



ProjectShare Application Form

Please complete and scan to heartshareenergy1@heartshare.org and include proof of photo ID and monthly income for everyone in the household, and Con Edison bill. You can mail to HeartShare 330 Jay Street 29th Fl., Brooklyn, NY 11201 Attn: Energy and Community Development.

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| Applicant Name | |
| Application for: * | |
| Application Date * | |
| Type of Emergency: Utility Termination Date | |
| Is applicant an Active Military member? * | |
| Is applicant a Veteran who was Honorably Discharged? * | |
| Has applicant previously received a grant in the last 12 months? * | |
| Employed? | |
| Does Applicant Receive Public Assistance? | |
| Does Applicant Receive Pension? | |
| Does Applicant Receive Unemployment? | |

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| Does Applicant Receive SSI/SSD? | |
| Other Forms of Income | |
| Total Number of People in Household | |
| Number of people under the age of 18 living in household | |
| Total Monthly Household Income * | |
| Is Applicant on a Budget Plan? * | |
| NYSEG or RG&E Account Holder Full Name * | |
| NYSEG or RG&E Account Number * | |
| NYSEG or RG&E Account Street Address * | |
| County | |
| Has applicant applied for HEAP? * | |
| Has applicant applied for Emergency HEAP? | |
| Does applicant require a "Promise to Pay" letter? | |
| Has applicant previously received a ProjectShare grant in the last 12 months? | |
| Is applicant applying for fuel? If so please select one and fill out the fields below: | |
| Fuel Supplier Name | |

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|------------------------------|--|
| Fuel Supplier Phone | |
| Fuel Supplier Fax | |
| Fuel Supplier street Address | |
| Fuel Supplier Account # | |
| Contact Name | |
| Account Balance | |
| Email address | |
| Applicant Signature | |
| How did you hear about us? | |