

Operation Fuel: How to Complete an Assistance Application Online in NewOrg

1

If you are a client applying online: Navigate to <https://cm2gpct.neworg.com/v3?Pagenum=95>

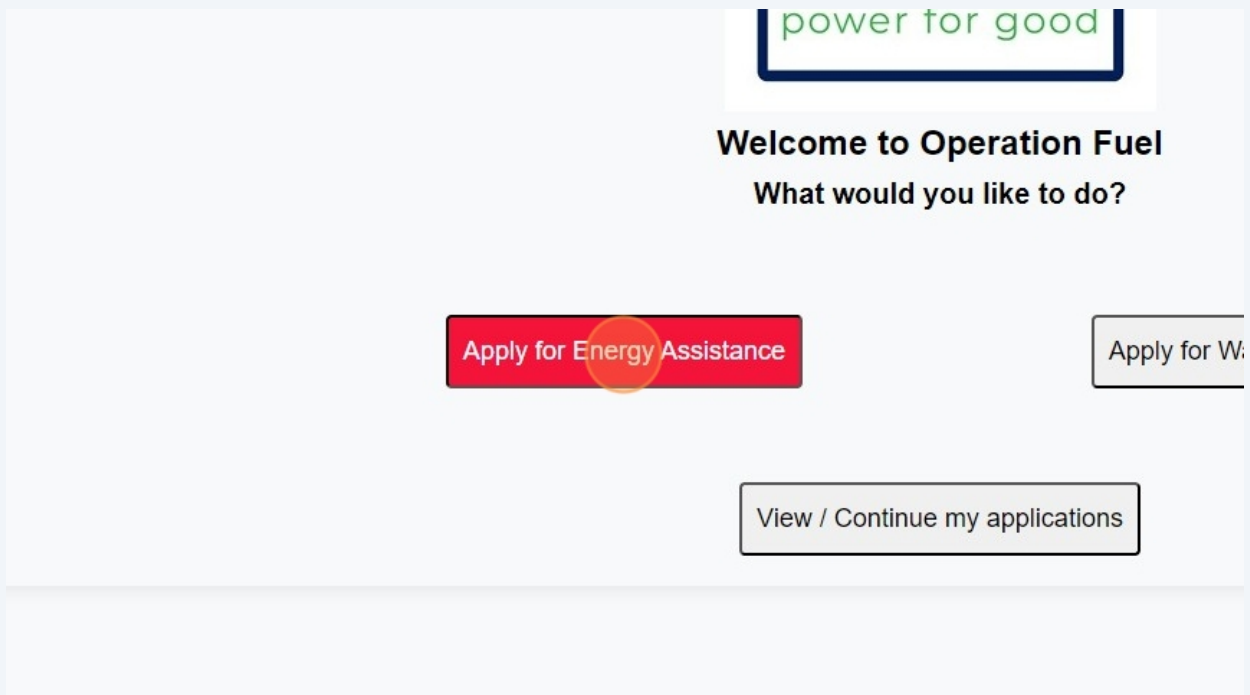
Fuel Bank Staff: please do not use the client portal! Please use the Fuel Bank Portal link that was shared with you, or reach out to applications@operationfuel.org for access.

2

For energy assistance (Oil, propane, electric, gas, etc.), click "Apply for Energy Assistance" button.

For water assistance (CT Water) click "Apply for Water Assistance" button.

To view or continue an application click "View/Continue my applications"



- 3 Complete all required fields for the primary applicant.

power for good

Energy Assistance Application Create Account



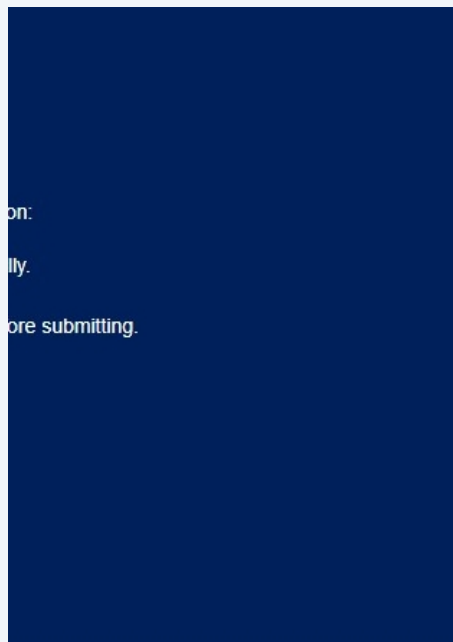
First Name (required)

Last Name (required)

Email Address (required)

Password (for future login) (required)

- 4 Complete the "Password (for future login)" field.



