



Fuel and Electric Assistance Program

Change of Address/Vendor Form



Name: _____

Old Address: _____

New Address: _____

Mailing Address: _____

Phone Number: _____ Date address changed: _____

New Residence Housing Information:

Type of Home: Single Family _____ Duplex _____ Multi-Family Apt _____
Mobile Home _____ Condo _____ Rooming House _____

Total number of rooms _____ (do not count hallways, basements, closets, or pantries)

Do you own your home? ☐ YES ☐ NO Monthly Mortgage or Rent amount: \$ _____

Do you rent your home? ☐ YES ☐ NO Is your fuel tank shared with other units? ☐ YES ☐ NO

Is your heat included in your rent? ☐ YES* ☐ NO Is your rent subsidized? ☐ YES ☐ NO

*If heat is now included in your rent, a Landlord Verification form with W-9 is required.

Primary Fuel Type: ☐ Oil ☐ Kerosene ☐ Propane ☐ Electric ☐ Natural Gas ☐ Wood ☐ Pellets

Secondary Heat source: ☐ Oil ☐ Kerosene ☐ Propane ☐ Electric ☐ Natural Gas ☐ Wood ☐ Pellets

List all Household members living at new address: _____,
_____, _____, _____

Vendor/Utility/Landlord Change:

New Fuel Vendor: _____ Account Number: _____

Customer Name on new Fuel Vendor account: _____

New Electric Vendor: _____ Account Number: _____

Customer Name on new Electric account: _____

New Landlord: _____ (If Heat is now included in rent, a new Landlord Form must be attached to request to transfer any remaining benefits)

Reason for vendor change: _____

I understand that a transfer of benefits will not be made if there is no fuel assistance balance remaining after all final bills are paid to my original fuel vendor or Landlord. I also understand that I may need to reapply for the Electric Assistance Program if my situation has changed significantly.

Applicant Signature: _____ Date: _____

For Office Staff Use Only

EAP case # _____ Recert Date: _____ Tier: _____ Transfer/CAA: _____

FAP case _____ Benefit Amount Reassigned to New Vendor: _____

FAP case notes _____

Date case updated in the system: _____ Staff/ Admin. Signature: _____