



## 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.
- ❖ All applicants: please include copies of all income received for all household members for the last 30 days prior to the date you sign your application. Please see next page 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**
- ❖ Our highest rate of applications received for fuel season is between October and January
- ❖ This is the beginning of the application process. Processing times can be up to 60 days or more, depending on the time of year we receive all your documentation.

**If you would prefer an In Person Appointment or if you have any questions, please contact one of the following:**

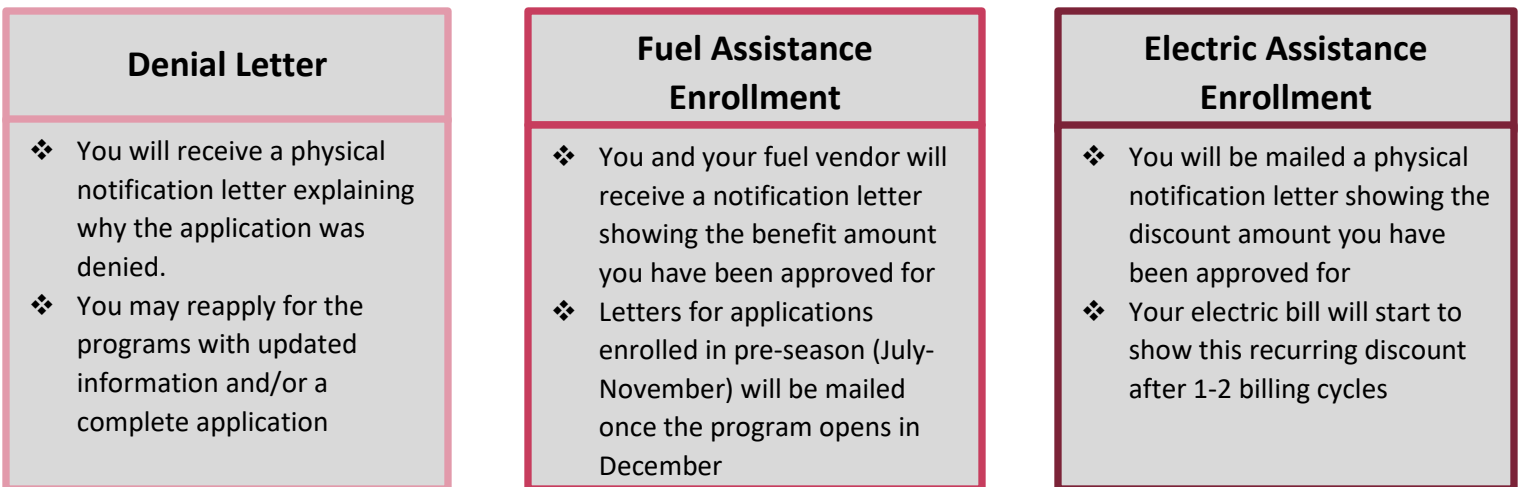
❖ **Cheshire County Office: 603-719-4224**

❖ **Sullivan County Office: 603-542-9528**

### APPLICATION PROCESS



### HOW YOU WILL BE NOTIFIED



**\*\*It may take up to 60 days to process your application after all required documentation has been received\*\***

Enclosed is the application for the Energy Services programs. You are receiving this application in the mail so you do not have to schedule an appointment or come to the office. Please complete the application, **sign, and date** the release and conditions page, and return it to us with the following documentation within 30 days.

Please include income documentation for items checked off below for proof of gross income. If you receive any type of income not checked off or listed below, **you must report it to us.**

|   |                          |
|---|--------------------------|
| Wages – All wages received within the last 30 days. For all household members 18 years of age and older | <input type="checkbox"/> |
| Social Security Letter – including SSI/SSA/SSDI   | <input type="checkbox"/> |
| Pension(s)/IRA(s)/Annuity – We can accept 1099(s) or the current tax year’s tax return                  | <input type="checkbox"/> |
| +State Assistance (TANF, APTD, Food Stamps, etc)  | <input type="checkbox"/> |
| Unemployment benefits   | <input type="checkbox"/> |
| Child Support – received or paid  | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| Alimony – if court ordered  | <input type="checkbox"/> |
| Self-employment – most current 1040, Schedule C, 8829, and “other expenses” worksheet | <input type="checkbox"/> |
| Rental Income – current tax year’s tax return (all pages)                             | <input type="checkbox"/> |
| Current income tax return   | <input type="checkbox"/> |
| Veteran’s Benefits  | <input type="checkbox"/> |
| Interest/Dividends – 1099 or current tax return                                       | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| Landlord form (if heat is included as part of your rent – form included) | <input type="checkbox"/> |
| Dates of birth   | <input type="checkbox"/> |
| Social security numbers  | <input type="checkbox"/> |
| Support form (if included in this packet)                                | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| Self-declaration of low/no income (if included in this packet) | <input type="checkbox"/> |
| Town form (if included in this packet)                         | <input type="checkbox"/> |
| <b>Current electric bill</b>                                   | <input type="checkbox"/> |
| Other:   |                          |

