

App key	number:	

Energy Assistance Program Change of Address Form

Instructions: Please complete this form in its entirety if your household physically moves to a new address after submitting an application for the Energy Assistance Program.

Note: If your application has not yet been approved, and your household has changed as a result of this move, please file a new application with your Local Service Provider instead of using this form.

Head of Household Name:	
Application Number, if approved:	
Contact phone number:	
Original Application Address:	
City, State, Zip Code:	
County:	
New Application Address:	
City, State, Zip Code:	
County:	
New Electricity vendor:	
Primary Heating Source Fuel:	☐ Electric furnace/baseboard ☐ Natural Gas ☐ Propane ☐ Fuel Oil ☐ Firewood / Corn / Wood Pellets / Coal
New Heating Vendor, if not electric:	
Do you still have a credit with your previous utility vendor(s)?	☐ Yes (LSP, please complete Energy Benefit Transfer Request) ☐ No
Please submit electric and heating b	ills for your new address along with this form
	it to your local service provider ensures that we can promptly ers or issue any eligible additional benefits to your current account.
Applicant Name:	
required to verify these statements a requesting assistance to make contac understand that falsifying this inform	provided above is correct and true. I understand that I may be and hereby give my consent to the agency from which I am at with any necessary persons to verify these statements. I ation may result in disqualifying my household for Energy are my household to reimburse the agency for any benefits paid on a misrepresentation or omission.
Applicant signature:	Date:

Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

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