

LOW-INCOME / HOME ENERGY ASSISTANCE PROGRAM
REISSUE/SECOND PAY RECORD

CLIENT NAME	SOCIAL SECURITY NUMBER
ADDRESS	COUNTY
CLIENT APPLICANT REPORTS ADDRESS CHANGE TO	

OLD VENDOR	VENDOR CODE	VENDOR ACCOUNT NUMBER
ADDRESS		
CHECK IN THE AMOUNT OF \$	VOUCHER NO. OF INCORRECT PAYMENT	VENDOR REPORTS CHECK WAS RETURNED TO HARRISBURG ON DATE

PLEASE REISSUE TO CORRECT VENDOR		
NAME OF NEW VENDOR	VENDOR CODE	VENDOR ACCOUNT NUMBER
ADDRESS	ZIP CODE	NEW PAYMENT AMOUNT

ADDITIONAL INFORMATION

ENERGY ASSISTANCE WORKER

LIHEAP COORDINATOR SIGNATURE

DATE