

COMMUNITY ACTION, INC.

Heating Assistance Program

3 Washington Square

Haverhill, MA 01830

978-373-1971 fax 978-374-5407

App Status 978-374-7660

CHANGE OF ADDRESS FORM

Please complete this form and return it to the address above in order to continue to receive your Fuel Assistance Benefit.

Name _____ HAP# _____

NEW Address _____ City _____ Zip _____

Type of Housing (circle one) _____ Phone _____

Single Home Two Family Three or more Mobile Home Condo Unit

Date Moved to This Address: _____

Total number of adults and children in the home: _____

List any change in household members: _____

Amount of NEW Rent\$ _____ Per Month or Week

Do You Receive any Government Rent Subsidy? _____ If so how much rent do you pay? _____ How much rent is paid by the subsidy? _____

Is the Heat INCLUDED in the Rent? _____ **Is Gas INCLUDED?** _____

Is the Electric Service INCLUDED in the Rent? _____

How is the Home Heated? (circle) Oil Kerosene Natural Gas Propane Electricity
Firewood/Coal/Pellets

Name of your NEW heating fuel supplier: _____

What is your NEW Natural Gas Account Number: _____

What is your NEW Electric Account Number: _____

NEW Landlord Information

Landlord or Agent Name: _____

Address _____ City _____ Zip _____

Phone _____ Fax _____

**COMPLETE AND RETURN THIS FORM RIGHT AWAY TO CONTINUE YOUR HEATING
BENEFIT**