Last Name (required)

Hernandez Test

Email Address (required)

herndz@gmail.com

Password (for future login) (required)

.....

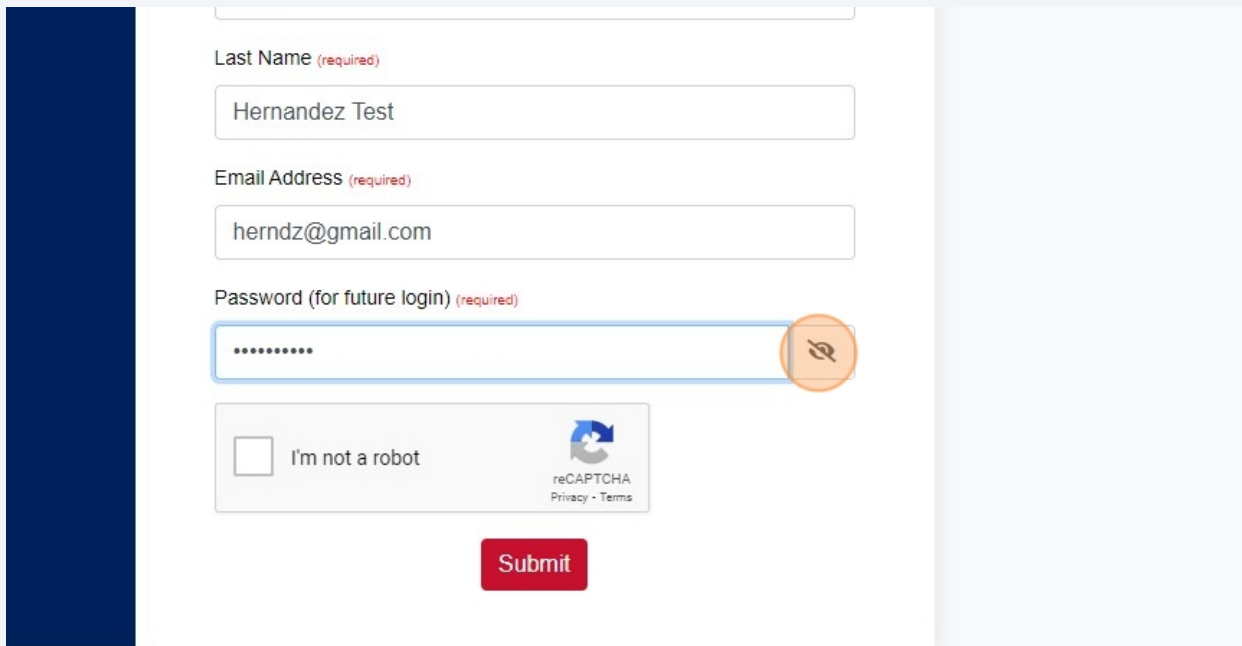
I'm not a robot



reCAPTCHA
Privacy - Terms

Submit

5 Click here to verify the password.

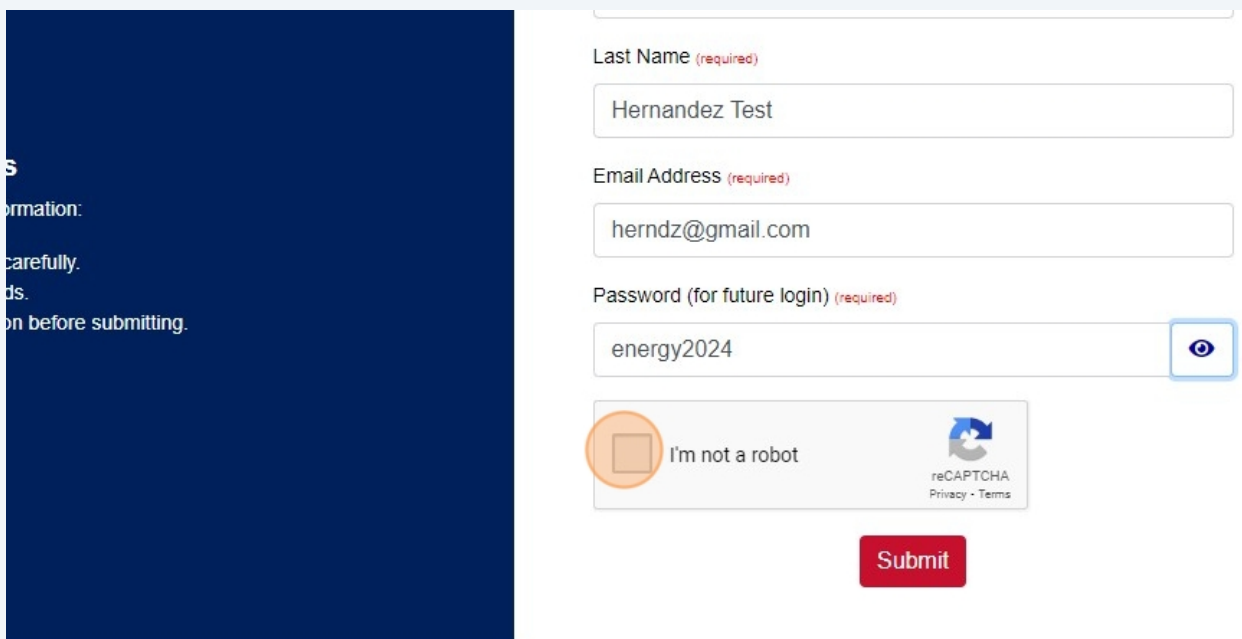


A registration form with the following fields:

- Last Name (required): Hernandez Test
- Email Address (required): herndz@gmail.com
- Password (for future login) (required): [masked with dots]

