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)

[ ] Social Security Letter (current year)

[ ] Pension(s) (current year check stub)

[ ] Alimony (court order)

[ ] Fuel Bill

[ ] Electric Bill

[ ]Last 6 pay stubs if weekly last 3 if bi-weekly

[ ] Worker’s Compensation (Last 5 pay stubs)

[ ] No income (need an unemployment form)

[ ] Self-Employed (Complete Taxes all documentation)

[ ] Taxes (current tax return year)

[ ] Food Stamps-Cash Assistance (current letter)

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

[ ] Self –Employment Form (if not on current tax return)

[ ] Child Support Form (received or paid)

[ ] Unemployment Form

[ ] Rental Income (if not on current tax return)

[ ] 4506T Form (if you do not file income taxes)

[ ] Tenant Form (only needed if you rent)

[ ] 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.

If you wish to apply BY MAIL, fill in both pages of this application and mail all supporting documents to: The Carroll County Office (address above). If you wish to apply IN PERSON please call the Carrol County Office at 603-323-7400 for an appointment.

List the names, sex (M or F), 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 Sex SSN (Write Yes or No)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_ Insurance\_\_\_ Work\_\_\_\_ School\_\_\_\_

 Please print 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 $\_\_\_\_\_\_\_\_\_\_

 Page 1 of 2 **Application continues on the next page**

**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 completed and approved. I understand that assistance is based on the availability of funds. I authorize the Fuel 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 Program to call the listed vendor/landlord in the event of an emergency. I understand that a 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the names, sex (M or F), 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 Sex SSN (Write Yes or No)

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_ Insurance\_\_\_ Work\_\_\_\_School\_\_\_\_

 Please print 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\_\_\_\_\_\_