP BENEFIT RETURN FORM**

Agency Name (CAA): \_\_\_\_\_ Date \_\_\_\_\_

Vendor Name:	_____
Address:	_____
City State Zip	_____

**INSTRUCTIONS:** Please return unused HEAP and/or TANF Supplemental Benefit funds and void TANF credits for the following customer and provide a detailed transaction report showing deliveries and payment activity from the May 1<sup>st</sup> preceding the Program Year(s) for which benefit funds are being returned through the date of the return. The requested funds and account summary must be submitted to MaineHousing within 15 calendar days (no later than the date specified below). **Failure to comply may result in suspension and/or termination of your Vendor Agreement.**

**Return funds to:** Maine State Housing Authority Attention:  
Energy and Housing Services  
26 Edison Drive  
Augusta, Maine 04330

**Return funds by:** \_\_\_\_\_ **Return of funds for Program Year(s):** \_\_\_\_\_

**Amount to be returned:** \$ \_\_\_\_\_  All remaining HEAP and/or TANF Supplemental Benefit funds on account

**Customer/Client Name:** \_\_\_\_\_

**Delivery Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Reason for Return (please check):**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Moved (in state)       | <input type="checkbox"/> Moved (out of state)         | <input type="checkbox"/> Incorrect vendor | <input type="checkbox"/> Vendor change |
| <input type="checkbox"/> Deceased               | <input type="checkbox"/> Inactive account (12 months) | <input type="checkbox"/> Over-payment     | <input type="checkbox"/> Expired Funds |
| <input type="checkbox"/> Other (specify reason) |   |   |  |

\_\_\_\_\_  
CAA or MaineHousing - Person Initiating Request (print name)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Vendor - Person Processing Benefit Return (print name)

\_\_\_\_\_  
Phone Number

**CAA OR MAINEHOUSING USE ONLY**

New Address	_____	Fuel Type	_____
New Vendor	_____	Account #	_____
Residency Type	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Subsidized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written request from client in file	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date	_____
Tank Location	<input type="checkbox"/> Inside <input type="checkbox"/> Outside/Unheated Space	Electricity is now included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Size	_____	Heat is now included	<input type="checkbox"/> Yes <input type="checkbox"/> No