Below the password field is a red circular icon with a white eye and a slash, indicating a password verification step. Below the form is a reCAPTCHA "I'm not a robot" checkbox and a red "Submit" button.

6 Click the "I'm not a robot" for verification purposes



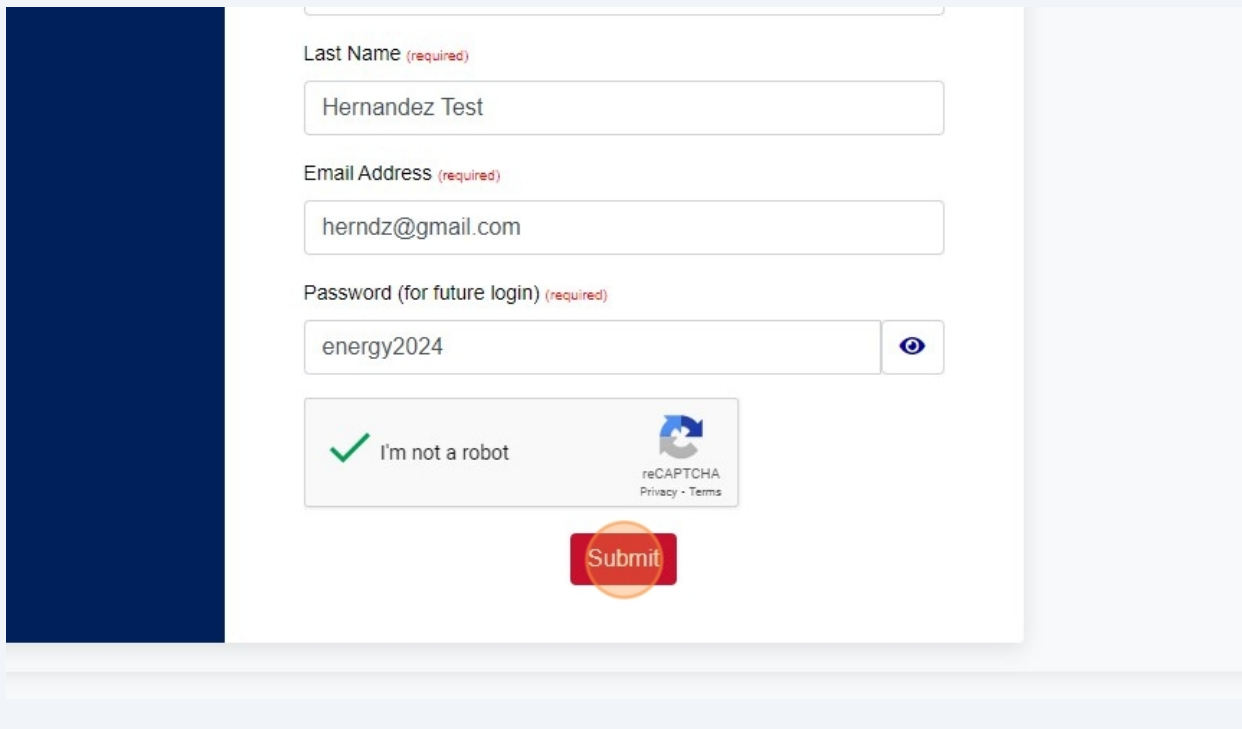
The same registration form as in step 5, but with the following changes:

- The password field now contains the text "energy2024" and has a blue eye icon to its right.
- The reCAPTCHA "I'm not a robot" checkbox is highlighted with a red circle.

The "Submit" button remains red.

