



Fuel and Electric Assistance Programs Information

The following gives you important information about how to apply to the Fuel and Electric Assistance Programs.

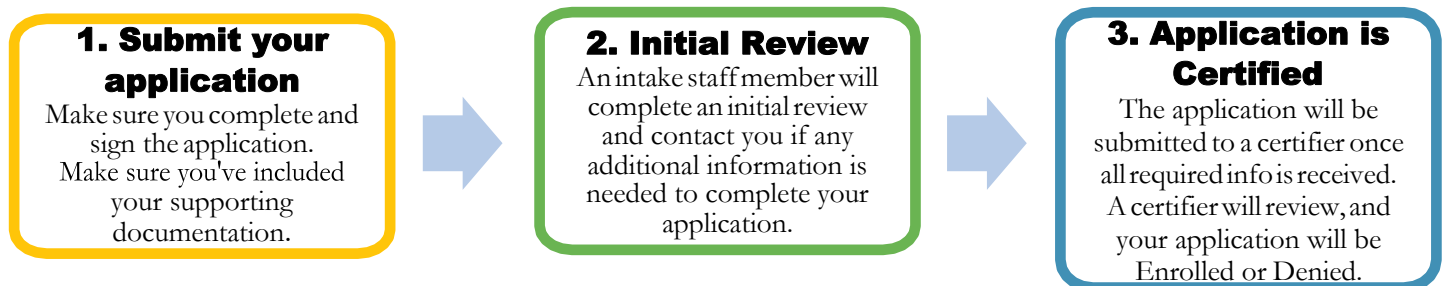
Please keep this page for your records.

- Complete all sections of the application form - list everyone living in the household; include birthdates and social security numbers on the application.
- **NEW for this season:** Please include legal proof of social security number documentation for all household members, or legal non-citizen status.
- All applicants: please include copies of all income received for all household members for the 30 days prior to the date you sign your application. See page 3 of the application for types of documentation to include.
- Provide a current copy of your electric bill and fuel account information.
- Sign and date your application – we cannot process it without your signature.
- This is the beginning of the application process. Please be aware additional information may be requested.

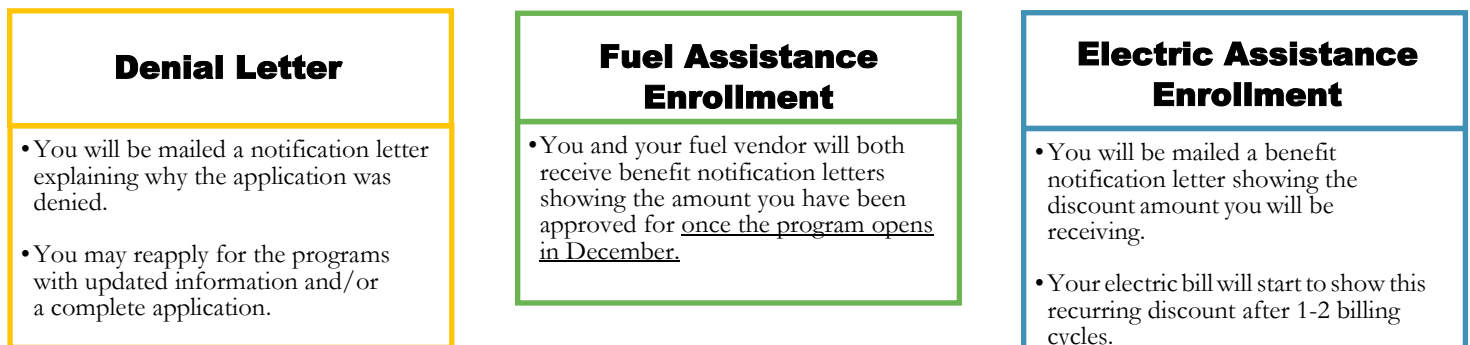
Please complete the attached application and submit along with requested documents via one of the following methods:

- **Mail: Community Action Program, PO Box 172, Suncook NH 03275**
- **Email: Fuelassistance@capbm.org**
- **Drop off at your local area resource center – see contacts below**
- **If you would prefer an In Person Appointment, please call [603-223-0043](tel:603-223-0043)**

APPLICATION PROCESS



HOW YOU WILL BE NOTIFIED



Concord Area Resource Center
2 Industrial Park Drive
Concord NH, 03301
CARC@capbm.org
Towns Served:
Boscawen, Canterbury, Concord, Loudon

Franklin Area Resource Center
12 Rowell Drive
Franklin NH, 03235
FARC@capbm.org
Towns Served:
Andover, Danbury, Franklin, Hill, Northfield, Salisbury, Tilton