**Please complete all sections of all pages (front and back if needed)**

Please complete and return **all** pages of this application and all supporting documents requested to your local county office:

**Cheshire County Residents**  
Southwestern Community Services  
PO Box 603  
Keene, NH 03431

**Sullivan County Residents**  
Southwestern Community Services  
PO Box 1338  
Claremont, NH 03743

**Drop boxes are located outside each facility for easy and convenient return**

**Program(s) you are interested in:**  Fuel Assistance\*     Electric Assistance\*\*     Weatherization\*\*\*

\*Fuel applications are typically processed from August 1<sup>st</sup> through April 30<sup>th</sup> although these dates are subject to change

\*\*The Electric Discount Program accepts applications year-round

\*\*\*If you would like to apply for Weatherization, check this box and also call 603.719.4291 to receive a questionnaire. You must fill out a new questionnaire with every new fuel application.

## General Household Information

Please fill out the below information for **all** household members (including yourself). Please attach a new sheet or request a second page for additional household members.

|   | 1st Resident   | 2nd Resident   | 3rd Resident   | 4th Resident   |
|---|--|--|--|--|
| First & Last Name   |  |  |  |  |
| Social Security Number<br><b>(Required for All household members)*</b>                |  |  |  |  |
| Date of Birth   |  |  |  |  |
| Gender  |  |  |  |  |
| Veteran   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Health Insurance  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Current Student   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Last Grade completed  |  |  |  |  |
| Currently Employed?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Pay Frequency   | Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/><br>Monthly <input type="checkbox"/>           | Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/><br>Monthly <input type="checkbox"/>           | Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/><br>Monthly <input type="checkbox"/>           | Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/><br>Monthly <input type="checkbox"/>           |
| Receiving Unemployment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Self-Employed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are You Disabled?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Receiving Social Security, SSI, or SSDI?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Do you pay for Medicare?<br>Part D Prescription plan?                                 | Medicare \$ _____<br>Prescription \$ _____   | Medicare \$ _____<br>Prescription \$ _____   | Medicare \$ _____<br>Prescription \$ _____   | Medicare \$ _____<br>Prescription \$ _____   |
| Receiving Food Stamps?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Receiving Pension, VA benefits, or Annuities?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Withdrew from IRA/401K within the last 365 days?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Child Support?<br>(if both parents are not in the household a form must be completed) | <input type="checkbox"/> Yes – Paying<br><input type="checkbox"/> Yes – Receiving<br><input type="checkbox"/> No | <input type="checkbox"/> Yes – Paying<br><input type="checkbox"/> Yes – Receiving<br><input type="checkbox"/> No | <input type="checkbox"/> Yes – Paying<br><input type="checkbox"/> Yes – Receiving<br><input type="checkbox"/> No | <input type="checkbox"/> Yes – Paying<br><input type="checkbox"/> Yes – Receiving<br><input type="checkbox"/> No |
| Do you have any other forms of income?  |  |  |  |  |

**\* If you do not provide social security numbers for new household members, you will need to provide them either by phone or email. Social security numbers are required to process all applications.**

For all areas selected “Yes” you will need to **provide copies of all required income documentation** showing proof of income for previous 30 days. See 1<sup>st</sup> page for additional information.

**Applicant Contact Information:**

| Physical Address | Apartment/Unit | City | Zip Code |
|------------------|----------------|------|----------|
|                  |                |      |          |

| Mailing Address | Apartment/Unit | City | Zip Code |
|-----------------|----------------|------|----------|
|                 |                |      |          |

| Phone Number           | Mobile                   | Home                     | Preferred Method of Contact |
|------------------------|--------------------------|--------------------------|-----------------------------|
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| <b>*Email Address:</b> |                          |                          | <input type="checkbox"/>    |

\*Email addresses are used solely for exchange of documentation and any other information pertaining to Energy Service programs. We will not disclose your information to any 3<sup>rd</sup> party without your expressed permission\*

\*\*Our emails frequently go to your spam folder. You will want to check your spam folder for any emails from us regarding your application\*\*

