

## ELECTRIC ASSISTANCE PROGRAM APPLICATION 2022

Your application is due for recertification. You must re-apply to prevent your discount from being stopped. If you wish to apply BY MAIL, fill in FRONT and BACK of this green application and return to: Southern New Hampshire Services, Inc., Electric Assistance Program, P. O. Box 5040, Manchester, NH 03108-5040.

If you wish to apply IN PERSON, you may call for an appointment for an interview at our offices which are listed on the cover letter.

List names, sex, Social Security numbers and date of birth 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), if they are working or are in school.

NAME	Sex	SSN	(Write Yes or No)		
1. _____ Please print	/ _____	# _____	DOB _____	Insur _____	Work _____ School _____
2. _____	/ _____	# _____	DOB _____	Insur _____	Work _____ School _____
3. _____	/ _____	# _____	DOB _____	Insur _____	Work _____ School _____
4. _____	/ _____	# _____	DOB _____	Insur _____	Work _____ School _____
5. _____	/ _____	# _____	DOB _____	Insur _____	Work _____ School _____

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 # \_\_\_\_\_  
Service address listed on your electric bill: \_\_\_\_\_  
Email address if needed for additional information: \_\_\_\_\_

WEATHERIZATION: To be weatherized, renters must have a signed Landlord Tenant Agreement.  
Are you interested in having your home or apartment weatherized? Yes ( ) No ( )

### HOUSING INFORMATION:

House type: Single \_\_\_\_\_ Duplex \_\_\_\_\_ Multi (3+) family \_\_\_\_\_ Mobile home \_\_\_\_\_ Room \_\_\_\_\_  
Total # of rooms you have: \_\_\_\_\_ Do not count halls, bathrooms, pantry and closets  
Type of fuel that you use to heat your home: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
Do you own your home? Yes ( ) No ( ) Monthly Mortgage amt \$ \_\_\_\_\_  
Do you rent? Yes ( ) No ( ) Full Monthly Rental amount \$ \_\_\_\_\_  
Is heat included in the rent? Yes ( ) No ( )  
Does an agency help you pay your rent? Yes ( ) No ( ) Your monthly portion of the rent \$ \_\_\_\_\_

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

SELF EMPLOYMENT: Are any members of your household self-employed? Yes ( ) No ( )

RENTAL INCOME: Do you own any rental property? Yes ( ) No ( )

If yes to self employment or rental income, please include a complete signed copy of your 2021 tax return.

### FUEL ASSISTANCE PROGRAM:

Have you applied for Fuel Assistance? Yes ( ) No ( ) If no, please call for an appointment to apply for this program if you pay your own heating fuel or if the heat is included in the rent and your rent is not subsidized.

**INCOME SECTION: Please check the types of income received by someone in your household. You must send in proof of all income received.**

- STATE CHECKS:** For TANF, NHEP, FWOC, IDP, FAP, APTD, ANB and OAA, send in a copy of your most recent and complete decision letter.
- CHILD SUPPORT:** Complete the Child Support Verification form attached.
- DISABILITY:** For Workman's Compensation, Short Term Disability, Long Term Disability, SSI, Veteran's benefit, and SSDI, send in proof of total amount received in the last 30 days.
- EMPLOYMENT:** Send in copy of last 5 weekly or 3 bi-weekly pay stubs for each wage earner.
- For any PENSION:** Send in proof of total gross amount received in last 30 days.
- SOCIAL SECURITY:** Send in a copy of the check or the most recent award letter or current bank statement for total amount received monthly.
- UNEMPLOYMENT:** Send in pay stubs for total amount received in the last 30 days
- INTEREST / DIVIDEND:** Send in the most recent 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. \_\_\_\_\_

**ELECTRIC COMPANY SECTION:**

Your Electric Utility Co.: \_\_\_\_\_ Account # \_\_\_\_\_

Please enclose a copy of your most recent electric bill.

**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 Electric Assistance and Weatherization Programs to contact any necessary third party in order to verify my household income, energy costs and any other information necessary to determine my eligibility for assistance. I authorize the Electric Assistance Program to call the listed vendor/landlord in the event of an 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 Electric Assistance and/or Weatherization 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 Electric Assistance and Weatherization Programs prohibits discrimination based on race, color, creed, religion, sex, age, national origin, marital status, sexual orientation, familial status and physical or mental disability. In addition, I authorize the Electric Assistance Program to contact any necessary third party in order to verify my household income, electric usage or costs and any other information necessary to determine my eligibility for assistance. I understand that a final determination of eligibility for the Weatherization or Power Assist @ Home Program does not take place until certified Program personnel have completed a home energy audit. Further, I understand that this benefit is provided to assist our household in making full and timely payments on my electric bill.

**We cannot process this application without your signature:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We may send you a notice requesting additional information.

**Your application is due for re-certification. Please submit your application as soon as possible. You may apply by mail or call for an appointment. Please apply so as not to risk losing the monthly discount on your electric bills.**

If you have any questions about this application, please call your local Outreach Office.