

Rhode Island Good Neighbor Energy Fund Application for Assistance 2021-2022

General Information							Date:
Applicant Name:				SS#:			DOB:
Spouse Name:							DOB:
Number of Children: Ages:							
Address:							
Phone Number	Home:	Cell:					
Phone Number Home: Work: Cell:							
Have you applied for federal heating assistance, LIHEAP							No 🗌
If yes, were you approved or denied?				In what	year		
Have you applied for other non-federal heating assistance?							No 🗌
If yes, were you approved or denied? Verification of denial:						'	
Income:							
Total Monthly Income	e:						
Income sources and							
SNAP benefits (food	Yes 🗌			No 🗆			
Citata Bollonia (1888							
Expenses:							
Rent/Mortgage:		Subs	/ Sect 8	Yes 🗆			No 🗆
Are utilities included?	2	Gubs.	/ Occi 0	Yes			No 🗆
If yes, which are included:							
				Yes 🗌			No 🗆
Is rent / mortgage paid up to date? If no, how far behind are you in payments?				165			INU
Name of landlord or management co.:							Phone:
Name of landiord of management co							FIIOHE.
Dlee	aa daaariba ariala/ba		that has say		al far	:	
Please describe crisis/hardship that has caused need for assistance:							
Account Informat	ion:						
Fuel Type:	<u>Vendor:</u>		Account	Number:			Balance Due:
Natural Gas							
Electric							
Oil							
Propane							
Other							
<u> </u>							
I hereby certify that the	above information is true	and acc	urate Lauthorize	.			to verify
I hereby certify that the above information is true and accurate. I authorize to verify all information provided by me and to release necessary information to other organizations as required for reporting							
	rize the vendor(s) listed ab						
	s release is in effect for 90						
Client Signature:D):			
Staff Signature			Date):			