



Indiana Housing & Community Development Authority

ENERGY BENEFIT TRANSFER REQUEST FORM

Applicant Name	Application Number	Date Address/Account Change reported

Previous Utility			
Vendor 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 on Account	Account Number	Date Verified

IHCDA Accounting Use		
Date Refund Received	Date Benefit Transferred	

LSP Representative

Date

Community Programs Representative

Date

Program Accounting Representative

Date