

## 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 you have submitted 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.

<b>Head of Household Name:</b>	
<b>Application Number, if approved:</b>	
<b>Contact phone number:</b>	

<b>Original Application Address:</b>	
<b>City, State, Zip Code:</b>	
<b>County:</b>	

<b>New Application Address:</b>	
<b>City, State, Zip Code:</b>	
<b>County:</b>	

<b>New Electricity vendor:</b>	<input type="checkbox"/> Included in rent
<b>Primary Heating Source Fuel:</b>	<input type="checkbox"/> Electric furnace/baseboard <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Firewood / Corn / Wood Pellets / Coal
<b>New Heating Vendor, if not electric:</b>	<input type="checkbox"/> Included in rent
<b>Do you still have a credit with your previous utility vendor(s)?</b>	<input type="checkbox"/> Yes ( <i>LSP, please complete Energy Benefit Transfer Request</i> ) <input type="checkbox"/> No

**Please submit electric and heating bills for your new address along with this form.**

Completing this form and submitting it to your local service provider ensures that we can promptly process any applicable benefit transfers or issue any eligible additional benefits to your current account.

**Applicant Name:** \_\_\_\_\_

I hereby certify that the information provided above is correct and true. I understand that I may be required to provide documentation to verify these statements. I hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I understand that falsifying this information may result in disqualifying my household for IHCD-administered assistance program benefits or require my household to reimburse the agency for any benefits paid on behalf of this household based on any 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.**