

SOUTHERN NEW HAMPSHIRE SERVICES, INC.
Hillsborough and Rockingham Counties
P. O. BOX 5040 MANCHESTER, NH 03108- 5040
FUEL ASSISTANCE PROGRAM 2020-2021

This is an **EARLY REGISTRATION** for households that applied for Fuel Assistance last year. Eligibility is usually based on the household income for a 30-day period. Complete the application and send it back to us with accompanying documentation **before 4/30/2021.**

1. To apply by MAIL please do the following:

- **Complete both sides** of the yellow application form.
- List **everyone actually living in your home at the time that you fill out the form.**
- **Report** all income for everyone in your household during the same 30 day period.
- **Send proof of all income** received for the last 30 days prior to the date that you send in the application. **Send in last 6 weekly or the last 3 biweekly stubs. Documentation** that you send in, checks, payroll stubs, bank statements, award letters, and wage forms, etc. must be for income received **after July 1st, 2020 and received in the last 30 days before you mail us your application.**
- Send in a complete signed copy of the **2019 Federal Tax Return (Form 1040)** for each adult in your household.
- Send in copies of the **Social Security cards** for all the members of your household.
- If one or both parents are not in the household, please fill in the top part of the Child Support Verification Form.
- If you need additional wage or child support forms, pick them up at one of our outreach offices.
- If you **rent and your heat is included**, send in the completed **Landlord Verification Form.** Your application will be denied for insufficient documentation if you are a renter and we do not have your completed form as this is a **mandatory form for all renters with heat included.**
- If you are behind on your rent or mortgage, please provide a statement from your landlord or mortgage company showing the amount you are behind.
- If you receive **Food Stamps**, send us a copy of your most recent award letter with all pages.
- Please request and send in a 12 month usage history from your vendor if you heat with oil, propane or kerosene.
- Please write in your primary fuel type and indicate how much fuel you have in your tank at this time.
- Although the Fuel Assistance Program can only pay for permanently installed electric heat, you may still apply for The Electric Assistance Program for non-heating electricity needs.
- If there is a supplementary benefit this year, it can only go to your primary fuel vendor.
- **SIGN THE APPLICATION. We cannot process it without your signature.**
- **This application should be filled out and returned to us immediately through the mail.**
- **Please note:** We will be processing applications this summer before the official opening of the program. You may receive a letter, an email or a phone call asking you 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.
- **A secured drop box has been installed at all Resource Centers to make it easier to get documents to us.**

2. To apply On-Line:

- Please visit www.snhs.org/programs/energy-programs/low-income-home-energy and print out the Program Year 21 Fuel Assistance application and return to SNHS via mail or the drop box located at each Resource Center.

PLEASE READ!

The level of federal funding for next winter's Fuel Assistance Program (FAP) may not be known for several months. You will not receive written notification of your eligibility until NH has received notification of available funds. You WILL receive written notification if your application is incomplete or your household has been denied for any reason. Please complete and submit your FAP application for the 2020-2021 heating season as soon as possible. COMPLETE applications that meet all FAP requirements will be certified as eligible. We cannot pay any bills until the program officially opens generally on December 1st, 2020.

Resource Centers that are open from 8:30 to 4:30 daily by phone.

160 Silver Street in Manchester	647-4470	or	1-800-322-1073
134 Allds Street in Nashua	889-3440	or	1-877-211-0723
9 Vose Farm Rd in Peterborough	924-2243	or	1-877-757-7048
9 Crystal Avenue in Derry	965-3029	or	1-855-295-4105
55 Prescott Road in Raymond	895-2303	or	1-800-974-2303
146 Lafayette Road in Seabrook	474-3507	or	1-800-979-3507
4 Cutts Street Suite 1A in Portsmouth	436-3896	or	1-800-639-3896
85 Stiles Rd, Suite 103 in Salem	893-9172	or	1-800-939-9172

SNHS FUEL & ELECTRIC ASSISTANCE PROGRAM APPLICATION 2020-2021
Hillsborough and Rockingham Counties

If you wish to apply BY MAIL, fill in FRONT and BACK of this application and return to: Southern New Hampshire Services, Inc., Fuel Assistance Program, P.O. Box 5040, Manchester, NH 03108-5040. Application must be received by or before 4/30/21.

Please print clearly on all sections of the form. You must sign the application on the reverse side.

List the names, sex (M or F), Social Security numbers (SSN) and date of birth (DOB) of ALL the people who live in your home. For each member of the household write Yes or No if they have Health Insurance (private, Medicare or Medicaid) and if they are working. If in school write current grade or last grade completed.

	NAME	Sex	SSN	DOB	Insur	Work	School
1.	_____	/	_____ # _____	_____	_____	_____	_____
2.	_____	/	_____ # _____	_____	_____	_____	_____
3.	_____	/	_____ # _____	_____	_____	_____	_____
4.	_____	/	_____ # _____	_____	_____	_____	_____

TOTAL # OF PEOPLE living in your house in the last 30 days: _____ Add a sheet for more people.