7

Click "Submit"



A screenshot of a registration form. The form is white and set against a light blue background. On the left side of the form, there is a vertical dark blue bar. The form contains the following elements: a "Last Name (required)" field with the text "Hernandez Test"; an "Email Address (required)" field with the text "herndz@gmail.com"; a "Password (for future login) (required)" field with the text "energy2024" and a toggle icon for visibility; a reCAPTCHA widget with a green checkmark and the text "I'm not a robot"; and a red "Submit" button.



NOTE: If you are redirected to a login page after clicking "Submit", it means that you are already in our system from previous years. Please click the "forgot password" button and enter your email address in lowercase letters to create a new password for this system. Then login using that information.

8 Complete all pre qualification fields.

power for good

Energy Assistance Application Eligibility

to determine your eligibility for assistance:
tions carefully.
ed fields.
ormation before submitting.

Do you live in Connecticut?
 Yes No

How many people in your household?

What is your household's annual income?

What type of assistance are you requesting?
 Electric Gas Oil Propane Kerosene

9 Complete the "How many people in your household?" field.

power for good

Energy Assistance Application Eligibility

ermine your eligibility for assistance:
carefully.
ds.
on before submitting.

Do you live in Connecticut?
 Yes No

How many people in your household?

What is your household's annual income?

What type of assistance are you requesting?
 Electric Gas Oil Propane Kerosene
 Wood Pellets Biofuel

Submit

10 Enter an estimate of what your household's annual income is in this field.

...to determine your eligibility for assistance:
...carefully.
...fields.
...information before submitting.

Do you live in Connecticut?
 Yes No

How many people in your household?
3

What is your household's annual income?
|

What type of assistance are you requesting?
 Electric Gas Oil Propane Kerosene
 Wood Pellets Biofuel

Submit

11 Select the utility source you are applying for.

...to determine your eligibility for assistance:
...carefully.
...fields.
...information before submitting.

Yes No

How many people in your household?
3

What is your household's annual income?
85000

What type of assistance are you requesting?
 Electric Gas Oil Propane Kerosene
 Wood Pellets Biofuel

Submit

12

FOR GAS, ELECTRICITY, AND WATER ONLY: Please select if you have a past due balance or not. Note that a past due balance is required for eligibility.



How many people in your household?

3

What is your household's annual income?

85000

What type of assistance are you requesting?

- Electric
- Gas
- Oil
- Propane
- Kerosene
- Wood Pellets
- Biofuel

Do you have a past due bill?

- Yes
- No

Submit

13

Click "Submit"



How many people in your household?

3

What is your household's annual income?

85000

What type of assistance are you requesting?

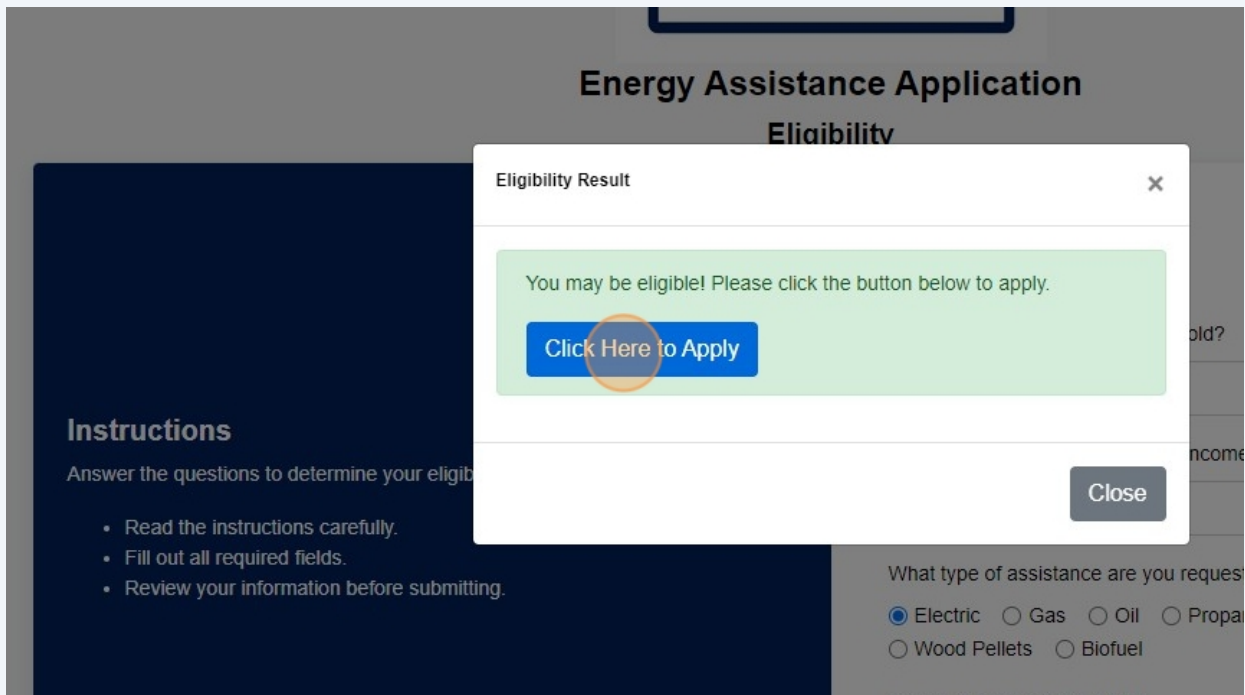
- Electric
- Gas
- Oil
- Propane
- Kerosene
- Wood Pellets
- Biofuel

