

ENERGY ASSISTANCE PROGRAM

CLIENT UPDATE FORM

CLIENT
 WALK IN
 MAIL IN
 PHONE

ADDRESS/HOUSEHOLD CHANGES

Client's Name	Name Change <input type="checkbox"/>	Phone	Case No.
Client's Address	Date Moved	Social Security Number	
New Physical Address	New Phone		
New Mailing Address	Are you paying utilities? <input type="checkbox"/> YES <input type="checkbox"/> NO Utility Reimbursement Payment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Studio <input type="checkbox"/> Travel Trailer <input type="checkbox"/> Mobile <input type="checkbox"/> Duplex <input type="checkbox"/> Room <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Buy Monthly Amount \$ _____		
NAMES OF ALL PERSONS IN HOUSEHOLD AND RELATIONSHIP			

UTILITY VENDOR CHANGES

Energy Sources: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____	
Is electric included in your rent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is heat included in your rent? <input type="checkbox"/> YES <input type="checkbox"/> NO
Electric Company:	Heat Supplier:
New Account No.:	New Account No.:
Name on Account:	Name on Account:
Is this a landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO

ENERGY USAGE/COST DATA

Electric Vendor: _____ Dollar Usage: _____ For number of months: _____
Units of Energy (Kilowatts): _____ Information provided by: _____ Name Telephone
Heating Vendor: _____ Dollar Usage: _____ For number of months: _____
Units of Energy (therms, gallons, etc.): _____ Information provided by: _____ Name Telephone

ARREARAGE PAYMENT PROGRAM

Heating Vendor: _____	Electric Vendor: _____
Total arrearage amount: \$ _____	Total arrearage amount: \$ _____
Amount paid during last 12 months: \$ _____	Amount paid during last 12 months: \$ _____
Information provided by: _____ Name Telephone	Information provided by: _____ Name Telephone
Use back of form to explain extraordinary circumstances/other details.	

OTHER CHANGES

<input type="checkbox"/> Case Review Requested By Client		
Signature	EAP Office	Date