



This is an application for the Fuel/Electrical Assistance Programs. Please complete the application and return it back to us with the requested documentation.

Proof of GROSS Income (for the 30 days period prior to the date you sign the application)

- If employed, last 6 pay stubs. If weekly, last 3 if bi-weekly
- If receiving Worker's Compensation, last 5 pay stubs
- No income (need an unemployment form and no low form)
- Self-Employed (Complete Taxes all documentation)
- Taxes (current tax return year)
- Social Security Award Letter (current year)
- Gross Pension(s) (current year check stub)
- Alimony (court order)
- Fuel Bill and Electric Bill

Other documentation or 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
- IRS form 4506T (if you do not file income taxes)
- Tenant Form (only needed if heat is included in your rent)
- No Low Income Form

Important please read

If you are applying for Fuel Assistance, Tri-County CAP will mail out a letter that you have been enrolled once the program officially opens in December. If your application is denied for any reason you will receive a letter right away.

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



If you wish to apply BY MAIL, fill in both pages of this application and mail all supporting documents to your local community contact office. If you wish to apply IN PERSON please call your local community contact for an appointment. Phone numbers are below.

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.

	NAME	GENDER	SSN		(Write Yes or No)
1.	Marie Gorman <small>Please print</small>	F	# 008240125	DOB 1-28-33	Insurance <input checked="" type="checkbox"/> Work ___ School ___ Disabled ___ Food Stamps ___
2.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
3.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
4.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
5.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
6.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
7.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
8.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
9.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
10.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___
11.	_____ / _____ # _____			DOB _____	Insurance ___ Work ___ School ___ Disabled ___ Food Stamps ___



Total number of people living in your house in the last 30 days: 1

YOUR CONTACT INFORMATION:

Street: 49 Bridge St. Apt # _____ City: Colebrook Zip: 03576
Mailing if different: Street _____ City: _____ Zip: _____
Phone #: 603-237-5725 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: 5 (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 \$ 0

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:

Fuel Type (circle one): Oil Kerosene Propane Electric Wood Blend
Fuel Company Name: CN Brown Account # 26866
Whose name is the fuel account under? Marie Gorman
Have you used the same vendor for at least 12 months? Yes No _____
How much fuel is in your tank: 1/2 tank What is your last delivery date? _____

If you have no fuel or less than 1/4 tank and it is after November 15th, please call the office.

WEATHERIZATION: Would you like to have your home or apartment weatherized? 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: Eversource Account #: 5649 661 1005



Release 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 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 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 Community Action Agency to provide my household data to their internal information systems for the purpose of program evaluation and reporting. I authorize the Fuel 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 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: *X Marie C. Arman* Date: _____

Signature Adult 2: _____ Date: _____

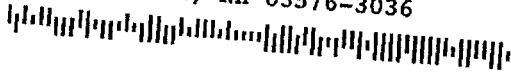

 BNY MELLON
 ASSET SERVICING
 PO Box 569
 Pittsburgh, PA 15230-0569

GEORGIA-PACIFIC HOURLY PLAN

NAME AND ADDRESS

MARIE GORMAN
 49 BRIDGE ST
 COLEBROOK, NH 03576-3036
 157 0260-2-2-MAAD

YEAR TO DATE TAX INFO
 TOTAL GROSS 1,493.70
 TOTAL TAXABLE 1,493.70



PAYMENT SUMMARY

ACCOUNT NUMBER GPS70MXXOP1AAP1
 PAYEE NAME MARIE GORMAN

	CURRENT	YEAR TO DATE	DEDUCTIONS	DATE OF CHECK	
				NET PAYMENT AMOUNT	
PAYMENTS					10/01/18
PAYMENT	149.37	1,493.70			149.37
TOTAL	149.37	1,493.70	TOTAL	CURRENT	YEAR TO DATE
				0.00	0.00