Do you have a past due bill?

- Yes
- No

Submit

14 Select "Click Here to Apply"



If, based on your answers, you will not be eligible for Operation Fuel's programs at this time, you will receive an error message and will not be allowed to apply.

15

Complete the "Service Address" field. (Your home address)

detail about you and your income:

fully.

efore submitting.

First Name (required)

Maria

Last Name (required)

Hernandez Test

Service Address (required)



Ste/Apt #

City (required)

State (required)



NOTE: Some of the fields may already be filled out if you have applied with Operation Fuel in the past. Please review and update all information!

16 Complete the "Ste/Apt #" field if applicable.

submitting.

Last Name *(required)*
Hernandez Test

Service Address *(required)*
188 Allen St

Ste/Apt #
|

City *(required)*
New Britain

State *(required)*
CT

Zip *(required)*
06052

17 Complete the "Cell Phone" field. (This should be the primary applicant's best contact phone number)

00000

County *(required)*
Hartford

Email Address *(required)*
herndz@gmail.com

Cell Phone *(required)*
| - |

Gender *(required)*
Choose not to disclose

Date of Birth *(required)*
mm/dd/yyyy

Marital Status *(required)*
Select an option

18 Choose gender



Hartford

Email Address *(required)*
herndz@gmail.com

Cell Phone *(required)*
860-712-3783

Gender *(required)*
Choose not to disclose

- Choose not to disclose
- Female
- Male
- n/a
- Other

Select an option

19 Enter the primary applicant's "Date of Birth"



herndz@gmail.com

Cell Phone *(required)*
860-712-3783

Gender *(required)*
Female

Date of Birth *(required)*
mm/dd/yyyy

Marital Status *(required)*
Select an option

Ethnicity *(required)*
Select an option

Race *(required)*
Select an option

20 Select primary applicant's marital status

860-712-3783

Gender *(required)*

Female

Date of Birth *(required)*

10/19/1978

Marital Status *(required)*

Select an option

Divorced

Married

Single

Widowed

Are you a veteran? *(required)*

Select an option

21 Select primary applicant's ethnicity

Female

Date of Birth *(required)*

10/19/1978

Marital Status *(required)*

Married

Ethnicity *(required)*

Select an option

Hispanic/Latino/Spanish

Not Hispanic/Latino/Spanish

Choose not to disclose

Are you a person with a disability/do you require energy for a medical reason?

22 Select primary applicant's race

10/19/1978

Marital Status *(required)*

Married

Ethnicity *(required)*

Hispanic/Latino/Spanish

Race *(required)*

Select an option

- American Indian or Alaska Native
- Asian
- Black/African American
- Hawaiian/Pacific Islander
- Multi-Race
- White

23 Select appropriate veteran status for primary applicant

Married

Ethnicity *(required)*

Hispanic/Latino/Spanish

Race *(required)*

Other

Are you a veteran? *(required)*

Select an option

- Yes
- No

What type of building do you live in? *(required)*

Select an option

If 'Other' Building Type, please specify:

24 Answer disability/medical question for primary applicant



Race (required)
Other

Are you a veteran? (required)
No

Are you a person with a disability/do you require energy for a medical reason?
(required)
Select an option
Yes
No

Do you rent or own your home? (required)
Select an option

25 Select building type



Are you a veteran? (required)
No

Are you a person with a disability/do you require energy for a medical reason?
(required)
No

What type of building do you live in? (required)
Select an option
Apartment
Condo
Duplex/Triplex/Quadplex
House
Mobile Home

26 Select if you rent or own where you live.

No

What type of building do you live in? (required)

Apartment

If 'Other' Building Type, please specify:

Do you rent or own your home? (required)

Select an option

Own

Rent

If 'Other' heat source selected, specify:

