



Home Energy Assistance Program Cooling Assistance Services Invoice

Name of Customer			
Street Address			
City	State	Zip Code	Phone
Customer Account Number		Case Number	

VENDOR USE SECTION ONLY

Please complete all items listed and confirm with a check mark. Comment as needed.

SERVICES PROVIDED	✓	COMMENTS
Electrical system and load capacity circuit suitable		
Air conditioner and installation provided		
A portable air conditioner (window air conditioner is not feasible)		
A portable fan installed		air conditioner is not feasible
Owner's manual provided		
Product registration/warranty information provided		
Instructed on proper operation		
Model # or Serial # of unit installed:		

Customer Section

I certify that the services checked above were completed. _____
Signature of Customer

Date

Vendor Use Section Only

Name: _____ Telephone: _____

Work completed.

Work could not be completed. Please list reason cooling assistance services could not be provided.

Signature of Technician

Print Name of Technician

Date

TOTAL AMOUNT: \$ _____

SSD Agency Use Section:

Application Date: _____ **Date Approved:** _____ **Invoice Date Received:** _____

Please submit completed form to the local social services district.