

Fuel and Electric Assistance Program
Change of Address/Vendor Form



Name:	
Old Address:	
New Address:	
Mailing Address:	
Phone Number: Date address changed:	
New Residence Housing Information:	
Type of Home: Single Family Duplex Multi-Family Apt Mobile Home Condo Rooming House	
Total number of rooms (do not count hallways, basements, closets, or pantries)	
Do you own your home?	
Do you rent your home? \Box YES \Box NO Is your fuel tank shared with other units? \Box YES \Box	NO
Is your heat included in your rent? YES* NO Is your rent subsidized? YES NO *If heat is now included in your rent, a Landlord Verification form with W-9 is required.	
Primary Fuel Type: Oil Kerosene Propane Electric Natural Gas Wood Pell	ets
Secondary Heat source: Oil Kerosene Propane Electric Natural Gas Wood Pe	ellets
List all Household members living at new address:,,,	-

Vendor/Utility/Landlord Change:

New Fuel Vendor:	Account Number:
New Electric Vendor:	
Customer Name on new Electric account:	
New Landlord: attached to request to transfer any remaining benefit	(If Heat is now included in rent, a new Landlord Form must be ts)
Reason for vendor change:	

I understand that a transfer of benefits will not be made if there is no fuel assistance balance remaining after all final bills are paid to my original fuel vendor or Landlord. I also understand that I may need to reapply for the Electric Assistance Program if my situation has changed significantly.

Date:					
For Office Staff Use Only					
Recert Date:	Tier:	Transfer/CAA:			
_ Benefit Amount Reassigne	d to New Vendor:				
Staff/ Adm	in. Signature:				
	For Office Staff U Recert Date: Benefit Amount Reassigne	For Office Staff Use Only Recert Date: Tier:			