



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.

Please note: Care & Share assistance is available to upstate New York clients only.

You can mail: HeartShare 66 Boerum Place 2nd Fl., Brooklyn, NY 11201

Attn: Energy and Community Development.

Applicant Name	
Application Date	
Phone Number	
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 *	
National Grid Account Holder Full Name *	
National Grid Account Number *	
National Grid Account Street Address *	
Wha county are you located in?	
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?	
Email address	
Applicant Signature	
How did you hear about us? <ul style="list-style-type: none">• National Grid Representative• Intake Office?• Research/Friend?	