YOUR CONTACT INFORMATION:

Street: _____ Apt # _____ City: _____ Zip: _____ - _____

Mailing if different: Street _____ City: _____ Zip: _____ - _____

Is this a new address? Yes () No () Phone #: _____ Message/Cell # _____

Email address for additional information if needed: _____

WEATHERIZATION: Would you like to have your home or apartment weatherized? Yes () No ()

See enclosed program description. Renters must have a signed Landlord Tenant Agreement.

HOUSING INFORMATION:

House type: Single ___ Duplex ___ Multi (3+) family ___ Condo ___ Mobile home ___ Room ___

TOTAL # of rooms you have: _____ Do not count halls, bathrooms, pantries and closets.

Have you lived in this location for one year or more? Yes () No ()

HEATING FUEL SECTION: Fuel Type: _____ Your Fuel Co.: _____ Account # _____

Have you used this vendor for the last 12 months? Yes () No ()

How much fuel is in your tank now: _____ When was your last delivery? _____

If you heat with Natural Gas or Electricity: Is your service currently disconnected? Yes () No ()

Do you have a disconnect notice? Yes () No ()

****Only permanently installed electric heat bills can be paid.**

Do you own your home? Yes () No () Monthly Mortgage amount \$ _____

Owners, please send in a current mortgage statement.

Do you rent? ** Yes () No () Full Monthly Rental amount \$ _____

****RENTERS: a COMPLETED & SIGNED Landlord Verification Form is MANDATORY for renter with heat included****

Your Fuel Assistance application will be denied if you don't provide the Landlord Verification form.

Does an agency help you pay your rent? Yes () No () Your monthly portion of the rent \$ _____

Is heat included in the rent? Yes () No ()

ELECTRIC ASSISTANCE PROGRAM: This is the program that provides a monthly discount on your electric bill.

Would you like to apply for the Electric Assistance Program at this time?

Yes () No () Electric Utility: _____ Account #: _____

TAX RETURN: Send in a complete, signed copy of the 2019 tax return for each adult in the household.

SOCIAL SECURITY CARDS: Send in copies of Social Security cards for everyone in the household.

DO YOU GET FOOD STAMPS (SNAP)? Yes () No () If yes, send a complete copy of the Food Stamp letter.

INCOME SECTION: Please check the types of income received by all in your household. You must send in proof of all income received and make sure your name is on the documents.

- DHHS:** For TANF: NHEP, FAP or IDP; FWOC, APTD, ANB and OAA, send in a complete copy of your most recent decision letter. (All pages front and back)
- CHILD SUPPORT:** Complete the enclosed child support form and send in proof of total amount received and/or paid in the last 30 days.
- DISABILITY:** For Workers Compensation, Short Term Disability, Long Term Disability, and Veteran's benefit, send in proof of total gross amount received in the last 30 days.
- EMPLOYMENT:** Send in copy of last 6 weekly or 3 bi-weekly pay stubs for each household member.
- SELF EMPLOYMENT:** If any member of this household is self-employed, a signed 2019 Tax Return and all attending schedules are required.
- RENTAL INCOME:** if any member of this household has rental income, a signed 2019 Tax Return is required. If you do not file a tax return, please call your local outreach office for additional instructions.
- For any PENSION:** Send in proof of total gross amount received in last 30 days.
- For any Retirement Fund Disbursement (IRA, 401K, 403B, SEP etc.):** Send in proof of total gross amount withdrawn in the last 365 days, from the date of your signed application.
- SOCIAL SECURITY:** Send in a copy of the check or the most recent award letter or current bank statement (all pages) for total amount received monthly for each person receiving Social Security, SSDI and SSI payments.
- UNEMPLOYMENT:** Send in copies of the last 6 pay stubs for each person receiving unemployment pay.
- INTEREST / DIVIDEND:** Send in the most recent bank statements for all accounts to show total amount received in last 30 days. Include interest on CD's, investment accounts, etc.
- OTHER INCOME:** Not listed above, fill in the spaces below and send the documentation (copies of checks, check stubs, benefit letters, etc.) when you return this form:
Income Type: 1. _____ 2. _____

Please read the following statement:

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 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 Assistance Program to obtain a record of my annual energy consumption, 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 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 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.

We cannot process this application without your signature:

Signature Adult 1: _____ Date: _____

Signature Adult 2: _____ Date: _____

This is an early registration. We may send you a notice requesting additional information.

If you wish to apply later, you must schedule an appointment for a phone interview.

Please note: No payments will be made prior to the opening of the 2020/2021 Program, generally on December 1, 2020. The Fuel Assistance Program can only pay bills for fuel delivered after October 1, 2020 and for metered utilities (electric heat, natural gas and metered propane) billed after November 1, 2020.

If you have any questions about this application, please call us:

Manchester: 647- 4470	Nashua: 889- 3440	Peterborough: 924- 2243
Derry: 965- 3029	Raymond: 895- 2303	Seabrook: 474- 3507
Salem: 893- 9172	Portsmouth: 436- 3896	