FOR ADDRESS CHANGES, DIRECT DEPOSIT CHANGES OR TAX ELECTION
 CHANGES, PLEASE CONTACT KOCH RETIREMENT SOLUTIONS CENTER AT
 1-877-344-5772 OR VIA THE INTERNET AT
[HTTP://RESOURCES.HEWITT.COM/KOCH](http://resources.hewitt.com/koch)
 W/H ELECTIONS: FED NO WITHHOLDING
 STATE NO WITHHOLDING

(Detach Here)

THE FACE OF THIS DOCUMENT HAS A GREEN BACKGROUND, NOT A WHITE BACKGROUND, A TRUE WATERMARK AND VISIBLE FIBERS.



PACIFIC LIFE

Wells Fargo Bank, N.A.

No. **2297845**

56-382
412

Void if Not Cashed Within 180 Days

Date: September 23, 2019

\$149.37

Pay One Hundred Forty-Nine and 37/100

Dollars

To The Order Of **MARIE GORMAN**
49 BRIDGE ST
COLEBROOK, NH 03576-3036

Patricia L. Welles

Authorized Signature

Pam Anderson

Authorized Signature

⑈ 2297845⑈ ⑆04⑆203824⑆ 9600089924⑈

Account #26866

MARIE GORMAN

49 BRIDGE STREET, COLEBROOK, NH

Delivery Date

Status

Document Fuel

Qty

Inv. Total

5/30/2019	Completed and Posted	2726647 #2 FUEL OIL	219.5	\$601.21
3/8/2019	Completed and Posted	2540720 #2 FUEL OIL	196.2	\$562.90
1/25/2019	Completed and Posted	2389317 #2 FUEL OIL	207.2	\$590.31
			622.9	\$1,754.42
12/11/2018	Completed and Posted	2004918 #2 FUEL OIL	187	\$540.24
10/17/2018	Completed and Posted	1867772 #2 FUEL OIL	173.4	\$502.69
4/4/2018	Completed and Posted	1580998 #2 FUEL OIL	162.4	\$431.82
2/15/2018	Completed and Posted	1440382 #2 FUEL OIL	191.3	\$535.45
1/4/2018	Completed and Posted	1284742 #2 FUEL OIL	225.2	\$567.28
			939.3	\$2,577.48
11/14/2017	Completed and Posted	1141505 #2 FUEL OIL	186.4	\$419.21
4/27/2017	Completed and Posted	841232 #2 FUEL OIL	197.2	\$419.84
2/24/2017	Completed and Posted	659373 #2 FUEL OIL	198	\$445.30
1/5/2017	Completed and Posted	507723 #2 FUEL OIL	122.2	\$256.50
			703.8	\$1,540.85

C.N. BROWN HEATING OIL

P.O. BOX 34

12 BRANDY LEE LANE
COLEBROOK, NH 03576

Call 237 5561

SOCIAL SECURITY ADMINISTRATION

Date: October 7, 2019
BNC#: 19BC837A81372
REF: A

MARIE C GORMAN
49 BRIDGE ST
COLEBROOK NH 03576-3036

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2018, the full monthly
Social Security benefit before any deductions is.....\$ 1454.00

We deduct \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1318.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Other Important Information

SSA ALSO DEDUCTS \$62.00 FOR PART D OF MEDICARE LEAVING A NET AMOUNT OF \$1,256.00.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).



Eversource Customer Service
 PO Box 330
 Manchester NH 03105
 Eversource.com

000028 000000543



October 8, 2019

MARIE C GORMAN
 49 BRIDGE ST
 COLEBROOK NH 03576-3036

RE: **Statement History**
 Billing Account: 56496611005

Dear Marie C Gorman:

We are pleased to provide a summary of your recent billing history. This summary provides detailed information about your monthly usage, payments and adjustments to your account as well as your account balance.

If you have any questions, please call our Customer Service Department at 1-800-662-7764. For your convenience, our representatives are available to assist you Monday through Friday from 8:00 a.m. - 6:00 p.m.

