



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

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

- Self –Employment Form (if not on current tax return)
- Proof of Child Support (received or paid)
- Unemployment Form
- IRS form 4506T (if you do not file income taxes)
- Tenant Form (only needed if heat is included in your rent)
- 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. 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.

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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. _____<br><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 \_\_\_

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? \_\_\_\_\_

**If you have no fuel or less than ¼ tank and it is after November 15<sup>th</sup>, 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 #: \_\_\_\_\_

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## 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: \_\_\_\_\_

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