Laconia Area Resource Center
522 Main Street
Laconia NH, 03246
LARC@capbm.org
Towns Served:
Alton, Barnstead, Belmont, Gilford, Laconia, Gilmanton

Warner Area Resource Center
49 West Main St
Warner, NH 03278
WARC@capbm.org
Towns Served:
Bradford, Henniker, Hopkinton, Newbury, New London, Sutton, Warner, Webster, Wilmot

Suncook Area Resource Center
15 Glass Street, Suite 104
Suncook, NH 03275
SARC@capbm.org
Towns Served:
Allenstown, Bow, Chichester, Dunbarton, Epsom, Hooksett, Pembroke, Pittsfield

Meredith Area Resource Center
147 Main Street
Meredith, NH 03253
MARC@capbm.org
Towns Served:
Center Harbor, Meredith, New Hampton



Fuel and Electric Assistance Program Application



Applications for Fuel Assistance accepted until 4/30/26. Electric Assistance applications accepted year-round.

Mail: Community Action Program P.O. Box 172 Suncook, NH 03275

Email: fuelassistance@capbm.org

Applicant Name _____ Total Number of Household Members _____
Street Address _____ City _____ Zip Code _____
Mailing Address _____ City _____ Zip Code _____
Email Address _____ Phone Number(s) _____
Preferred Language _____

Office Use Only
Received Date Stamp

Would you be interested in Weatherization Assistance? ☐ Yes ☐ No

Housing

Housing Type ☐ Single Family ☐ Duplex ☐ Multi (3+) family apt ☐ Condo ☐ Mobile Home ☐ Room

Do you ☐ Own or ☐ Rent Monthly Rent or Mortgage Amount \$ _____
Lot rent or HOA/Condo Fee Monthly Amount \$ _____

of Rooms in Home: Bedrooms ___ Bathrooms ___ Kitchen ___ Dining Rm ___ Living Rm ___ Total Rooms ___
Do not include closets/pantries, hallways, unheated attics/basements/porches, etc.

Check if either is true ☐ My fuel tank is shared (# of units shared _____) ☐ My rent is subsidized - I pay \$ _____/mo.

Renters – check all that apply ☐ Heat Included ☐ Electric Included ☐ No utilities included

Electric Provider

Electric Company _____ Account Number _____
Customer Name on Electric Bill _____

Heat/Fuel/Wood Provider

Primary Heat Type ☐ Oil ☐ Kerosene ☐ Propane ☐ Natural Gas ☐ Electric Heat *Do not include space heaters*
☐ Wood ☐ Pellets ☐ Included in Rent

Secondary Heat? ☐ None ☐ Oil ☐ Kero ☐ Propane ☐ Wood/Pellets ☐ Nat Gas ☐ Electric Heat

Heat/Fuel Provider _____ Account Number _____

Customer Name on Heat/Fuel Account _____

How much fuel do you have currently? _____ (i.e. 2/3 tank of oil, 70% tank propane, 3 cords wood, etc.)

Do you have a disconnect notice for your electric or gas service? ☐ Yes ☐ No

If heat is included with rent, are you facing eviction? ☐ Yes ☐ No

If yes to either of these two questions, please share date of disconnect/eviction _____ and copy of notice.

Please complete information below about all household members, including yourself, in prior month.

