

Fuel and Electric Assistance Program Application



w	Applying for assista ould you be interested in		el (Heat) □ Electrion n Assistance? □ Yes	
Applications for Fuel Ass	sistance accepted fall 2024 until Apri	l 30, 2025. Electric Assi	stance applications accepted year	Office ose offin
Please submit	a complete, signed applica	ation and required	l supporting documenta	tion to: Received Date Stamp
	Mail: Community Action F PO Box 172 Suncook, NH 03275	fuela	ll submission: ssistance@capbm.org]
Applicant Name		Tot	al Number of Household	d Members
Street Address		Cit	y	Zip Code
Mailing Address		Cit	y	Zip Code
Housing				
Do not include bat	e: Bedrooms Kitchen, throoms, closets/pantries, lue My fuel tank is shared (in the land) Heat Included The land control of the land of t	/Dining Living hallways, unheate # of units shared	ed attics/basements/por) □ My rent is subsid	Total rooms rches, etc ized - I pay \$/mo
Electric Company _		Acc	count Number	
Customer Name on	Electric Bill			<u> </u>
Primary Heat Type	□ Oil□ Kerosene□ Included in Rent	□ Propane□ Natural Gas	☐ Electric☐ Wood/Pellets	
Secondary Heat	□ Oil □ Kerosene □ Natural Gas	□ Propane□ Wood/Pellets		ude space heaters
Heat/Fuel Provider		Acc	ount Number	
How much fuel do y	ou have currently?	(i.e. 2/	3 tank of oil, 70% tank pro	pane, 3 cords wood, etc)
Do you have a disc	onnect notice for your elec	tric or gas servic	e? □ Yes	□ No
If heat is included w	vith rent, are you facing evi	iction?	□ Yes	□ No
If ves to either of the	ese two questions please	share date of dis	connect/eviction	and conv of notice

Please complete information below about all household members in past 30 days.

More than 4 people? Use a second sheet.	Household Member 1 Applicant	Household Member 2	Household Member 3	Household Member 4
First + Last Name				
Social Security #				
Date of Birth				
Gender Circle one per person	Male Female or	Male Female or	Male Female or	Male Female or
Race	□ Amer Indian/Alaskan	□ Amer Indian/Alaskan	□ Amer Indian/Alaskan	□ Amer Indian/Alaskan
Check one per person	□ Asian □ Black/African American □ Native Hawaii/Pacific □ White □ Multi-race (2+of above)	□ Asian □ Black/African American □ Native Hawaii/Pacific □ White □ Multi-race (2+of above)	□ Asian □ Black/African American □ Native Hawaii/Pacific □ White □ Multi-race (2+of above)	□ Asian □ Black/African American □ Native Hawaii/Pacific □ White □ Multi-race (2+of above)
Ethnicity	□ □ Hispanic, Latino, or	□ □ Hispanic, Latino or	□ □ Hispanic, Latino or	☐ ☐ Hispanic, Latino or
Check one per person	Spanish Origins Non-Hispanic, Latino or Spanish Origins Other/Unknown	Spanish Origins Non-Hispanic, Latino or Spanish Origins Other/Unknown	Spanish Origins Non-Hispanic, Latino or Spanish Origins Other/Unknown	Spanish Origins Non-Hispanic, Latino or Spanish Origins Other/Unknown
Full Time Student?	If yes, what grade?			
Health Insurance?	Y N	Y N	Y N	Y N
Please indicate		rs receive any of the follow	ving monthly or annual inc	
Employed?		will be required, please se		
If yes, pay frequency?	Y N Weekly Biweekly Monthly			
Self-Employed? (incl farm, rent, side jobs)	Y N	Y N	Y N	Y N
Receiving Social Security SSI/SSDI?	Y N	Y N	Y N	Y N
Recently Unemployed? (within last 60 days)	Y N If yes, last day worked			
Receiving or Applied for Unemployment?	Y N	Y N	Y N	Y N
Worker's Comp, Short or Long Term Disability	Y N	Y N	Y N	Y N
Receiving SNAP (food stamps)?	Y N	Y N	Y N	Y N
Receiving DHHS Cash Assistance? (FANF, APTD, FAP, OAA etc)	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 Child Support ?	Y N If yes, amount is \$ per	Y N If yes, amount is \$ per	Y N If yes, amount is \$ per	Y N If yes, amount is \$ per
Paying Child Support?	Y N If yes, amount is \$ per	Y N If yes, amount is \$ per	Y N If yes, amount is \$ per	Y N If yes, amount is \$ per
Receiving Alimony?	Y N	Y N	Y N	Y N
Receiving VA Benefits?	Y N	Y N	Y N	Y N
Any other income?				

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, and Weatherization Assistance Programs to obtain a record of my annual energy consumption, electric usage or 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 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.

Applic	eant Signature Date					
CHECKLIST: In addition to the completed, signed application, please submit copies of the following:						
□ Ar	ecent, complete electric bill					
□ Ar	ecent account statement, fuel delivery slip or utility bill (for primary heat - Fuel Assistance)					
	st time applicants should also include official documentation of SSN (SS card, tax return)					
	suseholds with heat included in rent must submit a completed Landlord Verification form					
□ Pro	oof of GROSS income for all household members in the 30 days prior to the date you sign application:					
	If employed, provide paystubs for prior 6 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 Cash Assistance, provide complete copy of most recent decision letter					
	If receiving pension or VA benefits, provide proof of total gross amount received in prior 30 days					
	For any retirement withdrawals in past 365 days, provide proof of total gross amount withdrawn					
	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 30 days					
	If receiving alimony, provide proof of gross amount for past 30 days					
	If paying child support, provide proof of gross amount paid in past 30 days					
	If household has no income, please contact us to request and complete a No or Low Income form					

For Office Staf	if Use Only			
EAP Review		FAP Review		
EAP Recert Due Date:	Fuel Type:			
Current Tier:	Fuel Emergency:	Υ	N	
	Fuel Level:			
If recert not due, did client request appointment? Y N				
	P Review EAP Recert Due Date: Current Tier:	EAP Recert Due Date: Current Tier: Fuel Type: Fuel Emergency: Fuel Level:	P Review EAP Recert Due Date: Current Tier: Fuel Type: Fuel Emergency: Y Fuel Level:	P Review EAP Recert Due Date: Current Tier: Fuel Type: Fuel Emergency: Y N Fuel Level: