Southern NH Services/Rockingham Community Action

CHANGE OF ADDRESS or VENDOR FORM

TODAY'S DATE_____ DATE ADDRESS CHANGED_____

FAP CASE #: _____ EAP CASE #: _____

FAP Changed: _____EAP Changed: _____
(FAP Representative) (EAP Representative)

I HAVE MOVED. Please transfer my Fuel Assistance benefit and/or Electric Assistance discount.

NAME: _____
PLEASE PRINT

OLD ADDRESS: _____

NEW ADDRESS: _____

CITY: _____STATE: _____ZIP: _____TEL NUMBER: _____

MY NEW LANDLORD IS: _____

MY NEW HEATING FUEL CO. IS: _____

MY NEW HEATING FUEL Account #_____

If there is a remaining credit on my Fuel Assistance Benefit, please transfer it to the new Heating Fuel Company or my landlord if the heat is included in the rent.

NEW ELECTRIC ACCOUNT#_____

CUSTOMER OF RECORD on NEW ELECTRIC ACCOUNT_____

DO YOU HAVE PERMANENTLY INSTALLED ELECTRIC HEAT? _____

IF HEAT IS INCLUDED IN THE RENT (AT THE NEW ADDRESS) A LANDLORD FORM MUST BE ATTACHED TO THIS REQUEST TO TRANSFER ANY REMAINING BENEFITS.

I have completed the above and submitted all the information needed to make the transfer of benefit and discount.

I UNDERSTAND THAT A TRANSFER WILL NOT BE MADE IF THERE IS NO FUEL ASSISTANCE BALANCE REMAINING AFTER ALL FINAL BILLS ARE PAID TO MY ORIGINAL FUEL CO., OR LANDLORD.

I ALSO UNDERSTAND THAT I MAY NEED TO REAPPLY FOR THE ELECTRIC ASSISTANCE PROGRAM IF MY SITUATION HAS CHANGED SIGNIFICANTLY.

Applicant Signature