

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. _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Signature of Customer Date </div>

Vendor Use Section Only
Name: _____ Telephone: _____ <input type="checkbox"/> Work completed. <input type="checkbox"/> Work could not be completed. Please list reason cooling assistance services could not be provided. <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> _____ Signature of Technician _____ Print Name of Technician _____ Date </div> TOTAL AMOUNT: \$ _____

SSD Agency Use Section:
Application Date: _____ Date Approved: _____ Invoice Date Received: _____

Please submit completed form to the local social services district.