

**North Carolina Division of Social Services**  
**Energy Report of Erroneous Issuance**

1. Name: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Application #: \_\_\_\_\_

2. Address: \_\_\_\_\_

CNDS#: \_\_\_\_\_

Worker Name: \_\_\_\_\_

PI Investigation Case: \_\_\_\_\_

3. Category of Claim

\_\_\_\_\_ AE - Administrative Error

\_\_\_\_\_ CROP

\_\_\_\_\_ SROP

\_\_\_\_\_ IHE - Inadvertent Household Error

4. Period of Erroneous Issuance

Application Date: \_\_\_\_\_

Payment Request Date: \_\_\_\_\_

Program Type (*LIEAP* or *CIP*): \_\_\_\_\_

5. Summary of Circumstances:

6. Calculation of Overissuance:

Application Date	HH Size (Actual)	HH Size (Correct)	Only for CIP		Gorss Income (Actual)	Gross Income (Correct)	Received Payment	Correct Payment	Overissuance
			Resources (Actual)	Resources (Correct)					
									\$
									\$
									\$
									\$

7. Computation:

Total Overissuance: \$ \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of Director or Supervisor: \_\_\_\_\_

Date Signed: \_\_\_\_\_