

SELF HELP, INC.
1362 Main Street, Brockton MA 02301
508-588-5440 | SelfHelpInc.org

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NEW OIL DEALER

Applicant Name: _____ Application #: _____

Applicant Address: _____

Phone Number: _____

Date of Notice: _____

Our records indicate that you do not have an oil dealer of record, OR your oil dealer of record is no longer participating in the Fuel Assistance program.

You must choose another oil dealer who will accept you as a new customer. The oil dealer must also be a participating dealer in the Fuel Assistance program.

We have provided space at the bottom of this form for you to submit to us in writing the name of the oil dealer you have chosen. Please return this to us by mail or fax (508-580-4106). Please be sure to provide your signature at the bottom of this form.

Self Help, Inc will not be able to authorize any oil deliveries until we have received this information.

New Oil Dealer Information:

Oil Company Name: _____

Account Number (if available): _____

Signature of Fuel Assistance Recipient