



Care & Share Application Form

Please complete and scan to energy1@heartshare.org and include proof of photo ID and monthly income for everyone in the household, proof of HEAP, and National Grid bill. You can mail to HeartShare 66 Boerum Place 2nd Fl., Brooklyn, NY 11201 Attn: Energy and Community Development.

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| Applicant Name | |
| Application Date | |
| Age | |
| 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 | |
| Number of people under the age of 18 living in household | |
| Total Monthly Household Income * | |

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|---|--|
| National Grid Account Holder Full Name * | |
| National Grid Account Number * | |
| National Grid Account Street Address * | |
| Has applicant applied for HEAP? * | |
| Has applicant applied for Emergency HEAP? | |
| Has applicant previously received a Care & Share grant in the last 12 months? | |
| Is applicant applying for fuel? | |
| Is applicant applying for Oil, Wood, Kerosene, | |
| If another name fuel source: | |
| Fuel Supplier Name | |
| Fuel Supplier Phone | |
| Fuel Supplier Fax | |
| Fuel Supplier street Address | |
| Fuel Supplier Account # | |
| Contact Name | |
| Account Balance | |
| Does applicant require a "Promise to Pay" letter? | |

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|----------------------------|--|
| Email address | |
| Applicant Signature | |
| How did you hear about us? | |