



# 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 \_\_\_\_\_      Multi-Family Apt \_\_\_\_\_  
   Mobile Home \_\_\_\_\_      Condo \_\_\_\_\_      Rooming House \_\_\_\_\_

Total number of rooms \_\_\_\_\_ (do not count hallways, basements, bathrooms, closets, pantries)

Do you own your home?    YES       NO      Monthly Mortgage amount: \$ \_\_\_\_\_

Do you rent your home?    YES       NO      Monthly Rental amount: \$ \_\_\_\_\_

Is 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 is required.

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

Secondary Heat source:    Oil       Kerosene       Propane       Electric       Natural Gas       Wood/Pellets

List all Household members living at new address: \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

### Vendor/Utility Change:

New Fuel Vendor: \_\_\_\_\_ Account Number: \_\_\_\_\_

New Electric Vendor: \_\_\_\_\_ Account Number: \_\_\_\_\_

Customer of Record on new Electric account: \_\_\_\_\_

New Landlord: \_\_\_\_\_ (If Heat is now included in your rent, a new Landlord Form must be attached to this 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 # \_\_\_\_\_ UID: \_\_\_\_\_ Recert Date: \_\_\_\_\_ Tier: \_\_\_\_\_

FAP case # \_\_\_\_\_ Benefit Amount Reassigned to New Vendor: \_\_\_\_\_

FAP case notes \_\_\_\_\_

Date case updated in the system: \_\_\_\_\_ Staff/ Admin. Signature: \_\_\_\_\_