



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
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FUEL ASSISTANCE / LIHEAP Change of Address

NAME : _____ APPLICATION #: _____

OLD ADDRESS: _____ NEW ADDRESS: _____

OLD CITY: _____ NEW CITY: _____

UPDATED PHONE #: _____

1. When did you move? _____

2. How do you heat your new home? (Circle)

Gas Oil Electricity Propane Wood Kerosene Other _____

3. Is the cost of your heat included in your rent? (circle) Yes No

4. Name of your heating company: _____

5. New Heating Account number : _____

6. If you rent :

Do you receive a bill for your heat? Yes No

Do you receive a rental subsidy? Yes No

Do you receive a Utility allowance? Yes No

How many units are in the building? _____

7. What amount of rent do you pay?

8. Landlords name : _____

Landlords complete address: _____

Landlords Telephone number: _____

Please submit a copy of the following:

- Your lease or Mortgage Bill
- If you purchased a home we require the Uniform Loan Application
- Tenant Profile if you live in subsidized housing.
- New Utility Bills (Gas and Electric) Both required