



# Fuel and Electric Assistance Program Application



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

**Coos Outreach Office**  
51 Main Street, Suite 2  
Berlin NH 03570  
Phone: (603) 752-3248  
Fax: (603) 752-7982  
berlincc@tccap.org

**Grafton Outreach Office**  
41 School Street  
Ashland, NH 03217  
Phone: (603) 968-3560  
Fax: (603) 968-7381  
ashlandcc@tccap.org

Applications for Fuel Assistance accepted until 4/30/26. Electric Assistance applications accepted year-round.

Applicant Name \_\_\_\_\_ Total Number of Household Members \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
Preferred Language \_\_\_\_\_

Office Use Only  
Received Date Stamp

Would you be interested in Weatherization Assistance? ☐ Yes ☐ No

## 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 \_\_\_\_ Bathrooms \_\_\_\_ Kitchen \_\_\_\_ Dining Rm \_\_\_\_ Living Rm \_\_\_\_ Total Rooms \_\_\_\_  
*Do not include 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 all that apply ☐ Heat Included ☐ Electric Included ☐ No utilities included

## Electric Provider

Electric Company \_\_\_\_\_ Account Number \_\_\_\_\_  
Customer Name on Electric Bill \_\_\_\_\_

## Heat/Fuel/Wood Provider

Primary Heat Type ☐ Oil ☐ Kerosene ☐ Propane ☐ Natural Gas ☐ Electric Heat *Do not include space heaters*  
☐ Wood ☐ Pellets ☐ Included in Rent  
Secondary Heat? ☐ None ☐ Oil ☐ Kero ☐ Propane ☐ Wood/Pellets ☐ Nat Gas ☐ Electric Heat  
Heat/Fuel Provider \_\_\_\_\_ Account Number \_\_\_\_\_  
Customer Name on Heat/Fuel Account \_\_\_\_\_  
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 complete information below about all household members, including yourself, in prior month.**

<i>More than 4 people? Use a second sheet.</i>	<b>Household Member 1</b> Applicant	<b>Household Member 2</b>	<b>Household Member 3</b>	<b>Household Member 4</b>
<b>First + Last Name</b>				
<b>Social Security #</b>				
<b>Date of Birth</b>				
<b>Sex</b> <i>Circle one per person</i>	<i>Male Female</i> <i>Prefer Not to Answer</i>	<i>Male Female</i> <i>Prefer Not to Answer</i>	<i>Male Female</i> <i>Prefer Not to Answer</i>	<i>Male Female</i> <i>Prefer Not to Answer</i>
<b>Race</b> <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"/> Other	<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"/> Other	<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"/> Other	<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"/> Other
<b>Ethnicity</b> <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"/> Unknown	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Non-Hispanic, Latino or Spanish Origins <input type="checkbox"/> Unknown
<b>Full Time Student?</b>	<i>If yes, what grade? ____</i>	<i>If yes, what grade? ____</i>	<i>If yes, what grade? ____</i>	<i>If yes, what grade? ____</i>
<b>United States Citizen?</b>	Y N	Y N	Y N	Y N
<b>Legally Disabled?</b>	Y N	Y N	Y N	Y N
<b>Health Insurance?</b>	Y N	Y N	Y N	Y N
<b>Please indicate which household members receive any of the following monthly or annual income sources.</b> <b>Documented proof of income will be required, please see list on page 3 for reference</b>				
Employed? <i>If yes, pay frequency?</i>	Y N <i>Weekly Biweekly Monthly</i>	Y N <i>Weekly Biweekly Monthly</i>	Y N <i>Weekly Biweekly Monthly</i>	Y N <i>Weekly Biweekly Monthly</i>
Self-Employed? <i>(incl farm, rent, side jobs)</i>	Y N	Y N	Y N	Y N
Receiving Social Security/SSI/SSDI?	Y N	Y N	Y N	Y N
Recently Unemployed? <i>(within last 60 days)</i>	Y N <i>If yes, last day worked _____</i>	Y N <i>If yes, last day worked _____</i>	Y N <i>If yes, last day worked _____</i>	Y N <i>If yes, last day worked _____</i>
Receiving Unemployment?	Y N	Y N	Y N	Y N
Receiving SNAP? <i>(food stamps)</i>	Y N	Y N	Y N	Y N
Receiving any type DHHS Cash Assistance? <i>e.g. FANF, TANF, APTD, FAP, etc.</i>	Y N	Y N	Y N	Y N
Earning pension, annuity, interest or dividends?	Y N	Y N	Y N	Y N
IRA/401K Withdrawal within last 365 days?	Y N	Y N	Y N	Y N
Receiving Alimony?	Y N	Y N	Y N	Y N
Receiving Child Support?	Y N <i>If yes, amount is \$_____ per _____</i>	Y N <i>If yes, amount is \$_____ per _____</i>	Y N <i>If yes, amount is \$_____ per _____</i>	Y N <i>If yes, amount is \$_____ per _____</i>
Paying Child Support?	Y N <i>If yes, amount is \$_____ per _____</i>	Y N <i>If yes, amount is \$_____ per _____</i>	Y N <i>If yes, amount is \$_____ per _____</i>	Y N <i>If yes, amount is \$_____ per _____</i>
Worker's Comp, Short/Long Term Disability via employer?	Y N	Y N	Y N	Y N
Receiving VA Cash Benefits?	Y N	Y N	Y N	Y N
Receiving other income or \$\$ support not listed above? Help from family or friends?				

**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 source (for Fuel Assistance)
- ☐ Proof of SSN for all household members (e.g. copy of SS card, tax form) or legal non-citizen status  
*\*NEW\* Proof of SSN or legal status is mandatory for Fuel Assistance for all people listed on application*
- ☐ Households with heat included in rent must submit a completed Landlord/Housing Verification form
- ☐ Proof of GROSS income for all household members in the month prior to the date you sign application:
  - If employed, provide paystubs for prior 5 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 Assistance, provide complete copy of most recent decision letter
  - If receiving pension or VA cash benefits, provide proof of total gross amount received in prior month
  - For any retirement withdrawals in past 365 days, provide proof of total gross amount withdrawn in past year
  - 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 month
  - If receiving alimony, provide proof of gross amount for past month
  - If paying child support, provide proof of gross amount paid in past month
  - If household has no income, please contact us to request and complete a No or Low Income form
  - Additional documentation may be requested by program staff

○ \_\_\_\_\_

**Release and Conditions:** By signing this application, I acknowledge that I have read and understand all the terms and conditions outlined in the program requirements and agree to comply with all rules and regulations set forth by the program administrators. I authorize the verification of all information provided and consent to the collection, storage, and processing of my personal data for the purpose of program evaluation and reporting.

I hereby attest under penalty of perjury that all information provided in this application for the program is true, accurate, and complete to the best of my knowledge. 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.

I understand that this application is only a request for assistance and assistance is based on the availability of funds. No assistance can be provided until the application is completed and approved. I understand that the Electric Assistance Program benefit is provided to assist our household in making full and timely payments on my electric bill. 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** \_\_\_\_\_

**For Office Staff Use Only**

Current EAP Case #:	EAP Recert Due Date:	Usage:
Current Tier:	New    Recert    Return	If recert not due, did client request appointment?    Y    N

Notes