Southern NH Services/Rockingham Community Action

CHANGE OF ADDRESS or VENDOR FORM

TODAY'S DATE	DATE #	DATE ADDRESS CHANGED			
FAP CASE #:	EAP CA	ASE #:			
FAP Changed:	EAP C	hanged:			
(FAP	Representative)	(EAP	Representative)		
I HAVE MOVED. Please t	ransfer my Fuel Assistance	benefit and/o	or Electric Assistance discoun	t.	
NAME:					
	PLEASE P	PRINT			
OLD ADDRESS:					
NEW ADDRESS:					
			TEL NUMBER:		
MY NEW LANDLORD IS: _					
MY NEW HEATING FUEL	CO. IS:				
MY NEW HEATING FUEL	Account #				
If there is a remaining cr or my landlord if the hea		Benefit, pleaso	e transfer it to the new Heat	ing Fuel Company	
NEW ELECTRIC ACCOUNT	Г#				
CUSTOMER OF RECORD	on NEW ELECTRIC ACCOUN	т			
DO YOU HAVE PERMANE	NTLY INSTALLED ELECTRIC F	1EAT?			
	THE RENT (AT THE NEW A ANY REMAINING BENEFITS	•	ANDLORD FORM MUST BE A	TTACHED TO THIS	
I have completed the a discount.	bove and submitted all the	e information	needed to make the transf	er of benefit and	
	FRANSFER WILL NOT BE MA		IS NO FUEL ASSISTANCE BAL ANDLORD.	ANCE REMAINING	

I ALSO UNDERSTAND THAT I MAY NEED TO REAPPLY FOR THE ELECTRIC ASSISTANCE PROGRAM IF MY

SITUATION HAS CHANGED SIGNIFICANTLY.