



ENERGY BENEFIT TRANSFER REQUEST FORM

Applicant Name			Applicat Number		Date Address/Account Change reported
			HAIIIDEI		Onunge reported
Previous Utility					
Vendor Name	or Name Name on Account		Account	Number	Original Transmittal Number
Refund Amount	Date Confirmed and Requested		Confirmed by (name and LSP)		
New Utility					
Vendor Name Name of		on Account	Account Number		Date Verified
IHCDA Accounting Use					
Date Refund		Date Benefit			
Received		Transferred			
LSP Representa				Date	
Community Prog	oresentative			Date	
Program Accounting Representative					Date