

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

FILE NOTES

CAA Name: _____ CAA Phone: _____
CAA Address: _____ CAA Fax: _____
_____ CAA Email: _____

Applicant Name: _____ Date of Application: _____
Physical Address: _____ Application ID#: _____
City State Zip: _____

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

CAA Staff Signature **Date** _____

CAA Staff Name