| <i>More than 4 people? Use a second sheet.</i> | Household Member 1 Applicant | Household Member 2 | Household Member 3 | Household Member 4 |
|--|--|--|--|--|
| First + Last Name | | | | |
| Social Security # | | | | |
| Date of Birth | | | | |
| Sex <i>Circle one per person</i> | <i>Male Female</i> <i>Prefer Not to Answer</i> | <i>Male Female</i> <i>Prefer Not to Answer</i> | <i>Male Female</i> <i>Prefer Not to Answer</i> | <i>Male Female</i> <i>Prefer Not to Answer</i> |
| Race <i>Check one per person</i> | <input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaii/Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2+ of above) <input type="checkbox"/> Other | <input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaii/Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2+ of above) <input type="checkbox"/> Other | <input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaii/Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2+ of above) <input type="checkbox"/> Other | <input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaii/Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2+ of above) <input type="checkbox"/> Other |
| Ethnicity <i>Check one per person</i> | <input type="checkbox"/> Hispanic, Latino, or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Unknown | <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Unknown | <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Unknown | <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Unknown |
| Full Time Student? | <i>If yes, what grade? ____</i> | <i>If yes, what grade? ____</i> | <i>If yes, what grade? ____</i> | <i>If yes, what grade? ____</i> |
| United States Citizen? | Y N | Y N | Y N | Y N |
| Legally Disabled? | Y N | Y N | Y N | Y N |
| Health Insurance? | Y N | Y N | Y N | Y N |
| Please indicate which household members receive any of the following monthly or annual income sources. Documented proof of income will be required, please see list on page 3 for reference | | | | |
| Employed? <i>If yes, pay frequency?</i> | Y N <i>Weekly Biweekly Monthly</i> | Y N <i>Weekly Biweekly Monthly</i> | Y N <i>Weekly Biweekly Monthly</i> | Y N <i>Weekly Biweekly Monthly</i> |
| Self-Employed? <i>(incl farm, rent, side jobs)</i> | Y N | Y N | Y N | Y N |
| Receiving Social Security/SSI/SSDI? | Y N | Y N | Y N | Y N |
| Recently Unemployed? <i>(within last 60 days)</i> | Y N <i>If yes, last day worked _____</i> | Y N <i>If yes, last day worked _____</i> | Y N <i>If yes, last day worked _____</i> | Y N <i>If yes, last day worked _____</i> |
| Receiving Unemployment? | Y N | Y N | Y N | Y N |
| Receiving SNAP? <i>(food stamps)</i> | Y N | Y N | Y N | Y N |
| Receiving any type DHHS Cash Assistance? <i>e.g. FANF, TANF, APTD, FAP, etc.</i> | Y N | Y N | Y N | Y N |
| Earning pension, annuity, interest or dividends? | Y N | Y N | Y N | Y N |
| IRA/401K Withdrawal within last 365 days? | Y N | Y N | Y N | Y N |
| Receiving Alimony? | Y N | Y N | Y N | Y N |
| Receiving Child Support? | Y N <i>If yes, amount is \$_____ per _____</i> | Y N <i>If yes, amount is \$_____ per _____</i> | Y N <i>If yes, amount is \$_____ per _____</i> | Y N <i>If yes, amount is \$_____ per _____</i> |
| Paying Child Support? | Y N <i>If yes, amount is \$_____ per _____</i> | Y N <i>If yes, amount is \$_____ per _____</i> | Y N <i>If yes, amount is \$_____ per _____</i> | Y N <i>If yes, amount is \$_____ per _____</i> |
| Worker's Comp, Short/Long Term Disability via employer? | Y N | Y N | Y N | Y N |
| Receiving VA Cash Benefits? | Y N | Y N | Y N | Y N |
| Receiving other income or \$\$ support not listed above? Help from family or friends? | | | | |

CHECKLIST: In addition to the completed, signed application, please submit copies of the following:

- ☐ A recent, complete electric bill
- ☐ A recent account statement, fuel delivery slip or utility bill for primary heat source (for Fuel Assistance)
- ☐ Proof of SSN for all household members (e.g. copy of SS card, tax form) or legal non-citizen status
**NEW* Proof of SSN or legal status is mandatory for Fuel Assistance for all people listed on application*
- ☐ Households with heat included in rent must submit a completed Landlord/Housing Verification form
- ☐ Proof of GROSS income for all household members in the month prior to the date you sign application:
 - If employed, provide paystubs for prior 5 weeks, or have your employer complete an Employer Verification Form
 - If self-employed, provide most recent tax return – include complete signed 1040 with all schedules & attachments
 - If receiving Social Security, SSI or SSDI, provide Social Security award letter for current year
 - If receiving DHHS Assistance, provide complete copy of most recent decision letter
 - If receiving pension or VA cash benefits, provide proof of total gross amount received in prior month
 - For any retirement withdrawals in past 365 days, provide proof of total gross amount withdrawn in past year
 - For any annuities, interest, or dividends, provide most recent tax return or 1099
 - If receiving unemployment, disability, or worker's comp, provide proof of gross amount for past month
 - If receiving alimony, provide proof of gross amount for past month
 - If paying child support, provide proof of gross amount paid in past month
 - If household has no income, please contact us to request and complete a No or Low-Income form
 - Additional documentation may be requested by program staff

○ _____

Release and Conditions: By signing this application, I acknowledge that I have read and understand all the terms and conditions outlined in the program requirements and agree to comply with all rules and regulations set forth by the program administrators. I authorize the verification of all information provided and consent to the collection, storage, and processing of my personal data for the purpose of program evaluation and reporting.

I hereby attest under penalty of perjury that all information provided in this application for the program is true, accurate, and complete to the best of my knowledge. 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.

I understand that this application is only a request for assistance and assistance is based on the availability of funds. No assistance can be provided until the application is completed and approved. I understand that the Electric Assistance Program benefit is provided to assist our household in making full and timely payments on my electric bill. 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.

Applicant Signature _____ **Date** _____

For Office Staff Use Only

| | | |
|---------------------|-------------------------|--|
| Current EAP Case #: | EAP Recert Due Date: | Usage: |
| Current Tier: | New Recert Return | If recert not due, did client request appointment? Y N |

Notes