

FAP/EAP Online Application

Step by Step instructions for the application process and the client portal using EmpowOR

PROGRAM PRE-SCREENING

Step 1:

Please enter all required information.

First Name Last Name Date of Birth Email Primary Phone

This information lets us know if you are a new client to create a new household or existing client to add to existing household in our system.

Program Pre-Screening								
Head of Household Information								
First Name *								
Last Name *								
Suffix								
< Choose >								$\overline{\mathbf{v}}$
Date of Birth *								
Select Date of Birth								
Email * (If you've applied to this ager	ncy in the pa	ast, pl	ease	use th	e same	email)		
Primary Phone *								
I'm not a robot	reCAPTCHA Privacy - Terms							
Continue							C	Cancel



STARTING YOUR APPLICATION

Step 2.							
Please make sure all the information is complete and correct!							
Depending on your answer, you may ee an additional field open for you to fill in. Example:							
Do you have a Yes No Secondary Phone Number to add?							
Secondary Phone Number:							
Do you have an Email ⊚ Yes ○ No Address to add?							
Email Address:							
Please complete all the applicant's information in this section.							

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Actin	n	
PARTNERSH		
or stranora Cou	nty	
Applicant Inform	ation	
Applicant inform		
Applicant First Name		
Applicant Last Name		
Dhana Numban		
Filone Number.		
Do you have a Secondary Phone	⊖ Yes ⊖ No	
Number to add?		
Do you have an Email	○ Yes ○ No	
Address to add?		
Street Address:		
City:		
-		
Zip:		
Is your Mailing	⊖ Yes ⊖ No	
Address the same as the above?		
Mailing Address:		
manning Auditoso.		
Mailing Address City:		



HOUSEHOLD MEMBER INFORMATION

Step 3:

Enter the total number of people that live in your household.

Starting with the applicant, please answer all the questions for each household member. Please don't forget to add the social security number and date of birth for each person. This is required to apply for assistance.

IMPORTANT: if you have more than 1 household member you need to click on Add Additional Household Member to open another section for each person.

Please answer **all questions** for each person. If this is not complete, your application will be delayed or denied.

Household Inform	nation
How many members in your household?	1
Enter Applicant first, then all	household members
First Name	
Last Name	
SSN:	
DOB:	
Gender	~
Race:	~
Ethnicity:	×
Are you a Veteran?	⊖ Yes ⊖ No
Do you have Health Insurance?	⊖ Yes ⊖ No
Are you currently a Student?	○ Yes ○ No
What was the last grade you've completed?	~ ~
Are you disabled?	⊖ Yes ⊖ No
Are you currently employed?	○ Yes ○ No
Are you self- employed?	○ Yes ○ No
Are you receiving Food Stamps or Cash Assistance?	⊖ Yes ⊖ No
Are you receiving Social Security, SSI, or SSDI?	○ Yes ○ No
Child Support?	Yes, I am paying Child Support Vise Lam resolving Child Support
Do you file taxes?	○ Yes ○ No
Add Additional	Household Member



HOME INFORMATION

Step 4:

Fill in all the fields. Note that depending on your answer, another field may open to add more information.

If you used the same fuel vendor for the last 12 months, please contact the vendor to get the usage for that timeframe.

Home Informatio	'n	
What type of home do you live in?	~ ·	
How many rooms are in your home?	(Do NOT count bathrooms, hallways, closets, or rooms that are sealed off/not heated)	
Do you own your home?	○ Yes ● No	
Do you rent your home?		
If Yes, what is your monthly rent?		
ls your rent subsidized?	● Yes ○ No	
If Yes, what is your portion of the rent?		
Is your heat included in your rent?		
If Yes, what is your landlord's name?		
Have you lived at your physical address for the past 12 months?	● Yes ○ No	
Have you used the same fuel vendor for the past 12 months?		
Please contact your Fue	el Vendor to obtain your last 12 months of fuel usage.	



FUEL ACCOUNT INFORMATION

Step 5:

What is your primary heating type?

Oil Propane Kerosene Wood/Pellets Natural Gas Electric (permanent electric heat)

For any of the options above, please add your vendor into the fuel account information section.

Fuel Account Information							
Do you have a Fuel O Yes O No Account with a vendor?							
Fuel Vendor Name:							
Account Number:							
Fuel Account is in the Name of:							
Primary Heating Type:							
Do you have a v permanent Secondary heat source?							
Are you interested in O Yes O No the Weatherization Program?							



