DHSS / DPA / HAP

Fee Agent Monthly Billing Report

Due by the 10th of each month

Name: _____Month_____

Address: _____

Phone: _____ SS#: _____ PVN #: _____

Applicant's Name	Social Security Number	Date of Application

Fee Agent's Signature _____Date_____

Please return form to:

Heating Assistance Program
10002 Glacier Hwy., Suite 200
Juneau, Alaska 99801-8569
Email: liheap@alaska.gov / Fax: 907-465-3319

Revised FY17