

CITIZENS FOR CITIZENS, INC.
MASSACHUSETTS ENERGY ASSISTANCE ADDRESS CHANGE
FORM 2021-22

CHANGE DATE: ____/____/____ APPLICATION # _____

PHONE # _____ EMAIL ADDRESS: _____

CHECK HERE IF JUST CHANGE OF VENDOR

OLD ADDRESS: _____ CITY/STATE/ZIP _____

NEW ADDRESS: _____ CITY/STATE/ZIP _____

LANDLORD NAME & ADDRESS : _____

(Include landlord floor is residing at the same address)

CIRCLE ONE: OWN HOUSE OWN CONDO RENT APT. RENT CONDO
(PLEASE READ * AND ** BELOW)

HEAT INCLUDED: ____ YES ____ NO RENT/MORT. AMOUNT: \$ _____ WEEKLY/MONTHLY

HOUSING TYPE: SINGLE TWO FAMILY 3+ FAMILY MOBILE OVER 3 APTS.

Office Use Only: BEFORE CHANGING DELIVERABLE VENDOR, PLEASE CALL TO MAKE SURE ALL DELIVERIES ARE PAID AND INFORM VENDOR NOT TO MAKE ANY MORE DELIVERIES!

NEW VENDOR INFORMATION:

PRIMARY VENDOR: _____ ACCOUNT #: _____

ELECTRIC COMPANY: _____ ACCOUNT #: _____

GAS COMPANY: _____ ACCOUNT #: _____

COMMENTS OR OTHER CHANGES: _____

*If client is going from a homeowner to renter, client must provide proof of property settlement form. Any money made during the transaction "capital gain" is countable income if not put towards the purchase of another home in which he/she lives.

**Owners must provide copy of monthly mortgage statement and if not included in mortgage, copy of real estate tax bill and homeowners insurance. Renter must provide new rent receipt, housing voucher, lease, etc.

CLIENT NAME: _____

(PRINT)

CLIENT SIGNATURE: _____