Due to the Covid-19 the access to our building is limited, applications are available in a box outside the main entrance to our building, online at www.tccap.org under Services go to Energy Assistance you will find it there or you may call this office at (603) 323-7400.

Application may be returned to this office by mail, fax, E-mail or put in the drop off box located in the entrance of our building.

Thank you for your patience and understanding.

Tri-County Community Action
Carroll County Office
This is an application for the Fuel and/or Electrical assistance program. Complete the application and send it back to us with the requested documentation.

**Proof of GROSS income (for 30 days prior to signature on application)**

- [ ] Last 6 pay stubs if weekly last 3 if bi-weekly
- [ ] Worker’s Compensation (Last 5 pay stubs)
- [ ] No income (need an unemployment form)
- [ ] Self-Employed (Complete Taxes all documentation)
- [ ] Taxes (current tax return year)

**Other Forms you may need (call office to request forms)**

- [ ] Self –Employment Form (if not on current tax return)
- [ ] Proof of Child Support (received or paid)
- [ ] Unemployment Form
- [ ] Social Security Letter (current year)
- [ ] Pension(s)/Annuity (current year check stub)
- [ ] Alimony (court order)
- [ ] Fuel Bill
- [ ] Worker’s Compensation (Last 5 pay stubs)
- [ ] No income (need an unemployment form)
- [ ] Self-Employed (Complete Taxes all documentation)
- [ ] Taxes (current tax return year)

**Important please read**

If you are applying for Fuel and/or Electrical Assistance, Tri-County CAP will mail out a letter right away telling you if you have been enrolled or denied.

Please mail or email the completed application and supporting documents to the Outreach Office in your County:

**Carroll County Outreach Office**
448 White Mountain Highway
Tamworth, NH 03886
Phone: (603) 323-7400
Email: carrollcc@tccap.org

**Coos County Outreach Office**
53 Main Street Suite 2
Berlin, NH 03570
Phone: (603) 752-3248
Email: berlincc@tccap.org

**Grafton County Outreach Office**
41 School St
Ashland, NH 03217
Phone: (603) 968-3560
Email: ashlandcc@tccap.org
List the names, Gender, 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 the household members are working. In the school space write current grade or last grade completed.

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Please print

Disabled Food Stamps

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Main Office: 610 Sullivan Street, Berlin, New Hampshire 03570
Coos County (603)752-3248 Carroll County (603)323-7400 Grafton County (603)968-3560
www.tcap.org
Total number of people living in your house in the last 30 days: _____

YOUR CONTACT INFORMATION:

Street: ____________________________ Apt # ____ City: ______________________ Zip: ______
Mailing if different: Street ____________________________ City: ______________________ Zip: ______
Phone #: ______________________ Message/Cell # ______________________
Email address: ______________________

HOUSING INFORMATION:

House type: Single Family ___ Duplex (2 Separate Units) ___ Multifamily (3 Separate Units or more) ___ Condo ___ Mobile home ___
Total number of rooms: ______ (Do not count halls, bathrooms, pantry and closets)

Have you lived at this address for at least 12 months? Yes ___ No ___

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

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 $____________

FUEL SECTION:

Primary Fuel Type (circle one): Oil Kerosene Propane Electric Wood Blend
* If propane, please check one of the following: Propane is used for heat _____ Cooking _____ Both_____

Secondary Fuel Type (circle one): Oil Kerosene Propane Electric Wood Blend None
Fuel Company Name: ___________________________________________ Account #: ______________________
Whose name is the fuel account under? _________________________________________________
Have you used the same vendor for at least 12 months? Yes ______ No ______
How much fuel is in your tank: ______ How is your last delivery date? ______

WEATHERIZATION: Would you like to be put on the weatherization waiting list? Yes ( ) No ( )
*The weatherization department will contact you.

ELECTRIC ASSISTANCE PROGRAM:

This program could provide you with a discount on your electric bill if you qualify.

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

Yes ( ) No ( ) Electric Utility: ___________________________ Account #:_________________________
Terms and Conditions

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, Electric 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/Electric 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 Fuel/Electric 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, Electric 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: ________________