



This is an **application for the Fuel/Electrical assistance programs**. Complete the application and send it back to us with the requested documentation.

Proof of GROSS income (for 30 days prior to signature on application)

- | | |
|---|--|
| <input type="checkbox"/> Last 6 pay stubs if weekly last 3 if bi-weekly | <input type="checkbox"/> Social Security Letter (current year) |
| <input type="checkbox"/> Worker's Compensation (Last 5 pay stubs) | <input type="checkbox"/> Pension(s) (current year check stub) |
| <input type="checkbox"/> No income (need an unemployment form) | <input type="checkbox"/> Alimony (court order) |
| <input type="checkbox"/> Self-Employed (Complete Taxes all documentation) | <input type="checkbox"/> Fuel Bill |
| <input type="checkbox"/> Taxes (current tax return year) | |

Other Forms you may need (call office to request forms)

- | | |
|---|---|
| <input type="checkbox"/> Self –Employment Form (if not on current tax return) | <input type="checkbox"/> 4506T Form (if you do not file income taxes) |
| <input type="checkbox"/> Child Support Form (received or paid) | <input type="checkbox"/> Tenant Form (only needed if you rent) |
| <input type="checkbox"/> Unemployment Form | <input type="checkbox"/> Subsidized Form (if an agency helps pay your rent) |

Important please read

If you are applying for Fuel Assistance, Tri-County CAP will mail out a letter that you have been enrolled once the program officially opens in December. If your application is denied for any reason you will receive a letter right away.

If you are applying for Electrical Assistance, Tri-County CAP will mail out a letter right away telling you if you have been enrolled or denied.

Please mail or email the completed application and supporting documents to the County you live in:

Carroll County Outreach Office
448 White Mountain Hwy
Tamworth, NH 03886
Phone: (603) 323-7400
Email: carrollcc@tccap.org

Coos County Outreach Office
53 Main Street Suite 2
Berlin, NH 03570
Phone: (603) 752-3248
Email: berlincc@tccap.org

Grafton County Outreach Office
41 School Street
Ashland, NH 03217
Phone: (603) 968-3560
Email: ashlandcc@tccap.org



List the names, gender, Social Security numbers (SSN) and date of birth (DOB) of ALL the people who live in your home. For each member of the household write Yes or No if they have Health Insurance (private, Medicare or Medicaid) and if the household members are working. In the school space write current grade or last grade completed.

NAME	Gender	SSN	(Write Yes or No)		
1. _____ Please print	_____	_____ # _____	DOB _____	Insurance _____	Work _____ School _____
				Disabled _____	Food Stamps _____
2. _____	_____	_____ # _____	DOB _____	Insurance _____	Work _____ School _____
				Disabled _____	Food Stamps _____
3. _____	_____	_____ # _____	DOB _____	Insurance _____	Work _____ School _____
				Disabled _____	Food Stamps _____
4. _____	_____	_____ # _____	DOB _____	Insurance _____	Work _____ School _____
				Disabled _____	Food Stamps _____

Total number of people living in your house in the last 30 days: _____

YOUR CONTACT INFORMATION:

Street: _____ Apt # _____ City: _____ Zip: _____

Mailing if different: Street _____ City: _____ Zip: _____

Phone #: _____ Message/Cell # _____

Email address: _____

HOUSING INFORMATION:

House type: Single Family ___ Duplex (2 Separate Units) ___ Multifamily (3 Separate Units or more) ___ Condo ___ Mobile home ___

Total number of rooms: _____ (Do not count halls, bathrooms, pantry and closets)

Have you lived at this address for at least 12 months? Yes ___ No ___

Do you own your home? Yes () No () Monthly Mortgage amount \$ _____

Do you rent? Yes () No () Full Monthly Rental amount \$ _____

Is heat included in the rent? Yes () No ()

Does an agency help you pay your rent? Yes () No () Your monthly portion of the rent \$ _____



FUEL SECTION:

Fuel Type (circle one): Oil Kerosene Propane Electric Wood Blend

Fuel Company Name: _____ Account # _____

Whose name is the fuel account under? _____

Have you used the same vendor for at least 12 months? Yes _____ No _____

How much fuel is in your tank: _____ What is your last delivery date? _____

WEATHERIZATION: Would you like to be put on the weatherization waiting list? Yes () No ()

*The weatherization department will contact you.

ELECTRIC ASSISTANCE PROGRAM:

This program could provide you with a discount on your electric bill if you qualify.

Would you like to apply for the Electric Assistance Program at this time?

Yes () No () Electric Utility: _____ Account #: _____



Release and Conditions

I understand that this application is only a request for assistance. No assistance can be provided until the application is complete and approved, I understand that assistance is based on the availability of funds. I authorize the Fuel Assistance, Electric Assistance and Weatherization Programs to contact any necessary third party in order to verify my household income, energy costs and consumption and any other information necessary to determine my eligibility for assistance, benefit determination and/or program evaluation and analysis. I authorize the Fuel Assistance and/or the Electric Assistance Program to call the listed vendor/landlord in the event of an emergency. I understand the final determination of eligibility for the Weatherization Program does not take place until a home energy audit has been completed by certified Weatherization Program personnel. I understand that the information that I am providing is for the purpose of determining my eligibility for the Fuel Assistance, the Electric Assistance and/or Weatherization Program(s). I understand that if I knowingly give inaccurate or incomplete information pertaining to my eligibility for the program(s), I am breaking the law and can be prosecuted; conviction may result in imprisonment and/or fine. Furthermore, I may be subject to administrative penalties which may include denial of eligibility and/or repayment of the assistance I received. The information that I have provided for this application is true and correct.

We cannot process this application without your signature:

Signature Adult 1: _____ Date: _____

Signature Adult 2: _____ Date: _____

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NAME	Gender	SSN	(Write Yes or No)			
5. _____ Please print	_____	_____	DOB _____	Insurance ___	Work ___	School ___
				Disabled ___	Food Stamps _____	
6. _____	_____	_____	DOB _____	Insurance ___	Work ___	School ___
				Disabled ___	Food Stamps _____	
7. _____	_____	_____	DOB _____	Insurance ___	Work ___	School ___
				Disabled ___	Food Stamps _____	
8. _____	_____	_____	DOB _____	Insurance ___	Work ___	School ___
				Disabled ___	Food Stamps _____	
9. _____	_____	_____	DOB _____	Insurance ___	Work ___	School ___
				Disabled ___	Food Stamps _____	
10. _____	_____	_____	DOB _____	Insurance ___	Work ___	School ___
				Disabled ___	Food Stamps _____	
11. _____	_____	_____	DOB _____	Insurance ___	Work ___	School ___
				Disabled ___	Food Stamps _____	
12. _____	_____	_____	DOB _____	Insurance ___	Work ___	School ___
				Disabled ___	Food Stamps _____	