



Community Action Partnership Hillsborough and Rockingham Counties

P. O. BOX 5040 MANCHESTER, NH 03108- 5040

FUEL ASSISTANCE PROGRAM 2026-2027

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 4/30/2027**.

1. To apply by MAIL please do the following:

- **This application should be filled out completely and returned to us immediately through the mail.**
- **SIGN PAGE 3 OF THE APPLICATION.** We cannot process it without your signature.
- List everyone actually living in your home at the time that you fill out the application.
- Report all income for everyone in your household during the same month. **Please review the check list on page 3 of the application for what documentation we will require.**
- If you rent and your heat is included, send in the completed Landlord/Housing 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.
- 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.
- **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.caphr.org/programs/energy-programs/low-income-home-energy and print out the Program Year 27 Fuel Assistance application and return to CAPHR via mail, in person 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 2026-2027 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, 2026.

Resource Centers that are open from 8:30 to 4:30 Monday through Friday.

130 Silver Street in Manchester	603-647-4470 or 1-800-322-1073
134 Allds Street in Nashua	603-889-3440 or 1-877-211-0723
9 Vose Farm Rd in Peterborough	603-924-2243 or 1-877-757-7048
9 Crystal Avenue in Derry	603-965-3029 or 1-855-295-4105
55 Prescott Road in Raymond	603-895-2303 or 1-800-974-2303
146 Lafayette Road in Seabrook	603-474-3507 or 1-800-979-3507
4 Cutts Street Suite 1A in Portsmouth	603-436-3896 or 1-800-639-3896
85 Stiles Rd, Suite 103 in Salem	603-458-6392 or 1-800-939-9172

Fuel and Electric Assistance Program Application



Applications for Fuel Assistance accepted until 4/30/27. Electric Assistance applications accepted year-round.

Please return your application to CAPHR at P.O. Box 5040, Manchester NH 03108-5040. If you have any questions call us at (603) 668-8010 or (800) 322-1073.

Applicant Name _____ Total Number of Household Members _____
 Street Address _____ City _____ Zip Code _____
 Mailing Address _____ City _____ Zip Code _____
 Email Address _____ Phone Number(s) _____
 Preferred Language _____

Office Use Only
 Received Date Stamp

Would you be interested in Weatherization Assistance? ☐ Yes ☐ No

Housing

Housing Type ☐ Apartment ☐ Condo ☐ Duplex ☐ Mobile Home ☐ Single Family ☐ Room
 Do you ☐ Own or ☐ Rent Monthly Rent or Mortgage Amount \$ _____ /mo
 Lot rent or HOA/Condo Fee Monthly Amount \$ _____ /mo
 My rent is subsidized - I pay \$ _____ /mo
 Renters – check all that apply ☐ Heat Included ☐ Electric Included ☐ No utilities included
 # of Rooms in Home: Bedrooms ____ Bathrooms ____ Kitchen ____ Living Rm ____ Dining Rm ____
 ** Do not include closets/pantries, hallways, unheated attics/basements/porches, etc**

Electric Provider

Electric Company _____ Account Number _____
 Customer Name on Electric Bill _____

Do you have a disconnect notice for your electric or gas service? ☐ Yes ☐ No
 If heat is included with rent, are you facing eviction? ☐ Yes ☐ No

If yes to either of these two questions, please share date of disconnect/eviction _____ and copy of notice.

Heat/Fuel/Wood Provider

Primary Heat Type ☐ Oil ☐ Kerosene ☐ Propane ☐ Natural Gas ☐ Electric Heat *Don't include space heaters*
☐ Wood ☐ Pellets ☐ Included in Rent
 Secondary Heat? ☐ No ☐ Yes (Type): _____ **Check if true:** ☐ My fuel tank is shared
 Heat/Fuel Provider _____ Account Number _____
 Customer Name on Heat/Fuel Account _____
 How much fuel do you have currently? _____ (i.e. 2/3 tank of oil, 70% tank propane, 3 cords wood, etc)

Please complete information below about all household members, including yourself, in prior month.

