



Fuel and Electric Assistance Programs Information

The following gives you important information about how to apply to the Fuel and Electric Assistance Programs.

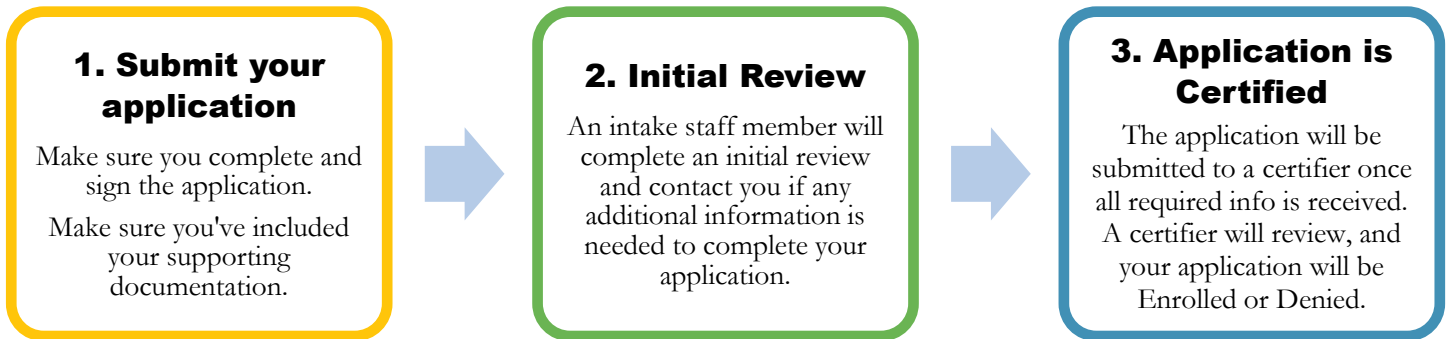
Please keep this page for your records.

- Complete all sections of the application form - list everyone living in the household; include birthdates and social security numbers on the application.
- First time applicants: please include copy of most recent tax return. If no taxes were filed, include copies of social security cards or other legal documents with social security numbers listed for all household members.
- All applicants: please include copies of all income received for all household members for the 30 days prior to the date you sign your application. See reverse side 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.
- This is the beginning of the application process. Processing times can be up to 60 days.

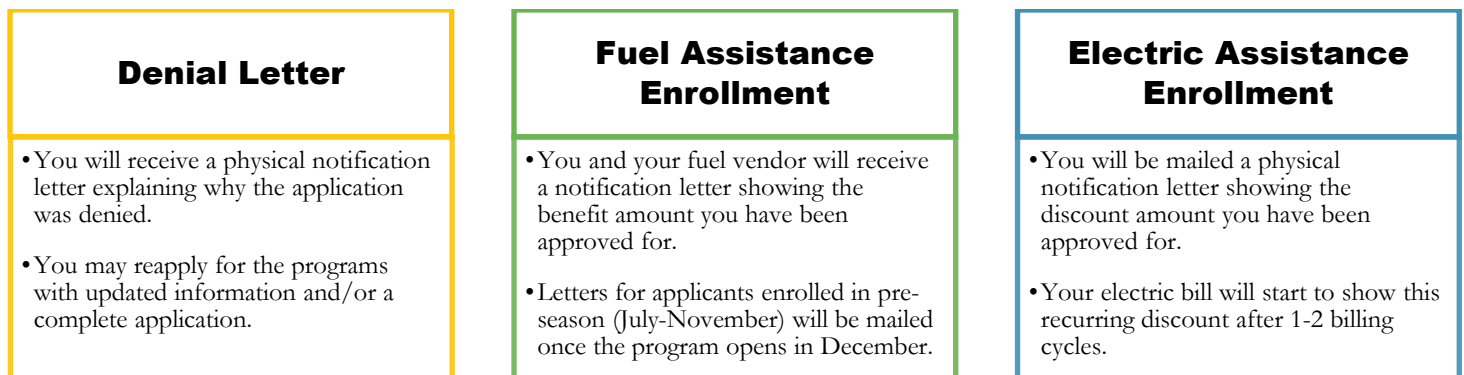
Please complete the attached application and submit along with requested documents via one of the following methods:

- **Mail: Community Action Program, PO Box 1016, Concord NH 03302**
- **Email: Fuelassistance@capbm.org**
- **Fax: 603-228-1898**
- **Drop off at your local area resource center – contacts on next page**
 Please be advised that an intake worker may not be able to review your application with you right away.
- **If you would prefer an In Person Appointment, please call 603-223-0043**

APPLICATION PROCESS



HOW YOU WILL BE NOTIFIED



Required Income Documentation

Please provide copies for all household members for 30 days prior to the date the application is signed.

