

# Fuel and Electric Assistance Programs Information

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

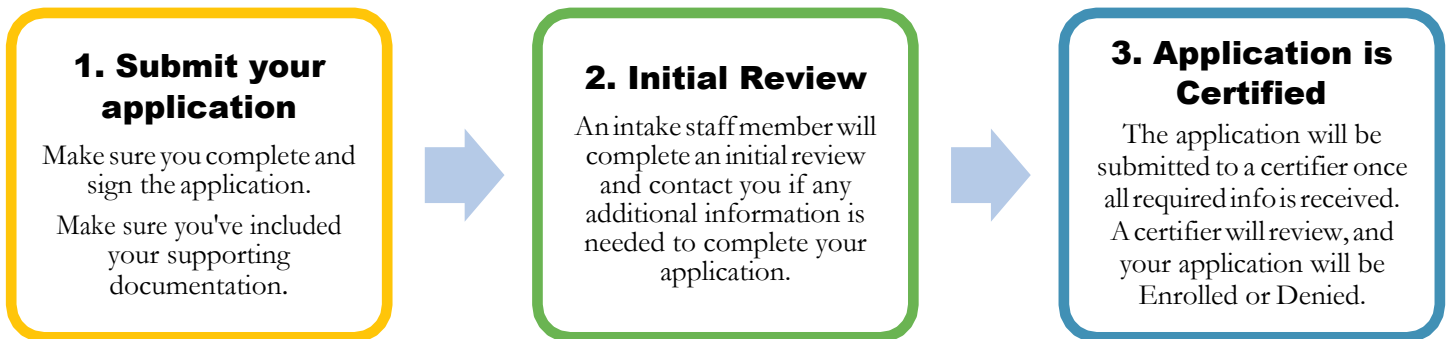
**Please keep this page for your records.**

- Complete all sections of the application form - list everyone living in the household; include birthdates and social security numbers on the application.
- First time applicants: please include a copy of your most recent tax return. If no taxes were filed, include copies of social security cards or other legal documents with social security numbers listed for all household members.
- 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 reverse side 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 1016, Concord NH 03302**
- **Email: [Fuelassistance@capbm.org](mailto:Fuelassistance@capbm.org)**
- **Fax: 603-228-1898**
- **Drop off at your local area resource center – contacts on next page**  
 Please be advised that an intake worker may not be able to review your application with you right away.
- **If you would prefer an In Person Appointment, please call 603-223-0043**

### APPLICATION PROCESS



#### **1. Submit your application**

Make sure you complete and sign the application.  
 Make sure you've included your supporting documentation.

#### **2. Initial Review**

An intake staff member will complete an initial review and contact you if any additional information is needed to complete your application.

#### **3. Application is Certified**

The application will be submitted to a certifier once all required info is received. A certifier will review, and your application will be Enrolled or Denied.

### HOW YOU WILL BE NOTIFIED

#### **Denial Letter**

- You will be mailed a notification letter explaining why the application was denied.
- You may reapply for the programs with updated information and/or a complete application.

#### **Fuel Assistance Enrollment**

- You and your fuel vendor will both receive benefit notification letters showing the amount you have been approved for once the program opens in December.

#### **Electric Assistance Enrollment**

- You will be mailed a benefit notification letter showing the discount amount you will be receiving.
- Your electric bill will start to show this recurring discount after 1-2 billing cycles.

## Required Income Documentation

Please provide copies for all household members 30 days prior to the date the application is signed.

### For these types of income, you need copies ONLY

- **Employment Paychecks**  
Last 6 paystubs if paid weekly, last 3 paystubs if paid bi-weekly, 2 if paid monthly
- **Social Security**  
Benefit letter from current year or complete current bank statement if direct deposited
- **Short- or Long-Term Disability**  
For Workers Comp or Disability send in total amount received in last 30 days (last 5 pay stubs)
- **Pensions or Annuities**  
Tax return or most recent account statement if received in the last 30 days
- **IRA**  
If taken within the last year, proof of amount and date taken, or most recent tax return.
- **Self-Employment**  
Include most recent complete tax return with all schedules and attachments
- **Rental Income**  
Include most recent complete tax return with all schedules and attachments
- **Interest or Dividends**  
Most recent tax return
- **VA Benefit or VA Pension**  
Current benefit letter
- **Alimony**  
Proof of total amount received in last 30 days
- **DHHS Assistance**  
If any household members receive food stamps, TANF, NHEP, FAP, OAA, APTD, etc. – please include copy of most recent decision letter(s)

