



# Hearts Fighting Hunger Application Form

Please complete and scan to [heartshareenergy1@heartshare.org](mailto:heartshareenergy1@heartshare.org) and include proof of photo ID and monthly income for everyone in the household, proof of vulnerable household, and National Grid bill.

You can mail to HeartShare 330 Jay Street 29<sup>th</sup>, Floor Brooklyn, NY 11201 Attn: Energy and Community Development.

Date Applied

Applicant Name	
Date of Birth	
Phone Number	
Employed?	
Does Applicant Receive Public Assistance?	
Does Applicant Receive Pension?	
Does Applicant Receive Unemployment?	
Does Applicant Receive SSI/SSD?	
Other Forms of Income	
Total Number of People in Household	
Mortgage or Rent Amount	

Do you have Tenants	
Number of Rental Apartments	
Amount of Rental Income	
Total Monthly Household Income	
National Grid Account Holder Full Name	
National Grid Account Balance	
National Grid Account Street Address	
County	
National Grid Account Number	
Is the Account in Disconnect Status?	
Are you interested in receiving a free energy audit?	
May We refer you to low to moderate energy efficient programs?	
Do You Have a vulnerable household member?	
If Yes, select all that apply	
Select Store	
Mailing Address	
Email Address	