27 Select primary heating source for your home. *NOTE:* This may differ from the assistance you are requesting.

Apartment

If 'Other' Building Type, please specify:

Do you rent or own your home? (required)

Rent

How do you primarily heat your home? (required)

Select an option

Oil

Electricity

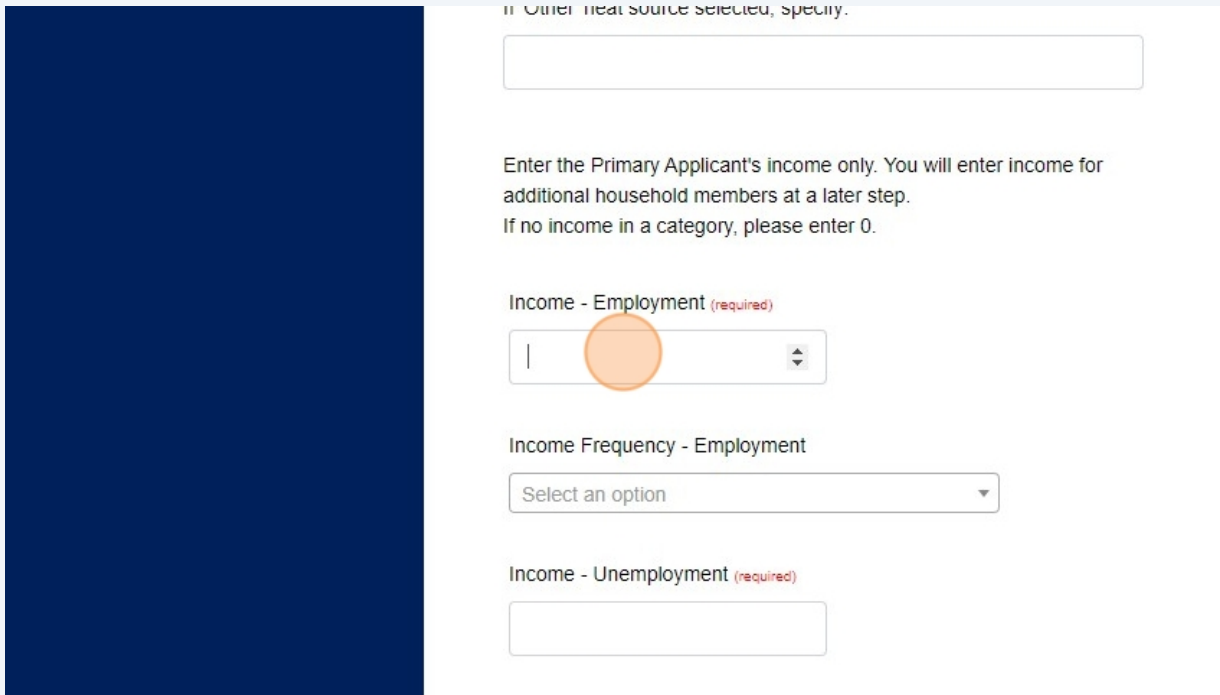
Gas

Propane

Pellets

28

Enter all income received for primary applicant, including entering the dollar amount and the frequency. Enter "0" in other required income fields that do not apply to primary applicant's income. *NOTE: Do not enter income for other household members at this step.*



If Other Heat Source Selected, Specify:

Enter the Primary Applicant's income only. You will enter income for additional household members at a later step.
If no income in a category, please enter 0.

