

This is an **application for the Fuel/Electrical Assistance Programs**. Please complete the application and return it back to us with the requested documentation.

Proof of GROSS Income (for the 30 days period prior to the date you sign the application)

- If employed, last 6 pay stubs. If weekly, last 3 if bi-weekly
- Social Security Award Letter (current year)
- If receiving Worker's Compensation, last 5 pay stubs
- Gross Pension(s) (current year check stub)
- No income (need an unemployment form and no low form)
- Alimony (court order)
- Self-Employed (Complete Taxes all documentation)
- Fuel Bill and Electric Bill
- Taxes (current tax return year)

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

- Self –Employment Form (if not on current tax return)
- IRS form 4506T (if you do not file income taxes)
- Proof of Child Support (received or paid)
- Tenant Form (only needed if heat is included in your rent)
- Unemployment Form
- No Low Income Form

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. We will send a denial letter if your application is denied for any reason or if further documentation is needed. Please be aware that the certification process may take up to 60 days.

If you are applying for Electrical Assistance, Tri-County CAP will mail out a letter 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



If you wish to apply BY MAIL, fill in both pages of this application and mail all supporting documents to your local community contact office. If you wish to apply IN PERSON please call your local community contact for an appointment. Phone numbers are below.

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 _____
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 _____



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 OR 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 ___

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 was your last delivery date? _____

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

If you have no fuel or less than ¼ tank and it is after November 15th, please call the office.

WEATHERIZATION: Would you like to have your home or apartment weatherized? 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 and Electric Assistance Program to obtain a record of my annual energy consumption, electric usage costs and billing information from my heating and electric company for purposes of program operation and evaluation. I authorize the Community Action Agency to provide my household data to their internal information systems for the purpose of program evaluation and reporting. I authorize the Fuel and 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 Electric Assistance Program benefit is provided to assist our household in making full and timely payments on my electric bill. 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, Electric 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: _____