



This is an **application for the Fuel and/or Electrical assistance program**. 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)/Annuity (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"/> Proof of Child Support (received or paid) | <input type="checkbox"/> Tenant Form (only needed heat is included in rent) |
| <input type="checkbox"/> Unemployment Form | <input type="checkbox"/> Subsidized Form is heat is included in rent (if an agency helps pay your rent) |

Important please read

If you are applying for Fuel and/or 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 Outreach Office in your County:

Carroll County Outreach Office
448 White Mountain Highway
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 St
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. _____ <small>Please print</small> | _____ | _____/_____/_____ # _____ | 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 _____ |
| 5. _____ | _____ | _____/_____/_____ # _____ | 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 _____ |



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:

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

* If propane, please check one of the following: Propane is used for heat _____ Cooking _____ Both _____

Secondary Fuel Type (circle one): Oil Kerosene Propane Electric Wood Blend None

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, Electric and Weatherization Assistance Programs to contact any necessary third party in order to verify my household income and any other information necessary to determine my eligibility for assistance. I authorize the Fuel/Electric Assistance Program to obtain a record of my annual energy consumption, costs and billing information from my heating and electric company for purposes of program operation and evaluation. I authorize the Fuel/Electric Assistance Program to call the listed vendor/landlord in the event of an energy 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, Electric and/or Weatherization Assistance 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 process is true and correct. NH's Fuel and Weatherization Assistance Programs prohibit discrimination based on race, color, creed, religion, sex, age, national origin, marital status, sexual orientation, familial status and physical or mental disability.

We cannot process this application without your signature:

Signature Adult 1: _____ Date: _____

Signature Adult 2: _____ Date: _____