



Fuel and Electrical Assistance Application

2022-2023

577 Central Ave. Suite 10 Dover, NH 03820 * Phone (603) 435-2500

www.straffordcap.org

Applying for: Fuel Electrical (recertification? Y/N) Both

Applicant Contact Information

Applicant Name: _____ Total Number of Household Members: _____
Street Address: _____ City: _____ ZIP Code: _____
Mailing: Street/PO Box: _____ City: _____ ZIP Code: _____
Primary Phone #: _____ Secondary Phone #: _____
Email Address: _____

Home Information

Type of Home: Single-Family Duplex Multi-Family Mobile Home
 Rooming House Other: _____

Total number of rooms: _____ (Do not count bathrooms, hallways, closets, rooms closed off/not heated.)
Do you own your home? Yes No Monthly Mortgage \$ _____
Do you rent your home? Yes No Monthly Rent \$ _____
Is your rent subsidized? Yes No Your Portion of Rent \$ _____
Is your heat included in your rent? Yes No Landlord's Name: _____

Have you lived at your physical address for the past 12 months? Yes No

Fuel Account Information:

Fuel Vendor Name: _____ Account Number: _____
Fuel account in the name of: _____

Have you used the same vendor for the past 12 months? Yes No

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

If propane, is propane used for heat cooking or both

How much fuel is in your tank? Over ¼ Less than ¼ Less than 1/8 or empty
How much wood/pellets do you have? _____ DAYS

Do you have a natural gas or electric disconnect notice? Yes No Date of disconnect _____

Do you have a permanent secondary heat source: Oil Propane Kerosene
 Wood/Pellets Natural Gas Electric

Are you interested in the Weatherization Program? Yes No

Phone: 603-435-2500
Fax: 603-749-3718

Email: Capdoveroutreach@straffordcap.org
Revised June 2022

Electric Account Information:

Would you like to apply/recertify for the Electric Assistance Program at this time? YES NO

Electric Utility Vendor: _____ Account #: _____

Customer Name on Electric Bill: _____

Household Information: Please provide information about each household member. For more than 4 members, please either make a copy of this application or attach a separate sheet

	1st Resident	2nd Resident	3rd Resident	4th Resident
First and Last Name	(Applicant on page1)			
Social Security #				
Date of Birth				
Gender				
Ethnicity				
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				
If you answer "Yes" to any questions below, you will need to supply copies of all required income documentation showing proof of income for the previous 30 days. Please see checklist on Page 3.				
Are you disabled?	YES NO	YES NO	YES NO	YES NO
Currently Employed?	YES NO	YES NO	YES NO	YES NO
Self-Employed?	YES NO	YES NO	YES NO	YES NO
Receiving Food Stamps or Cash Assistance?	YES NO	YES NO	YES NO	YES NO
Receiving Social Security, SSI, or SSDI?	YES NO	YES NO	YES NO	YES NO
Child Support?	YES-paying YES-receiving NO	YES-paying YES-receiving NO	YES-paying YES-receiving NO	YES-paying YES-receiving NO

Checklist for required documents:

Proof of GROSS Income (for the 30 days period prior to the date you sign the application)

<input type="checkbox"/> If employed, last 6 paystubs if weekly, last 3 paystubs if biweekly	<input type="checkbox"/> Fuel Bill and Electric Bill
<input type="checkbox"/> Social Security Award Letter (current year)	<input type="checkbox"/> Alimony (court order)
<input type="checkbox"/> If receiving Workers Compensation, last 5 paystubs	<input type="checkbox"/> Gross Pension(s) (current year check stub)
<input type="checkbox"/> No Income (Unemployment Form and No or Low Income Form)	<input type="checkbox"/> Self-Employed (Complete taxes, all documents)
<input type="checkbox"/> Taxes (current tax return year)	

Other documents or forms you may need (call office to request forms)

<input type="checkbox"/> Self Employment Form (if not on current tax return)	<input type="checkbox"/> IRS form 4506T (if you do not file income taxes)
<input type="checkbox"/> Proof of Child Support (received or paid)	<input type="checkbox"/> Unemployment Form
<input type="checkbox"/> No Low-Income Form	<input type="checkbox"/> Landlord Form (only needed if heat is included in your rent)

IMPORTANT

Please note that the application process may take up to 60 days. If additional documentation is needed for your application, you will receive a 10-day letter via mail. Once the documentation is received and the application is complete, you will receive a letter indicating your eligibility.

FAP Clients ONLY: The FAP program officially opens November 1st. You will not receive an enrollment letter until AFTER the season opens.

READ THE FOLLOWING RELEASE AND CONDITIONS AND SIGN BELOW:

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, Electrical 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 Electrical Assistance Programs to obtain a record of my annual energy consumption, electric usage costs and billing information from my heating and electric companies 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 and Electric Assistance Programs to call the listed vendor/property owner 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 this benefit is provided to assist our household in making 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 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.

YOUR SIGNATURE: _____ DATE: _____

****IMPORTANT – WE CANNOT PROCESS THIS APPLICATION WITHOUT YOUR SIGNATURE.****