Sincerely,

Customer Group
 New Hampshire
 Eversource

Service Account #: 29680006

Address: 49 BRIDGE ST COLEBROOK NH 03576

Service Type: ELECTRIC

Meter #: S72302029 Rate: RATE R RESIDENTIAL SVC

From Date	To Date	# of Days	RD1 Usage	RD2 Usage	Bill Demand	Bill Amount
08-14-2019	09-13-2019	30	131.0	0.0	0.0	\$38.84
07-31-2019	08-14-2019	14	56.1	0.0	0.0	\$17.17
07-15-2019	07-31-2019	16	63.9	0.0	0.0	\$18.37
06-13-2019	07-15-2019	32	137.0	0.0	0.0	\$36.94
05-14-2019	06-13-2019	30	147.0	0.0	0.0	\$38.44
04-11-2019	05-14-2019	33	197.0	0.0	0.0	\$59.01
03-13-2019	04-11-2019	29	199.0	0.0	0.0	\$59.49
02-12-2019	03-13-2019	29	227.0	0.0	0.0	\$66.06
01-14-2019	02-12-2019	29	231.0	0.0	0.0	\$67.92
12-12-2018	01-14-2019	33	363.0	0.0	0.0	\$102.55
11-09-2018	12-12-2018	33	288.0	0.0	0.0	\$71.89
10-12-2018	11-09-2018	28	180.0	0.0	0.0	\$49.69
09-13-2018	10-12-2018	29	139.0	0.0	0.0	\$42.05
08-14-2018	09-13-2018	30	122.0	0.0	0.0	\$36.63

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Page 1 of 2





Eversource Customer Service
 PO Box 330
 Manchester NH 03105
 Eversource.com

000031 000000540



October 8, 2019

MARIE C GORMAN
 49 BRIDGE ST
 COLEBROOK NH 03576-3036

RE: Statement History
 Billing Account: 56496611005

Dear Marie C Gorman:

We are pleased to provide a summary of your recent billing history. This summary provides detailed information about your monthly usage, payments and adjustments to your account as well as your account balance.

If you have any questions, please call our Customer Service Department at 1-800-662-7764. For your convenience, our representatives are available to assist you Monday through Friday from 8:00 a.m. - 6:00 p.m.

Sincerely,

Customer Group
 New Hampshire
 Eversource

Service Account #: 328680005

Address: 49 BRIDGE ST COLEBROOK NH 03576

Service Type: ELECTRIC

Meter #: S72302052 Rate: RATE UNCNTRLED WATER HTG

From Date	To Date	# of Days	RD1 Usage	RD2 Usage	Bill Demand	Bill Amount
08-14-2019	09-13-2019	30	60.0	0.0	0.0	\$13.95
07-31-2019	08-14-2019	14	31.3	0.0	0.0	\$6.99
07-15-2019	07-31-2019	16	35.7	0.0	0.0	\$7.93
06-13-2019	07-15-2019	32	71.0	0.0	0.0	\$15.53
05-14-2019	06-13-2019	30	70.0	0.0	0.0	\$15.37
04-11-2019	05-14-2019	33	85.0	0.0	0.0	\$17.72
03-13-2019	04-11-2019	29	71.0	0.0	0.0	\$15.53
02-12-2019	03-13-2019	29	72.0	0.0	0.0	\$15.69
01-14-2019	02-12-2019	29	70.0	0.0	0.0	\$15.42
12-12-2018	01-14-2019	33	87.0	0.0	0.0	\$18.08
11-09-2018	12-12-2018	33	83.0	0.0	0.0	\$17.42
10-12-2018	11-09-2018	28	65.0	0.0	0.0	\$14.62
09-13-2018	10-12-2018	29	64.0	0.0	0.0	\$14.45
08-14-2018	09-13-2018	30	67.0	0.0	0.0	\$14.92

