

## FUEL & ELECTRIC APPLICATION INSTRUCTIONS

**Applying for Fuel Assistance:** When you apply for Fuel Assistance, Tri-County Community Action Program will send you a letter confirming your enrollment once the program officially opens in December. If, for any reason, your application is denied or requires additional documentation, we will send you a denial letter and list any documentation that may be needed. Please note that the certification process may take up to 60 days.

**Applying for Electrical Assistance:** When applying for Electrical Assistance, Tri-County Community Action Program will send you a letter notifying you of your enrollment status—whether you have been enrolled or denied.

### REQUESTED DOCUMENTATION CHECKLIST

**Proof of Gross Income:** Please provide proof of gross income for the 30 days leading up to the date you sign the application by submitting the following documentation as evidence of your income.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Employed:</b> Six weeks of pay stubs                           | <input type="checkbox"/> <b>Social Security:</b> Submit current year Social Security award letter |
| <input type="checkbox"/> <b>Workman's Compensation:</b> Five weeks of pay stubs            | <input type="checkbox"/> <b>Gross Pension:</b> Submit current year check stub                     |
| <input type="checkbox"/> <b>No income:</b> Complete Unemployment Form & No/Low Income Form | <input type="checkbox"/> <b>Fuel and Electric Bill:</b> Submit both recent bills                  |
| <input type="checkbox"/> <b>Self-Employed:</b> Complete Taxes All documentation            | <input type="checkbox"/> <b>Fuel Cost Usage:</b> Submit vendor report for last 12 months          |
| <input type="checkbox"/> <b>Taxes:</b> Submit current year tax return                      |   |
| <input type="checkbox"/> <b>Alimony:</b> Submit court order                                |   |

**Additional Documentation (as needed):** Please ensure that you provide any requested additional documentation and complete the required forms either when specifically asked or upon meeting the necessary criteria. Contact your local Energy Assistance office to request forms.

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|--|---|
| <input type="checkbox"/> <b>Self-Employment Form:</b> If not present on tax return | <input type="checkbox"/> <b>No/Low Income Form</b>                                |
| <input type="checkbox"/> <b>Proof of Child Support Form:</b> Received or Paid      | <input type="checkbox"/> <b>IRS Form 4506T:</b> If you do not file income taxes   |
| <input type="checkbox"/> <b>Unemployment Form</b>                                  | <input type="checkbox"/> <b>Tenant Form:</b> Required if heat is included in rent |

**Please mail or email the completed application and supporting documents to the Outreach office in your county.**

Carroll County Outreach Office  
448 White Mountain Highway  
Tamworth, NH 03886  
Ph: (603) 323-7400  
carrollcc@tccap.org

Coos County Outreach Office  
53 Main Street, Suite 2  
Berlin, NH 03570  
Ph: (603) 752-3248  
berlincc@tccap.org

Grafton County Outreach Office  
41 School Street  
Ashland, NH 03217  
Ph: (603) 968-3560  
ashlandcc@tccap.org



# FUEL & ELECTRIC ASSISTANCE APPLICATION

**Apply by mail:** Complete application and mail all supporting documentation to your local community contact office.

**Apply in person:** Call your local community contact office for an appointment.

## HOUSEHOLD INFORMATION

Submit the following information for each individual residing in your household: Name, Gender, Social Security Number, Date of Birth, Health Insurance Status, Employment Status and School Information (provide grade level for residents currently attending school and the last grade level completed for each member not attending).

<b>1</b>	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No    Employed: Yes / No    Disabled: Yes / No
<b>2</b>	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No    Employed: Yes / No    Disabled: Yes / No
<b>3</b>	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No    Employed: Yes / No    Disabled: Yes / No
<b>4</b>	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No    Employed: Yes / No    Disabled: Yes / No
<b>5</b>	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No    Employed: Yes / No    Disabled: Yes / No
<b>6</b>	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No    Employed: Yes / No    Disabled: Yes / No
<b>7</b>	Name: _____	Gender: _____	SSN: _____
	DOB: _____	School: _____	Insurance: Yes / No    Employed: Yes / No    Disabled: Yes / No

Total number of people living in your house in the last 30 days: \_\_\_\_\_

Do you receive SNAP benefits? Yes / No    If yes, send a complete copy of your SNAP award letter.

## YOUR CONTACT INFORMATION

Physical Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**HOUSING INFORMATION**

House Type:  Single Family  Duplex  Multi Family (3+)  Condo  Mobile Home  Room

No. of Rooms: \_\_\_\_\_ (Do not include halls, bathrooms, pantry and closets) Have you lived here for 12 months or more? Yes / No

Do you own your home? Yes / No Monthly mortgage: \$ \_\_\_\_\_ If you own your home, skip to Fuel Information.

Do you rent? Yes / No Monthly rent: \$ \_\_\_\_\_ Move in date: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Does an agency help pay your rent? Yes / No Agency Name: \_\_\_\_\_

Monthly portion of rent: \$ \_\_\_\_\_ Is heat included? Yes / No

If not, is fuel tank shared with other units? Yes / No If yes, how many units share a tank? \_\_\_\_\_

**FUEL INFORMATION**

Primary Fuel Type:  Oil  Kerosene  Propane\*  Electric  Wood  Blend

\*Please select one of the following options regarding your propane use:  Heat  Cooking  Both

Fuel Company: \_\_\_\_\_ Account No.: \_\_\_\_\_ Name on account: \_\_\_\_\_

Have you used vendor for 12+ months? Yes / No Amount of fuel in tank: \_\_\_\_\_ Last delivery date: \_\_\_\_\_

Secondary Fuel Type:  Oil  Kerosene  Propane  Electric  Wood  Blend

Fuel Company: \_\_\_\_\_ Account No.: \_\_\_\_\_ Name on account: \_\_\_\_\_

**If you have less than 1/4 of a tank and it is after November 15th, please call the office.**

**ELECTRIC ASSISTANCE**

This program could provide you with a discount on your electric bill upon qualification.

Applying for Electric Assistance? Yes / No Utility: \_\_\_\_\_

Account No.: \_\_\_\_\_ Name on Account: \_\_\_\_\_

**WEATHERIZATION**

If interested, the Weatherization department will contact you directly.

Interested in weatherizing your home or apartment? Yes / No

**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 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 Assistance Program to obtain a record of my annual energy consumption, 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 information that I am providing is for the purpose of determining my eligibility for the Fuel 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.

**We cannot process this application without your signature**

Signature Adult 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Adult 2: \_\_\_\_\_ Date: \_\_\_\_\_