ELECTRIC ASSISTANCE PROGRAM

Step 6:

We offer a discount on your electric bill if enrolled. Depending on your income it could be as high as 76% off!

Don't forget to add your account number.

Electric Assistar	ice Program:	
You have indicated that you wish to apply for the electric assistance discount, is this correct?	⊖ Yes ⊖ No	
Electric Utility Vendor:	~	
Account #:		
Customer Name on Electric Bill:		
Previous	[Next



FUEL ASSISTANCE APPLICATION PAGE 3

Step 7:

Please read all the information on this page, then click:

I AGREE or I DO NOT AGREE

Add your signature

Date the application

Once your application is submitted, we will only reach out

via mail if you are missing documents or are denied.

If you qualify for FAP you will not receive an enrollment

letter until after the program officially opens on December

lst.

Click Next

Fuel Assistance Application 2022 - 2023 577 Central Ave. Suite 10 Dover, NH 03820 * Phone (603) 435-2500 * Email CapDoverOutreach@straffordcap.org

Signature

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IMPORTANT

Please note that the application process may take up to 60 days. If additional documentation is needed for your application, you will receive a 10-day letter via mail. Once the documentation is received and the application is complete, you will receive a letter indicating your eligibility. FAP Clients ONLY: The FAP program officially opens December 1st. You will not receive an enrollment letter until AFTER the season opens.

READ THE FOLLOWING RELEASE AND CONDITIONS AND SIGN BELOW

understand that this application is only a request for assistance. No assistance can be provided until the application is completed and approved. Lunderstand that assistance is based on the availability of funds. By signing this application Lauthorize the Fuel Electrical and Weatherization Assistance Programs to contact any household income and any other information necessary to determine my eligibility for he Fuel and Electrical Assistance Programs to obtain a record of my annual energy consumption, electric usage costs and pilling information from my heating and electric companies for purposes of program operation and evaluation. I authorize the Community Action Agency to provide my household data to their internal information systems for the purpose of program authorize the Fuel and Electric Assistance Programs to call the listed vendor/property owner in the rgy emergency. I understand that a final determination of eligibility for the Weatherization Program does not take home energy audit has been completed by certified Weatherization Program personnel. Lunderstand that this penefit is provided to assist our household in making timely payments on my electric bill. Lunderstand that the information that t am providing is for the purpose of determining my eligibility for the Fuel and/or Weatherization Assistance Program(s) understand that if L knowingly give inaccurate or incomplete information pertaining to my eligibility for the program(s). Lam preaking the law and can be prosecuted: conviction may result in imprisonment and/or fine. Furthermore administrative penalties which may include denial of eligibility and/or repayment of the assistance Lireceived. The information hat I have provided for this application process is true and correct. NH's Fuel, Electric and Weatherization As prohibit discrimination based on race, color, creed, religion, sex, age, national origin, marital status, sexual orientation, familial status and physical or mental disability

"The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures of the Applicant appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

IAGREE O I DO NOT AGREE

Click "Sign" below to choose between drawing or typing your electronic signature.

Sign

Signature:	

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Your

Date:



DOCUMENTS LIST

Step 8:

This list is generated by the answers you gave on the application.

Click on Generate Checklist.

Click Next



www.straffordcap.org

Fuel Assistance Application 2022 - 2023

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Checklist for required documents

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enerate Checklist

Checklist for required documents:

If your name is listed below a document in this list, please locate and have that document ready. Please contact the agency by email at cap@straffordcap.org if you need help getting one of these forms. Once you've submitted this form you will have the chance to print or download a copy.

If employed and paid weekly: **last 6 paystubs**. If employed and paid bi-weekly: **last 3 paystubs**. (download Employment Release form)

Social Security Award Letter for the current year.

Unemployment Form.

No/Low Income Form. (download No/Low Income form)

Self-Employment form (unless listed on current tax return) (download Schedule C)

Proof of Child Support (receiving or paying)(download Child Support Verification form)

Tenant Form (download Landlord Verification form)

Fuel Bill and Electric Bill.

Gross Pension(s) check stub for the current year.

If receiving Workers Compensation: last 5 paystubs.

Complete tax return with all schedules attached.

IRS form 4506T (if you do not file Income Taxes) (download 4506T)

Alimony (Court Order).

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Next

CHECKLIST FOR REQUIRED DOCUMENTS

Step 9:

The list will open and the household members name will be added below each form that they need to complete.

Download all forms that are needed for each person.

When all the forms are complete, they need to be uploaded along with all other supporting documentation such as income sources, electric and utility bills, etc. If all documentation is not uploaded, your application process will be delayed or denied.