Income - Employment *(required)*

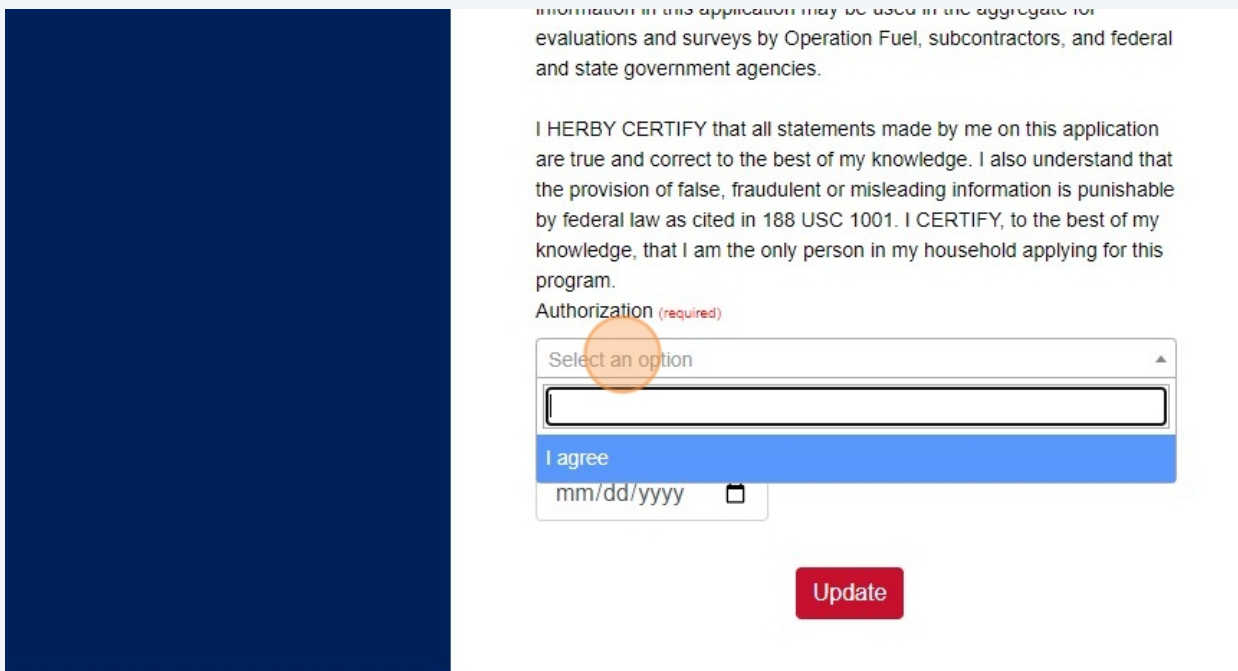
Income Frequency - Employment

Select an option

Income - Unemployment *(required)*

29

After carefully reading the authorization language, select "I agree".



Information in this application may be used in the aggregate for evaluations and surveys by Operation Fuel, subcontractors, and federal and state government agencies.

I HERBY CERTIFY that all statements made by me on this application are true and correct to the best of my knowledge. I also understand that the provision of false, fraudulent or misleading information is punishable by federal law as cited in 18 USC 1001. I CERTIFY, to the best of my knowledge, that I am the only person in my household applying for this program.

Authorization *(required)*

Select an option

I agree

mm/dd/yyyy

Update

30 Click "Update"

...ment in this application may be based on the aggregate of
evaluations and surveys by Operation Fuel, subcontractors, and federal
and state government agencies.

I HERBY CERTIFY that all statements made by me on this application
are true and correct to the best of my knowledge. I also understand that
the provision of false, fraudulent or misleading information is punishable
by federal law as cited in 188 USC 1001. I CERTIFY, to the best of my
knowledge, that I am the only person in my household applying for this
program.

Authorization *(required)*

I agree

Authorization Date *(required)*

09/06/2024

Update

31 Choose the type of assistance you are applying for. (May differ from your primary heating source)

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Energy Assistance Application

Application Details

City: New Britain

What type of assistance are you applying for? *(required)*

Select an option

For the assistance you're applying for, are you shut off, out of fuel or low on fuel?

(required)

Select an option

Energy Vendor *(required)*

Select an option

If no vendors are showing in this list, please contact Operation Fuel at applications@operationfuel.org for next steps

32 Select your current service status

Application Details

City: New Britain

What type of assistance are you applying for? (required)

Electricity

For the assistance you're applying for, are you shut off, out of fuel or low on fuel?

(required)

Select an option

- Currently shut off or out of fuel
- Pending shut off or less than 1/4 tank of fuel
- No shutoff notice, not out of fuel

ACCOUNT NUMBER

(required for electric and gas assistance. Enter 0 for all other energy types.)

(required)

33 Select the utility/fuel company you'd like assistance with here. The list will populate based on your service address. If your vendor is not found in drop down, they may not participate with Operation Fuel. You can contact applications@operationfuel.org for further assistance.

What type of assistance are you applying for? (required)

Electricity

For the assistance you're applying for, are you shut off, out of fuel or low on fuel?

(required)

Pending shut off or less than 1/4 tank of fuel

Energy Vendor (required)

Select an option

- Eversource

(required for electric and gas assistance. Enter 0 for all other energy types.)