### For these types of income, you must complete a form

- **Unemployment**  
If you are receiving, or have received in the prior year please complete the unemployment form
- **Employer Verification Form**  
If job ended within last 8 weeks or pay is sporadic then employer must complete this form
- **No Income Form**  
If any adults (18+) in home have no form of income, this form must be completed
- **Commissions Form**  
If anyone receives payment through commissions, form to be completed by employer
- **State or Town Welfare Form**  
If assistance was received in last 8 weeks from state/town welfare, form must be completed - OR provide your letter of decision.
- **Self-Employment Form**  
(Only if income is not on current tax return)
- **Rental Income**  
(Only if income is not on current tax return)

\*Please contact us to request forms be mailed or emailed to you. You can also download forms from our website at:

<https://capbm.org/Energy-Assistance-Resources>

You may receive a request for additional information. We cannot process an application until we have all the necessary information and documentation per the program rules. Thank you for your cooperation.

**If you have any questions, please call us at 603-223-0043**

**Concord Area  
Resource Center**  
2 Industrial Park Drive  
Concord NH, 03301  
[CARC@capbm.org](mailto:CARC@capbm.org)  
**Towns Served:**  
Boscawen, Canterbury,  
Concord, Loudon

**Franklin Area  
Resource Center**  
12 Rowell Drive  
Franklin NH, 03235  
[EARC@capbm.org](mailto:EARC@capbm.org)  
**Towns Served:**  
Andover, Danbury,  
Franklin, Hill,  
Northfield, Salisbury,  
Tilton

**Laconia Area  
Resource Center**  
121 Belmont Road  
Laconia NH, 03246  
[LARC@capbm.org](mailto: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](mailto: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](mailto:SARC@capbm.org)  
**Towns Served:**  
Allentown, Bow,  
Chichester, Dunbarton,  
Epsom, Hooksett,  
Pembroke, Pittsfield

**Meredith Area  
Resource Center**  
147 Main Street  
Meredith, NH 03253  
[MARC@capbm.org](mailto:MARC@capbm.org)  
**Towns Served:**  
Center Harbor, Meredith,  
New Hampton



# Fuel and Electric Assistance Application

**Submit the completed application with documents to one of the following:**

**Mail:** Community Action Program, PO Box 1016, Concord NH 03302

**Email:** Fuelassistance@capbm.org      **Fax:** 603-228-1898

If you would prefer an **In Person Appointment** or have any questions, please contact **603-223-0043**

## **Applicant Contact Information:**

Applicant Name: \_\_\_\_\_ Total Number of Members in House: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing: Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## **Home Information:**

Are you interested in having your home Weatherized?    YES \_\_\_\_\_ NO \_\_\_\_\_

Type of Home:    Single Family \_\_\_\_\_    Duplex \_\_\_\_\_    Apartment/Multi-Family \_\_\_\_\_

Mobile Home \_\_\_\_\_    Condo \_\_\_\_\_    Rooming House \_\_\_\_\_

Total number of rooms: \_\_\_\_\_ (do not count hallways, bathrooms, closets, pantries, or basements)

Do you own your home?    YES \_\_\_\_\_    NO \_\_\_\_\_    Monthly Mortgage amount: \$ \_\_\_\_\_

Do you rent your home?    YES \_\_\_\_\_    NO \_\_\_\_\_    Monthly Rental amount: \$ \_\_\_\_\_

Is your rent subsidized?    YES \_\_\_\_\_    NO \_\_\_\_\_    Your Portion of Rent amount: \$ \_\_\_\_\_

Is your heat included in your rent?    YES \_\_\_\_\_    NO \_\_\_\_\_

If your rent is subsidized and your heat is included, you will not be eligible for the fuel assistance program.