If you are unable to upload right away, log back into your account when ready.

Now you are ready to click submit! An email will be sent to you along with a link to the client portal.

	Checklist for required documents:
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_	
	Generate Checklist
ſ	Checklist for required documents:
	If your name is listed below a document in this list, please locate and have that document ready. Please contact the agency by email at cap@straffordcap.org if you need help getting one of these forms. Once you've submitted this form you will have the chance to print or download a co
	If employed and paid weekly: last 6 paystubs.
	(download Employment Release form)
L	
L	Social Security Award Letter for the current year.
ŀ	
L	
	L Gar
L	No/Low Income Form. (download No/Low Income form)
	L Gar
•	Gross Pension(s) check stub for the current year.
	If receiving Workers Compensation: last 5 paystubs.
'	Complete tax return with all schedules attached.
1	IRS form 4506T (if you do not file Income Taxes) (download 4506T)
	Alimony (Court Order).



Client Portal

Step 10:

Log in using the email and password that was used for your application.

	ampau (OP
	empowork
	by CSST SOFTWARE, LLC
1 e	ample@domain.com
Pa Pa	issword
Forgot Pas	sword?
First Time	User?



HOME SCREEN OF THE CLIENT PORTAL

Step 11:

Here you can continue or view your application.

Your						
60	Continue Application	Application Status	My Enrollments	My Documents	My Referrals	
se select an Appli	cation Form to view:					
RAFFORD_PS_FAP	- New Application - 07/28/	2023 - Community Actio	on Strafford Cnty, NH	I		T
		yoo pian to wain dway	Fue 577 (P of App App Phoi	Central Ave. Suite 1	nity	2022 - 2023 0 * Phone (603) 435-2500 * Email CapDoverOutreach@straffordcap.org * Page 1 Page 1 of 3



APPLICATION STATUS

Step 12:

Check to see where your application is in the process. Statuses include In Progress, New Application, Submitted, Enrolled or Applied/Not Eligible.

Your applications									
	Continue Application	Application Status	My Enrollments	My Documents	My Referrals				
Application Sta	tus								
Application Status Submitted	Application Status Submitted								
07/28/23 Application for Community Action Strafford Cnty, NH Fuel Assistance Date Application Started: 07/28/23 Application Status: New Application (07/28/23)									
You have not been e	nrolled in any program a	s a result of this applic	ation yet. Contact th	e agency if you have	e any additional c	questions.			
www.straffordcap.org									



MY ENROLLMENTS

Step 13:

Your enrollment(s) may be listed here.

Your applications							
	Continue Application	Application Status	My Enrollments	My Documents	My Referrals		
My Enrollments	S						
You have no Enrollments in any Programs that agencies have chosen to share details about on Client Portal. You may still be enr							



MY DOCUMENTS

Step 14:

Here you can upload your completed documents for your application. Choose Document Type then add a Document Description. Click on Select to choose the document you want to upload. Once selected click on Upload. You will be able to see a list of your documents at the bottom of the screen once complete.

Vaur		2028				
applications						
	Continue Application	Application Status	My Enrollments	My Documents	My Referrals	
My Documents	5 🚯					
Upload Documents						
Agency *						
Community Action	Community Action Strafford Cnty, NH					
Document Type *						
Income & Expense	Income & Expense					
Document Descrip	tion *					
< Choose >				~		
Select files to uploa	d					
	Select	Upload				
Allowed File Extensio	ons: .doc, .docx, .xls, .xlsx, .p	odf, .tif, .jpeg, .jpg, .gif, .br	пр			
Max File Size: 4 MB						
Please click the up	load button to save your	r document.				
	WW	vw.straffordo	cap.org			



MY REFERRALS

Step 15:

You will see any referrals added to your account.

Your applications					
200	Continue Application	Application Status	My Enrollments	My Documents	My Referrals
Referral Summary					
Thank you for submitting your information.					
Your information has been saved and provided to staff. In addition, see below for specific referrals that have been made and/or referrals you can request yourself. The referrals shown below are valid for 3 months. After that, you should reassess yourself for different possible referrals. You have no Referrals from this session.					



QUESTIONS

If you submitted your application online, please do not email it to us as well. Upload all your documents via the client portal.

If you still have questions or concerns, contact us.

Community Action Partnership of Strafford County 577 Central Ave, Suite 10 Dover, NH 03820

603-435-2500

CAPDoverOutreach@straffordcap.org

Or visit our website at www.straffordcap.org

