

nationalgrid

Care & Share Application Form

Please complete and scan to energy@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.

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 *	
10000 11000000 11000000	
National Grid Account Holder Full Name *	
National Grid Account Number *	
National Grid Account Street Address *	
11 1' 1 1' 1 C 11EADO *	
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,	
is applicant applying for On, wood, Kerosene,	
If another name fuel source:	
Fuel Supplier Name	
Tuel Supplier Name	
Fuel Supplier Phone	
Fuel Supplier Fax	
Fuel Supplier street Address	
First Complian Associate #	
Fuel Supplier Account #	
Contact Name	
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Account Balance	
Does applicant require a "Promise to Pay" letter?	
Email address	
Applicant Signature	
How did you hear about us?	