

**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**

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

**ARREARAGE PAYMENT PROGRAM**

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

**OTHER CHANGES**

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