

Energy Affordability Program Application - National Fuel's Statewide Low Income Program (SLIP) Discount for eligible residential customers

Please complete this form and return to National Fuel by fax or direct mail:

Fax: 716-857-7061

Mail: **ATTN: Special Assistance**
National Fuel
6363 Main St. Williamsville, NY 14221

Customer Name:		Benefit Qualifying Person if different than Customer:	
Mailing Address:		Apartment #:	
City:		State:	
		Zip:	
		Phone:	
Account Number:		Email:	

Please check the program from which you (or the Benefit Qualifying Person) now receive assistance:

- | | |
|---|---|
| <input type="checkbox"/> Home Energy Assistance Program (HEAP) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (if living on tribal lands) |
| <input type="checkbox"/> Lifeline Telephone Service Program (Lifeline) | <input type="checkbox"/> Head Start (if living on tribal lands) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Tribal TANF (if living on tribal lands) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Distribution Program on Indian Reservations (if living on tribal lands) |
| <input type="checkbox"/> Veterans Disability or Survivors Pension | <input type="checkbox"/> Utility Guarantee / Direct Vendor programs |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Federal Public Housing Assistance | <input type="checkbox"/> Safety Net Assistance |

Eligibility Requirements

To prove participation in one of the above programs, customers must submit an award letter or a document that includes their name or the name of their benefit qualifying person (BQP), the name of the qualifying program, and the government, Tribal entity or program administrator that issued the document. All documentation must have an issue date within the last 12 months or a future expiration date that aligns with the benefit period.

Customer/Benefit Qualifying Person Certification and Authorization

(If Customer is applying based on BQP's enrollment in a qualifying program, both Customer and BQP must sign below.)

I certify that the information above is correct. By signing this form, I allow National Fuel to share and verify information in my application or documentation for this program with Third Parties. I also allow Third Parties to give National Fuel, or representatives or agencies of the federal, state, or local government, information or documentation requested about me related to this and related programs. This information will be shared to help process my application and for ongoing participation and compliance with the program. Information that National Fuel and a Third Party may share about me:

- Information about my application, program participation, and eligibility.
- Information and documentation about utilities, payment history, employment history, income, application status, and award information for benefits or utilities assistance.

Customer Signature: _____

Date: _____

Contact National Fuel's Energy Affordability Program Administrators at: 1-800-365-3234

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Benefit Qualifying Person
Signature (if necessary)

Date: