

Application for Emergency Assistance

Name _____ Phone Number _____

Address _____
Street City State Zip Code

Case # if known _____

If you need help with a back bill, indicate which weeks or months you are behind on: _____

Who helps you pay your rent or mortgage? Housing or Government Agency
 Other: _____
 No one. I pay for my rent or mortgage myself.

Do you have savings or other liquid resources? Yes No Total amount: \$ _____

If you applied for or received LIHEAP fuel assistance: When? _____ Result? _____

Check the boxes and fill in the blanks below to show the types and amounts of assistance you need.

Rent/Mortgage

Rent \$ _____ \$ _____ \$ _____
Deposit First Month's Rent Past Due Amount

Landlord Name & Phone #: _____

Mortgage Principal and Interest \$ _____
Past Due Amount

Mortgage Co. Name & Phone #: _____

Utility

Gas Propane Oil Water/Sewer Electricity Other: _____

\$ _____ \$ _____
Deposit Past Due Amount

Utility Company Name & Phone #: _____

Home Heating Fuel Delivery

Gas Propane Oil Wood/Pellets Coal Other: _____

\$ _____ \$ _____
Cost Past Due Amount

Fuel Delivery Company Name & Phone #: _____

I declare under penalty of unsworn falsification pursuant to RSA 641:3, that my need for emergency assistance is not because my cash grant has been reduced because someone failed to comply with NHEP work program requirements, or because someone in my family voluntarily quit a job of at least 20 hours per week within 60 days of this application, unless there was a good reason for doing so. The above information is true and correct to the best of my knowledge and belief. I understand that any deliberate misrepresentation of the facts can subject me to prosecution under NH law. I understand if my application is denied, I may request an Administrative Appeal.

Signature

Date