



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