<i>More than 4 people? Use a second sheet.</i>	Household Member 1 Applicant	Household Member 2	Household Member 3	Household Member 4
First + Last Name				
Social Security #				
Date of Birth				
Sex <i>Circle one per person</i>	<i>Male Female</i> <i>Prefer Not to Answer</i>	<i>Male Female</i> <i>Prefer Not to Answer</i>	<i>Male Female</i> <i>Prefer Not to Answer</i>	<i>Male Female</i> <i>Prefer Not to Answer</i>
Race <i>Check one per person</i>	☐ Amer Indian/Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaii/Pacific ☐ White ☐ Multi-race (2+ of above) ☐ Other	☐ Amer Indian/Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaii/Pacific ☐ White ☐ Multi-race (2+ of above) ☐ Other	☐ Amer Indian/Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaii/Pacific ☐ White ☐ Multi-race (2+ of above) ☐ Other	☐ Amer Indian/Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaii/Pacific ☐ White ☐ Multi-race (2+ of above) ☐ Other
Ethnicity <i>Check one per person</i>	☐ Hispanic, Latino, or Spanish Origins ☐ Non-Hispanic, Latino or Spanish Origins ☐ Unknown	☐ Hispanic, Latino or Spanish Origins ☐ Non-Hispanic, Latino or Spanish Origins ☐ Unknown	☐ Hispanic, Latino or Spanish Origins ☐ Non-Hispanic, Latino or Spanish Origins ☐ Unknown	☐ Hispanic, Latino or Spanish Origins ☐ Non-Hispanic, Latino or Spanish Origins ☐ Unknown
Full Time Student?	<i>If yes, what grade? ____</i>	<i>If yes, what grade? ____</i>	<i>If yes, what grade? ____</i>	<i>If yes, what grade? ____</i>
United States Citizen?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Legally Disabled?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Health Insurance?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Please indicate which household members receive any of the following monthly or annual income sources. Documented proof of income will be required, please see list on page 3 for reference				
Currently Employed? <i>If yes, pay frequency?</i>	<i>Y N</i> <i>Weekly Biweekly Monthly</i>	<i>Y N</i> <i>Weekly Biweekly Monthly</i>	<i>Y N</i> <i>Weekly Biweekly Monthly</i>	<i>Y N</i> <i>Weekly Biweekly Monthly</i>
Self-Employed? <i>(incl farm, rent, side jobs)</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving Social Security/SSI/SSDI?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Recently Unemployed? <i>(within last 60 days)</i>	<i>Y N</i> <i>If yes, last day worked ____</i>	<i>Y N</i> <i>If yes, last day worked ____</i>	<i>Y N</i> <i>If yes, last day worked ____</i>	<i>Y N</i> <i>If yes, last day worked ____</i>
Receiving Unemployment?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving SNAP? <i>(food stamps)</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving any type DHHS Cash Assistance? <i>e.g. FANF, TANF, APTD, FAP, etc.</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Earning pension, annuity, interest or dividends?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
IRA/401K Withdrawal within last 365 days?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving Alimony?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving Child Support?	<i>Y N</i> <i>If yes, amount is \$_____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$_____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$_____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$_____ per _____</i>
Paying Child Support?	<i>Y N</i> <i>If yes, amount is \$_____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$_____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$_____ per _____</i>	<i>Y N</i> <i>If yes, amount is \$_____ per _____</i>
Worker's Comp, Short/Long Term Disability via employer?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving VA Cash Benefits?	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>	<i>Y N</i>
Receiving other income or \$\$ support not listed above? Help from family or friends?				

IMPORTANT – Your application will NOT be processed without YOUR SIGNATURE on page 3!

CHECKLIST: In addition to the completed, signed application, please submit copies of the following:

- ☐ Proof of SSN for all household members* (e.g. copy of SS card, tax form) or legal non-citizen status
*If proof of SSN was provided last season (2025-26), it may not be needed again this year
- ☐ A recent, complete electric bill (for Electric Assistance)
- ☐ A recent account statement, fuel delivery slip or utility bill for primary heat source (for Fuel Assistance)
- ☐ Households with heat included in rent must submit a completed Landlord/Housing Verification form
- ☐ Proof of GROSS income for all household members in the month prior to the date you sign application:
 - If employed, provide paystubs for prior 5 weeks or have your employer(s) complete an Employer Verification Form
 - If self-employed, provide most recent tax return – include complete signed 1040 with all schedules & attachments
 - If receiving Social Security, SSI or SSDI, provide Social Security award letter for current year
 - If receiving DHHS Assistance, provide complete copy of most recent decision letter
 - If receiving pension or VA cash benefits, provide proof of total gross amount received in prior month
 - For any retirement withdrawals in past 365 days, provide proof of total gross amount withdrawn in past year
 - For any annuities, interest, or dividends, provide most recent tax return or 1099
 - If receiving unemployment, disability, or worker's comp, provide proof of gross amount for past month
 - If receiving alimony, provide proof of gross amount for past month
 - If paying child support, provide proof of gross amount paid in past month
 - If household has no income, please contact us to request and complete a No or Low Income form
 - Additional documentation may be requested by program staff

○ _____

Release and Conditions: By signing this application, I acknowledge that I have read and understand all the terms and conditions outlined in the program requirements and agree to comply with all rules and regulations set forth by the program administrators. I confirm that all members of the household are listed along with all sources of income. I authorize the Fuel, Electric, and Weatherization Assistance Programs to contact any necessary third party to collect and verify household income and energy usage. I authorize the verification of all information provided and consent to the collection, storage, and processing of my personal data for the purpose of program evaluation and reporting.

I hereby attest under penalty of perjury that all information provided in this application for the program is true, accurate, and complete to the best of my knowledge. 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.

I understand that this application is only a request for assistance and assistance is based on the availability of funds. No assistance can be provided until the application is completed and approved. I understand that the Electric Assistance Program benefit is provided to assist our household in making full and timely payments on my electric bill. NH's Fuel, Electric, 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.

Applicant Signature _____ **Date** _____

For Office Staff Use Only

Current EAP Case #:	EAP Recert Due Date:	Usage:
Current Tier:	New Recert Return	If recert not due, did client request appointment? Y N

Notes