

**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