



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 \_\_\_\_\_      Apartment \_\_\_\_\_  
   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

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 will be required.

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

Secondary Heat source:    Oil       Kerosene       Propane       Electric       Natural Gas       Wood       ~~Gas~~ 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: \_\_\_\_\_