



FUEL & ELECTRIC ASSISTANCE APPLICATION

Apply by mail: Complete application and mail all supporting documentation to your local community contact office.

Apply in person: Call your local community contact office for an appointment.

HOUSEHOLD INFORMATION

Submit the following information for each individual residing in your household: Name, Gender, Social Security Number, Date of Birth, Health Insurance Status, Employment Status and School Information (provide grade level for residents currently attending school and the last grade level completed for each member not attending).

1	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No Employed: Yes / No Disabled: Yes / No
2	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No Employed: Yes / No Disabled: Yes / No
3	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No Employed: Yes / No Disabled: Yes / No
4	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No Employed: Yes / No Disabled: Yes / No
5	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No Employed: Yes / No Disabled: Yes / No
6	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No Employed: Yes / No Disabled: Yes / No
7	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No Employed: Yes / No Disabled: Yes / No

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

Do you receive SNAP benefits? Yes / No If yes, send a complete copy of your SNAP award letter.

YOUR CONTACT INFORMATION

Physical Address: _____ Apt. _____ City: _____ Zip Code: _____

Mailing Address: _____ Apt. _____ City: _____ Zip Code: _____

Ph: _____ Cell Ph: _____ Email: _____

HOUSING INFORMATION

House Type: Single Family Duplex Multi Family (3+) Condo Mobile Home Room

No. of Rooms: _____ (Do not include halls, bathrooms, pantry and closets) Have you lived here for 12 months or more? Yes / No

Do you own your home? Yes / No Monthly mortgage: \$ _____ If you own your home, skip to Fuel Information.

Do you rent? Yes / No Monthly rent: \$ _____ Move in date: _____ Landlord Name: _____

Does an agency help pay your rent? Yes / No Agency Name: _____

Monthly portion of rent: \$ _____ Is heat included? Yes / No

If not, is fuel tank shared with other units? Yes / No If yes, how many units share a tank? _____

FUEL INFORMATION

Primary Fuel Type: Oil Kerosene Propane* Electric Wood Blend

*Please select one of the following options regarding your propane use: Heat Cooking Both

Fuel Company: _____ Account No.: _____ Name on account: _____

Have you used vendor for 12+ months? Yes / No Amount of fuel in tank: _____ Last delivery date: _____

Secondary Fuel Type: Oil Kerosene Propane Electric Wood Blend

Fuel Company: _____ Account No.: _____ Name on account: _____

If you have less than 1/4 of a tank and it is after November 15th, please call the office.

ELECTRIC ASSISTANCE

This program could provide you with a discount on your electric bill upon qualification.

Applying for Electric Assistance? Yes / No Utility: _____

Account No.: _____ Name on Account: _____

WEATHERIZATION

If interested, the Weatherization department will contact you directly.

Interested in weatherizing your home or apartment? Yes / No

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 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 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 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 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 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: _____



ADDITIONAL HOUSEHOLD INFORMATION

Submit the following information for each individual residing in your household: Name, Gender, Social Security Number, Date of Birth, Health Insurance Status, Employment Status and School Information (provide grade level for residents currently attending school and the last grade level completed for each member not attending).

8 Name: _____ Gender: _____ SSN: _____
DOB: _____ School: _____ Insurance: Yes / No Employed: Yes / No Disabled: Yes / No

9 Name: _____ Gender: _____ SSN: _____
DOB: _____ School: _____ Insurance: Yes / No Employed: Yes / No Disabled: Yes / No

10 Name: _____ Gender: _____ SSN: _____
DOB: _____ School: _____ Insurance: Yes / No Employed: Yes / No Disabled: Yes / No

11 Name: _____ Gender: _____ SSN: _____
DOB: _____ School: _____ Insurance: Yes / No Employed: Yes / No Disabled: Yes / No

12 Name: _____ Gender: _____ SSN: _____
DOB: _____ School: _____ Insurance: Yes / No Employed: Yes / No Disabled: Yes / No

13 Name: _____ Gender: _____ SSN: _____
DOB: _____ School: _____ Insurance: Yes / No Employed: Yes / No Disabled: Yes / No

14 Name: _____ Gender: _____ SSN: _____
DOB: _____ School: _____ Insurance: Yes / No Employed: Yes / No Disabled: Yes / No

Please mail or email the completed application and supporting documents to the Outreach office in your county.