

Fuel and Electric Assistance Program Application



Applying for assistance with: Fuel (Heat) Electric
 Would you be interested in Weatherization Assistance? Yes No

Applications for Fuel Assistance accepted fall 2024 until April 30, 2025. Electric Assistance applications accepted year-round.

Office Use Only
Received Date Stamp

Applicant Name _____ Total Number of Household Members _____
 Street Address _____ City _____ Zip Code _____
 Mailing Address _____ City _____ Zip Code _____
 Email Address _____ Phone Number(s) _____

Housing

Housing Type Single Family Duplex Multi (3+) family apt Condo Mobile Home Room
 Do you Own or Rent Monthly Rent or Mortgage Amount \$ _____
 Lot rent or HOA/Condo Fee Monthly Amount \$ _____
 # of Rooms in Home: Bedrooms ___ Kitchen/Dining ___ Living/Family ___ Other ___ Total rooms ____
Do not include bathrooms, closets/pantries, hallways, unheated attics/basements/porches, etc
 Check if either is true My fuel tank is shared (# of units shared _____) My rent is subsidized - I pay \$ ____/mo
 Renters – check one Heat Included Electric Included No utilities included

Electric and Heat/Fuel

Electric Company _____ Account Number _____
 Customer Name on Electric Bill _____
 Primary Heat Type Oil Kerosene Propane Electric
 Included in Rent Natural Gas Wood/Pellets
 Secondary Heat Oil Kerosene Propane Electric *Do not include space heaters
 Natural Gas Wood/Pellets None
 Heat/Fuel Provider _____ Account Number _____
 How much fuel do you have currently? _____ (i.e. 2/3 tank of oil, 70% tank propane, 3 cords wood, etc)
 Do you have a disconnect notice for your electric or gas service? Yes No
 If heat is included with rent, are you facing eviction? Yes No
If yes to either of these two questions, please share date of disconnect/eviction _____ and copy of notice.

Please send all forms, applications and correspondence to the Carroll County Outreach Office:

Carroll County Outreach Office
 448 White Mountain Highway
 Tamworth, NH 03886
 Phone:(603) 323-7400 Fax:(603) 323-7411
 Email:carrollcc@tccap.org

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

<i>More than 4 people? Use a second sheet.</i>	Household Member 1 Applicant	Household Member 2	Household Member 3	Household Member 4
First + Last Name				
Social Security #				
Date of Birth				
Gender <i>Circle one per person</i>	<i>Male Female</i> or _____	<i>Male Female</i> or _____	<i>Male Female</i> or _____	<i>Male Female</i> or _____
Race <i>Check one per person</i>	<input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaii/Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2+of above) <input type="checkbox"/> _____	<input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaii/Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2+of above) <input type="checkbox"/> _____	<input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaii/Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2+of above) <input type="checkbox"/> _____	<input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaii/Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2+of above) <input type="checkbox"/> _____
Ethnicity <i>Check one per person</i>	<input type="checkbox"/> Hispanic, Latino, or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Other/Unknown	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Other/Unknown
Full Time Student?	<i>If yes, what grade? _____</i>	<i>If yes, what grade? _____</i>	<i>If yes, what grade? _____</i>	<i>If yes, what grade? _____</i>
Health Insurance?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Please indicate which household members receive any of the following monthly or annual income sources. Documented proof of income will be required, please see list on page 3 for reference				
Employed? <i>If yes, pay frequency?</i>	<i>Y N</i> <i>Weekly Biweekly Monthly</i>	<i>Y N</i> <i>Weekly Biweekly Monthly</i>	<i>Y N</i> <i>Weekly Biweekly Monthly</i>	<i>Y N</i> <i>Weekly Biweekly Monthly</i>
Self-Employed? <i>(incl farm, rent, side jobs)</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving Social Security SSI/SSDI?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Recently Unemployed? <i>(within last 60 days)</i>	<i>Y N</i> <i>If yes, last day worked _____</i>	<i>Y N</i> <i>If yes, last day worked _____</i>	<i>Y N</i> <i>If yes, last day worked _____</i>	<i>Y N</i> <i>If yes, last day worked _____</i>
Receiving or Applied for Unemployment?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Worker's Comp, Short or Long Term Disability	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving SNAP (food stamps)?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving DHHS Cash Assistance? <i>(FANF, APTD, FAP, OAA etc)</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Earning pension, annuity, interest or dividends?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
IRA/401K Withdrawal within last 365 days?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving Child Support ?	<i>Y N</i> <i>If yes, amount is \$ _____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$ _____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$ _____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$ _____ per _____</i>
Paying Child Support?	<i>Y N</i> <i>If yes, amount is \$ _____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$ _____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$ _____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$ _____ per _____</i>
Receiving Alimony?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving VA Benefits?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
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.

Applicant Signature _____ **Date** _____

- CHECKLIST:** In addition to the completed, signed application, please submit copies of the following:
- A recent, complete electric bill
 - A recent account statement, fuel delivery slip or utility bill (for primary heat - Fuel Assistance)
 - First time applicants should also include official documentation of SSN (SS card, tax return)
 - Households with heat included in rent must submit a completed Landlord Verification form
 - Proof 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 Staff Use Only			
EAP Review		FAP Review	
Current EAP Case #:	EAP Recert Due Date:	Fuel Type:	
COR:	Current Tier:	Fuel Emergency:	Y N
UID:		Fuel Level:	
If recert not due, did client request appointment? Y N			
Notes			