**Housing Information**

| Housing Type (Please check one)                               | Housing Status  | Have you lived at this address for at least 12 months?      | Heat Included   | Subsidized Rent   | Rent/Mortgage Amount | Total number of rooms in the home?* |
|---|---|---|---|---|----------------------|-------------------------------------|
| <input type="checkbox"/> Single Family (house or condo)       | <input type="checkbox"/> Rent<br><input type="checkbox"/> Own | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$                   |                                     |
| <input type="checkbox"/> Duplex (two units)                   | <input type="checkbox"/> Rent<br><input type="checkbox"/> Own | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$                   |                                     |
| <input type="checkbox"/> Mobile Home                          | <input type="checkbox"/> Rent<br><input type="checkbox"/> Own | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$                   |                                     |
| <input type="checkbox"/> Apartment building (3 or more units) | <input type="checkbox"/> Rent<br><input type="checkbox"/> Own | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$                   |                                     |

\*Rooms include: Bedrooms, living room, kitchen, dining room, offices, or other **heated** spaces in the home; please do not include bathrooms, hallways, closets, pantries or garages.

**Fuel Information** (if applicable during fuel season)

**Eligibility Requirements:** You must be responsible for your own heat or have non-subsidized rent with heat included and fall within the income guidelines

**If you pay for your own fuel, how much fuel do you currently have?** \_\_\_\_\_

*(We will follow up with your fuel vendor to verify this as we process your application)*

**Fuel Information (continued)**

\*Fuel Assistance is intended to supplement home heating costs. We cannot assist with fuel costs for space heaters, hot water, or cooking. Fuel Assistance will not cover any fuel delivered to unsecured containers that are not attached to a direct heating unit; examples include, but are not limited to: barrels and skid tanks.

| Fuel Type (check all that apply)                    | Heating Vendor and Account Number (REQUIRED) | Primary fuel type        | Secondary fuel type (back-up) | Do you have an open and active account with this vendor?    | Have you used this vendor for at least 12 months?           |
|---|--|--------------------------|-------------------------------|---|---|
| <input type="checkbox"/> Oil                        |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input type="checkbox"/> Kerosene                   |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input type="checkbox"/> Propane/<br>Natural Gas    |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input type="checkbox"/> Electric<br>baseboard heat |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input type="checkbox"/> Wood                       |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input type="checkbox"/> Pellets                    |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input type="checkbox"/> Coal                       |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**Electric Assistance Program (if applying)**

**Eligibility requirements:** Electric bill must be in the name of a current household member (not the landlord), although other unique situations may be considered for eligibility which will need to be discussed with your case worker. Household must also meet income eligibility guidelines.

|  |   |
|--|---|
| Is Electric included in your rent?                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>If no</b> , who is your utility company?          |   |
| What is your account number (REQUIRED)               |   |
| Do you have a current or upcoming disconnect notice? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is your heat electric heat?                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| If yes, what is the disconnect date?                 |   |

| FOR OFFICE USE ONLY  |  |
|--|--|
| RECERT DATE:   | CASE NO.   |
| <input type="checkbox"/> Check off once you have noted the reason recertification was not completed in EAP | <input type="checkbox"/> Lowered discount                  |
| <input type="checkbox"/> Applicant declined EAP  | <input type="checkbox"/> Recert not due                    |
| <input type="checkbox"/> Electric bill not in name of person in household                                  | <input type="checkbox"/> FAP over-income; EAP under 97 day |
| <input type="checkbox"/> Included in rent, previously denied   | <input type="checkbox"/> Not previously enrolled           |

**Proxy Authorization**

**(OPTIONAL)**

*A person not on the application that we may speak to on your behalf to assist in completing your application*

\_\_\_\_\_  
Applicant – Please Print Name

I, \_\_\_\_\_ (Applicant), give permission to the following named individual to act as my Authorized Proxy and take the following actions on my behalf (please check all that apply):

- Sign my Fuel/Electric Assistance application on my behalf
- Provide any documentation requested related to my application
- Talk to SCS regarding my application and any questions or concerns that may arise

Name of Authorized Proxy\*: \_\_\_\_\_

Proxy's Telephone Number: \_\_\_\_\_

Proxy's Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I understand that I have the right to withdraw this proxy authorization at any time. I understand I must provide written notification to Southwestern Community Services in the event that I choose to withdraw this authorization.

\_\_\_\_\_  
Signature of Applicant (Required if filling out proxy form)      Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Signature of Proxy (*if this is difficult to obtain, please contact our office*)      Date: \_\_\_/\_\_\_/\_\_\_

## 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 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.

*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 is true and correct.*

*By signing below, you are stating you have read and understand the terms and conditions.*

Applicant Signature

Date

SCS Staff Signature

Date

**\*\*WE CANNOT PROCESS YOUR APPLICATION WITHOUT YOUR SIGNATURE\*\***