

HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

CAA Name: _____ CAA Phone: _____
CAA Address: _____ CAA Fax: _____
_____ CAA Email: _____

Applicant Name: _____ Date of Application: _____
Physical Address: _____ Client Number: _____
City State Zip: _____

CHANGE OF ADDRESS

INSTRUCTIONS: Applicant must provide supporting documentation in the form of a utility bill as proof of new address for the address change to be processed. Other documentation may be needed upon request. Return the completed and signed Change of Address to the CAA identified above.

Effective Date _____ Phone Number _____
Old Mailing Address _____ New Mailing Address _____
_____ _____
Old Physical Address _____ New Physical Address _____
_____ _____

If the Primary Applicant moved, provide the following information for the new address:

New Owner Type (check one) Rent Own Roomer / Boarder
New Dwelling Type (check one) Stick-Built / Modular Apartment Mobile / Manufactured Condo / Duplex
Did everyone in the household move? Yes No Do you now live in subsidized housing? Yes No
Heat is now included Yes No Electricity is now included Yes No
Electric/Utility Company Name: _____
Name on Electric/Utility Account: _____
Electric/Utility Account Number: _____

A copy of your most recent electric/utility bill MUST be provided.

Do you have any benefit funds remaining with your current vendor? Yes No
I would like my remaining funds transferred to (New Vendor Name): _____
New Vendor Account Number: _____
I now heat with Oil Kerosene Propane Wood Pellets Electric
 Other _____
My fuel tank located Unheated Space (e.g., basement) Inside Outside Size of Tank _____
My furnace and fuel tank are located together Yes No

Applicant Signature _____ **Date** _____