For these types of income, you need copies ONLY

- **Employment Paychecks**
Last 6 paystubs if paid weekly, last 3 paystubs if paid bi-weekly, 2 if paid monthly
- **Social Security**
Benefit letter from current year or current bank statement if direct deposited
- **Short or Long Term Disability**
For Workers Comp or Disability send in total amount received in last 30 days (last 5 pay stubs)
- **Pensions or Annuities**
Tax return or most recent account statement if received in the last 30 days
- **IRA**
If taken within the last year, proof of amount and date taken, or most recent tax return.
- **Self-Employment**
Include most recent complete tax return with all schedules and attachments
- **Rental Income**
Include most recent complete tax return with all schedules and attachments
- **Interest or Dividends**
Most recent tax return
- **VA Benefit or VA Pension**
Current benefit letter
- **Alimony**
Proof of total amount received in last 30 days
- **DHHS Assistance**
If any household members receive food stamps, TANF, NHEP, FAP, OAA, APTD, etc. – please include copy of most recent decision letter(s)

For these types of income, you must complete a form

- **Unemployment**
If you are receiving, or have received in the prior year please complete the unemployment form
- **Employer Verification Form**
If job ended within last 8 weeks or pay is sporadic then employer must complete this form
- **Child Support Form**
If both parents are not in the household this form must be completed.
- **No Income Form**
If any adults (18+) in home have no form of income, this form must be completed
- **Commissions Form**
If anyone receives payment through commissions, form to be completed by employer
- **State or Town Welfare Form**
If assistance was received in last 8 weeks from state/town welfare, form must be completed - OR provide your letter of decision.
- **Self-Employment Form**
(only if income is not on current tax return)
- **Rental Income**
(only if income is not on current tax return)

*Please contact us to request forms be mailed or emailed to you. You can also download forms from our website at:
www.capbm.org/fuel-assistance-program-fap

You may receive a request for additional information. We cannot process an application until we have all the necessary information and documentation per the program rules. Thank you for your cooperation.

If you have any questions, please call us at 603-223-0043:

**Concord Area
Resource Center**
2 Industrial Park Dr
Concord, NH 03301
CARC@capbm.org
Towns Served:
Boscawen, Canterbury,
Concord, Franklin,
Loudon, Northfield

**Laconia Area
Resource Center**
121 Belmont Rd
Laconia, NH 03246
LARC@capbm.org
Towns Served:
Alton, Barnstead,
Belmont, Gilford,
Gilmanton, Laconia,
Sanbornton, Tilton

**Warner Area
Resource Center**
49 West Main St
Warner, NH 03278
WARC@capbm.org
Towns Served:
Andover, Bradford,
Danbury, Henniker, Hill,
Hopkinton, Newbury, New
London, Salisbury, Sutton,
Warner, Webster, Wilmot

**Suncook Area
Resource Center**
15 Glass Street, Suite 104
Suncook, NH 03275
SARC@capbm.org
Towns Served:
Allenstown, Bow,
Chichester, Dunbarton,
Epsom, Hooksett,
Pembroke, Pittsfield

**Meredith Area
Resource Center**
147 Main Street
Meredith, NH 03253
MARC@capbm.org
Towns Served:
Center Harbor,
Meredith,
New Hampton

Fuel and Electric Assistance Application

Submit the completed application with documents to one of the following:

Mail: Community Action Program, PO Box 1016, Concord NH 03302

Email: Fuelassistance@capbm.org **Fax:** 603-228-1898

If you would prefer an **In Person Appointment** or have any questions, please contact 603-223-0043

Applicant Contact Information:

Applicant Name: _____ Total Number of Members in House: _____

Street Address: _____ City: _____ Zip: _____

Mailing: Street/PO Box: _____ City: _____ Zip: _____

Primary Phone Number: _____ Cell Phone Number: _____

Email address: _____

Home Information:

Are you interested in having your home Weatherized? YES _____ NO _____

Type of Home: Single Family _____ Duplex _____ Multi-Family _____

Mobile Home _____ Condo _____ Rooming House _____

Total number of rooms: _____ (do not count hallways, bathrooms, closets, pantries, or basements)

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

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

Is your rent subsidized? YES _____ NO _____ Your Portion of Rent amount: \$ _____

Is your heat included in your rent? YES _____ NO _____

If your rent is subsidized and your heat is included, you will not be eligible for the fuel assistance program.

Fuel Account Information:

Fuel Vendor Company Name: _____ Account Number: _____

Have you used the same fuel vendor for the last 12 months? YES _____ NO _____

Heating Type: Oil ___ Kerosene ___ Propane ___ Electric ___ Natural Gas ___ Wood/Pellets ___

How much fuel is in your tank? _____ (or) How much wood/pellets do you have? _____

Do you have a permanent secondary heat source? (Other than space heaters) _____

If heat is included in rent, are you facing eviction? NO _____ YES _____ *Date of eviction: _____

Do you have a natural gas or electric disconnect notice? NO _____ YES _____ *Date of disconnect: _____

*Please include a copy of demand for rent or disconnect notice with your application

Would you like to apply for the Electric Assistance Program? YES _____ NO _____

Electric Vendor Company Name: _____ Account Number: _____

Customer name on electric bill: _____

Fuel and Electric Assistance Application Page 2 of 2

Household Info: Please provide information regarding each household member. For more than 4 members, please either make a copy of this application, attach a separate sheet, or print the additional household members page from our website:

www.capbm.org/fuel-assistance-program-fap

	1st Resident	2nd Resident	3rd Resident	4th Resident
First & Last Name	(Applicant on page 1)			
Social security #				
Date of Birth				
Gender				
Ethnicity (optional)				
Are you a Veteran?	YES NO	YES NO	YES NO	YES NO
Health Insurance	YES NO	YES NO	YES NO	YES NO
Current Student	YES NO	YES NO	YES NO	YES NO
Last grade completed:				
For all areas below selected “Yes” you will need to provide copies of all required income documentation showing proof of income for previous 30 days. Please see application guide for info.				
Currently Employed?	YES NO	YES NO	YES NO	YES NO
Pay Frequency?	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly
Receiving Unemployment?	YES NO	YES NO	YES NO	YES NO
Self-Employed?	YES NO	YES NO	YES NO	YES NO
Are You Disabled?	YES NO	YES NO	YES NO	YES NO
Receiving Social Security, SSI or SSDI?	YES NO	YES NO	YES NO	YES NO
Do you pay for Medicare? Part D prescription plan?	Medicare \$ _____ Prescription \$ _____	Medicare \$ _____ Prescription \$ _____	Medicare \$ _____ Prescription \$ _____	Medicare \$ _____ Prescription \$ _____
Receiving Food Stamps?	YES NO	YES NO	YES NO	YES NO
Receiving Pension, VA benefits or Annuities?	YES NO	YES NO	YES NO	YES NO
Withdrew from IRA/401K within one year?	YES NO	YES NO	YES NO	YES NO
Child Support? (If both parents are not in the household a form must be completed)	YES – paying YES – receiving NO	YES – paying YES – receiving NO	YES – paying YES – receiving NO	YES – paying YES – receiving NO
If any other income, what type and how often?				

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(s) 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 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:** _____

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

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CARC@capbm.org
2 Industrial Park Dr
Concord, NH 03301

**Laconia Area
Resource Center**
LARC@capbm.org
121 Belmont Rd
Laconia, NH 03246

**Warner Area
Resource Center**
WARC@capbm.org
49 West Main St
Warner, NH 03278

**Suncook Area
Resource Center**
SARC@capbm.org
15 Glass Street Suite 104
Suncook, NH 03275

**Meredith Area
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MARC@capbm.org
147 Main Street
Meredith, NH 03253