

ELECTRIC ASSISTANCE PROGRAM APPLICATION 2023

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	DOB	(Write Yes or No)
1. _____ Please print	/ _____ # _____	_____	_____	Insur___ Work___ School___
2. _____	/ _____ # _____	_____	_____	Insur___ Work___ School___
3. _____	/ _____ # _____	_____	_____	Insur___ Work___ School___
4. _____	/ _____ # _____	_____	_____	Insur___ Work___ School___
5. _____	/ _____ # _____	_____	_____	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 2022 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.

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.

WEATHERIZATION ASSISTANCE PROGRAM
Southern New Hampshire Services/ Rockingham Community Action
P. O. BOX 5040
MANCHESTER, NH 03109-5040
647- 4470 OR 1- 800- 322-1073

The Weatherization Program can help you to lower your heating costs by offering FREE Weatherization Services. After an Energy Analysis of your home by one of our trained auditors, fully trained independent contractors will come to your home to make Energy Saving improvements and repairs such as:

- Health and Safety checks on all combustible appliances,
- Repairing, caulking and weather-stripping doors and windows to reduce air infiltration
- Installing “low flow” shower heads and water tank wraps,
- Thorough cleaning, tuning and minor repairs to your heating system,
- Insulation may be added to walls, attic and floors,
- Instruction of simple techniques that can help you to save on your heating and utility bills,
- Emergency heating system repair when funding permits.

WHO IS ELIGIBLE FOR WEATHERIZATION ASSISTANCE?

1. If you qualify for the Fuel Assistance Program, you might also qualify for the Weatherization Program. Homeowners, Mobile homeowners and renters are eligible. Renters must have landlord’s permission and a signed Landlord Tenant Agreement (LTA).
2. If your home has been weatherized by our program before, it may not be eligible for weatherization. This applies even if you did not live there when the work was done.

HOW TO APPLY FOR WEATHERIZATION

1. Complete the Fuel Assistance Program application. Your Fuel Assistance application is also used to apply for Weatherization. Answer yes to the Weatherization question. If you qualify for Fuel Assistance only when the income guidelines were increased, you may not be eligible for Weatherization.
2. Have your landlord sign the LTA on the back of this sheet. If you yourself are the owner, sign both lines, that of the tenant and that of the Landlord/Owner.

WHAT HAPPENS NEXT?

After we have received your completed Fuel Assistance Program application along with the Landlord Tenant Agreement on the back of this form, your name will be added to the waiting list if you are income eligible. Help is granted first to the elderly and disabled households and to those with high energy costs and low incomes. We will contact you by phone when we are able to weatherize your home. For most, the wait could be longer than one year. Certification of this application is good for one year only. If your home has not been weatherized, you must re-apply again in the next Fuel Assistance Program year. The owner of the building must sign the other side of this form for us to be able to put your home on our list.

CLIENT NAME: _____

CASE #: _____

**New Hampshire Weatherization Assistance Program
LANDLORD-TENANT AGREEMENT**

1. The parties to this agreement, being the owner or authorized agent (hereinafter Landlord), the Tenant and Southern New Hampshire Services, Inc. (hereinafter Agency) agree to the following:
2. The Landlord agrees that the Agency may make weatherization repairs and improvements, as necessary, to the property located at _____, and presently leased/rented to the Tenant. Weatherization deemed suitable for the housing unit will be made according to the Dept. of Energy regulations.
3. The Landlord and the Tenant authorize the Agency to receive a statement from the fuel supplier/utility supplier as to quantity of fuel used at the above address in each of the past three years and the future three years. This information is to be used solely to determine the cost effectiveness of the weatherization work.
4. In consideration of the weatherization work to be performed, the parties further agree to the following:
 - a. Rent increases: The present rent for the above described premises is \$ _____ per _____.
 - b. For a period of one year from the date of this Agreement, the amount of rent charged the Tenant shall not be increased except to reflect the Tenant's prorated share of the following expenses actually incurred and documented by the Landlord:
 1. Actual increases in property taxes;
 2. Actual cost of amortizing improvements to the property (other than weatherization), which are made on or after the date of this Agreement and which directly benefit the Tenant; and,
 3. Actual increase in expenses of maintaining and operating the property.
 - c. Evictions: The Tenant will not be evicted or removed from the premises for a period of 1 year so long as every ongoing obligation and responsibility owed to the Landlord is complied with.
 - d. Vacancies: In the event the above described premises becomes vacant, or is already vacant the Landlord agrees to reimburse the Agency for the cost of any weatherization materials and labor used in the vacant premises which is subsequently leased/rented to a Tenant who is not eligible for this program for a 1-year period from date agreement is signed.
 - e. This section may be waived, if, and only if, the Landlord's property is found eligible for subsidy in which case actual rent charged by the Landlord shall conform with the standards of such subsidy program.
5.
 - a. In the event of the owner selling the above described premises within one (1) year of this agreement; the owner agrees: to pay the Agency an amount equal to 100% of the cost of all weatherization work (both materials and labor) performed on the premises.
 - b. In the event of the owner selling the above described premises within two (2) years of this agreement; the owner agrees: to pay the Agency an amount equal to 50% the cost of all weatherization work (both materials and labor) performed on the premises.
 - c. In either of the above situations, the owner also agrees to transfer this agreement and its obligations to the new owner for the lifetime of the agreement.
6. The agreement will take effect of the date of the signature and will expire on the first rent payment date which occurs one year from the date of the signing.

Landlord/Owner Signature

Date

Landlord/Owner Name Printed

Daytime Telephone Number

Landlord email address

Tenant Signature

Date

Southern New Hampshire Services, Inc. 647- 4470 Ext. 6062
Agency

Auditor