## **Fuel Account Information:**

Fuel Vendor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Have you used the same fuel vendor for the last 12 months at your current address?    YES \_\_\_\_\_ NO \_\_\_\_\_

Heating Type: Oil \_\_\_\_\_    Kerosene \_\_\_\_\_    Propane \_\_\_\_\_    Electric \_\_\_\_\_    Natural Gas \_\_\_\_\_    Wood/Pellets \_\_\_\_\_

How much fuel is in your tank? \_\_\_\_\_ (or) How much wood/pellets do you have? \_\_\_\_\_

Do you have a permanent secondary heat source? (Other than space heaters) \_\_\_\_\_

If heat is included in rent, are you facing eviction?    NO \_\_\_\_\_ YES \_\_\_\_\_ \*Date of eviction: \_\_\_\_\_

Do you have a natural gas or electric disconnect notice? NO \_\_\_\_\_ YES \_\_\_\_\_ \*Date of disconnect: \_\_\_\_\_

\*Please include a copy of demand for rent or disconnect notice with your application

**Would you like to apply for the Electric Assistance Program?**    YES \_\_\_\_\_ NO \_\_\_\_\_

Electric Vendor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Customer name on electric bill: \_\_\_\_\_

## Fuel and Electric Assistance Application Page 2 of 2

**Household Info:** Please provide information regarding each household member. For more than 4 members, please either make a copy of this application, attach a separate sheet, or print the additional household members page from our website:

<https://capbm.org/Energy-Assistance-Resources>

	1st Resident	2nd Resident	3rd Resident	4th Resident
First & Last Name	(Applicant on page 1)			
Social security #				
Date of Birth				
Gender				
Ethnicity (optional)				
Are you a Veteran?	YES NO	YES NO	YES NO	YES NO
Health Insurance	YES NO	YES NO	YES NO	YES NO
Current Student	YES NO	YES NO	YES NO	YES NO
Last grade completed:				
For all areas below selected "Yes" you will need to <b>provide copies of all required income documentation</b> showing proof of income for previous 30 days. Please see application guide for info.				
Currently Employed?	YES NO	YES NO	YES NO	YES NO
Pay Frequency?	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly
Receiving Unemployment?	YES NO	YES NO	YES NO	YES NO
Self-Employed?	YES NO	YES NO	YES NO	YES NO
Are You Disabled?	YES NO	YES NO	YES NO	YES NO
Receiving Social Security, SSI or SSDI?	YES NO	YES NO	YES NO	YES NO
Receiving Cash Assistance? (FAP, NHEP, OAA, APTD)	YES NO	YES NO	YES NO	YES NO
Receiving Food Stamps?	YES NO	YES NO	YES NO	YES NO
Receiving Pension, VA benefits or Annuities?	YES NO	YES NO	YES NO	YES NO
Withdrew from IRA/401K within one year?	YES NO	YES NO	YES NO	YES NO
Paying Child Support?	YES NO	YES NO	YES NO	YES NO
If any other income, what type and how often?				

**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 and Electric Assistance Program(s) 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 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:** \_\_\_\_\_

**\*\*We cannot process this application without your signature and date\*\***

**Concord Area  
Resource Center**  
[CARC@capbm.org](mailto:CARC@capbm.org)  
2 Industrial Park Drive  
Concord NH, 03301

**Franklin Area  
Resource Center**  
[FARC@capbm.org](mailto:FARC@capbm.org)  
12 Rowell Drive  
Franklin NH, 03235

**Laconia Area  
Resource Center**  
[LARC@capbm.org](mailto:LARC@capbm.org)  
121 Belmont Road  
Laconia NH, 03246

**Warner Area  
Resource Center**  
[WARC@capbm.org](mailto:WARC@capbm.org)  
49 West Main St  
Warner, NH 03278

**Suncook Area  
Resource Center**  
[SARC@capbm.org](mailto:SARC@capbm.org)  
15 Glass Street, Suite 104  
Suncook, NH 03275

**Meredith Area  
Resource Center**  
[MARC@capbm.org](mailto:MARC@capbm.org)  
147 Main Street  
Meredith, NH 03253