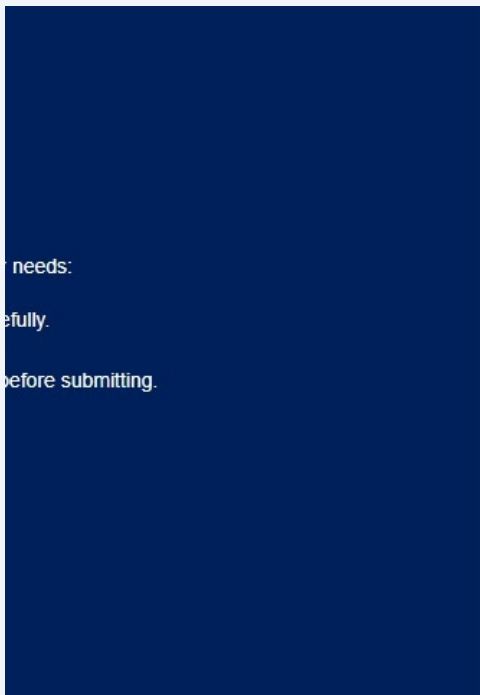
(required)

Account Holder First Name

34

FOR GAS, ELECTRICITY, AND WATER ONLY: Enter account number for the company you'd like assistance with.

FOR DELIVERABLE FUELS: Enter "0" if no account number is applicable



Energy Vendor (required)

Eversource

If no vendors are showing in this list, please contact Operation Fuel at applications@operationfuel.org for next steps

Account Number

(required for electric and gas assistance. Enter 0 for all other energy types.)

(required)

|

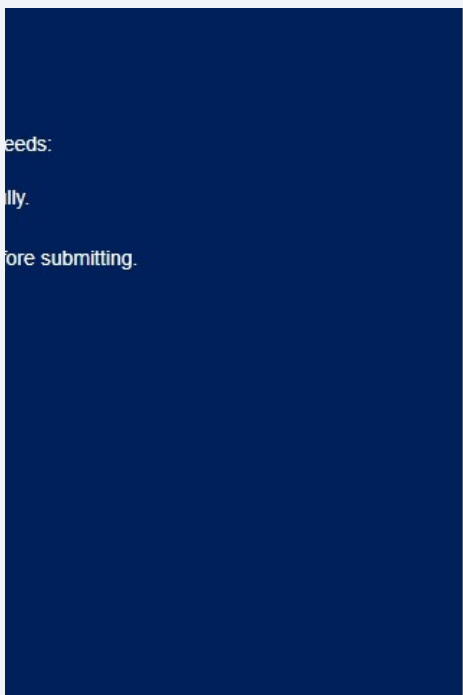
Account Holder First Name

Account Holder Last Name

Additional Information you want Operation Fuel to know regarding this application

35

Complete the "Account Holder First Name" field. (If account holder is different from primary applicant, account holder must be listed as a household member on application)



If no vendors are showing in this list, please contact Operation Fuel at applications@operationfuel.org for next steps

Account Number

(required for electric and gas assistance. Enter 0 for all other energy types.)

(required)

51245895685

Account Holder First Name

|

Account Holder Last Name

Additional Information you want Operation Fuel to know regarding this application

36

Enter any additional information you want Operation Fuel to know regarding this application in this field.

submitting.

types.)

(required)

51245895685

Account Holder First Name

Jose

Account Holder Last Name

Hernandez Test

Additional Information you want Operation Fuel to know regarding this application

Submit

37

Click "Submit"

types.)

(required)

51245895685

Account Holder First Name

Jose

Account Holder Last Name

Hernandez Test

Additional Information you want Operation Fuel to know regarding this application

Submit

38

If any household member receives SSI or CEAP assistance, please upload those documents under the appropriate tab. If you upload *either* of these 2 documents, the household's income will be considered verified and no further income is needed to submit the application. *Note:* You will still need to provide a past due bill and payment history for electricity, water, and gas applications.

The screenshot shows a web application interface with a white background. At the top, there is a dark blue header bar with white text: "If you have one of the below documents, please upload before proceeding. You may not need to provide further income information:". Below this header are two blue buttons with white text and upload icons: "CT Energy Assistance Program letter" and "Social Security Supplemental Security Income". The "Social Security Supplemental Security Income" button is circled in orange. To the right of these buttons is a vertical list of items, each with a green checkmark and the text "zero ir". Below the buttons is another dark blue header bar with white text: "Please add all household members to your application". At the bottom, there is a small note: "Note: If using Paystubs, show the last 4 weeks of income. If using Friends and Family, Zero Inc".

39

FOR GAS, ELECTRICITY, AND WATER ONLY: Upload Payment History (must show at least 4 payments in the last 12 months, except for Connecticut Water which only requires 2 payments in the last 12 months).

Energy Type Assistance #

Electricity 59275

You must provide the following documents:

Upload Payment History

Upload Unpaid Bill

application + Add Household Member

40

Select the "Choose files" button.

If you have one of the below documents, please upload them. You may not need to provide further income verification.

CT Energy Assistance

Social Security Supplemental Security Income

Please add all household members to your application.

Note: If using Paystubs, show the last 4 weeks of paystubs. For more information, click the 'Get Help' link at the top of this page.

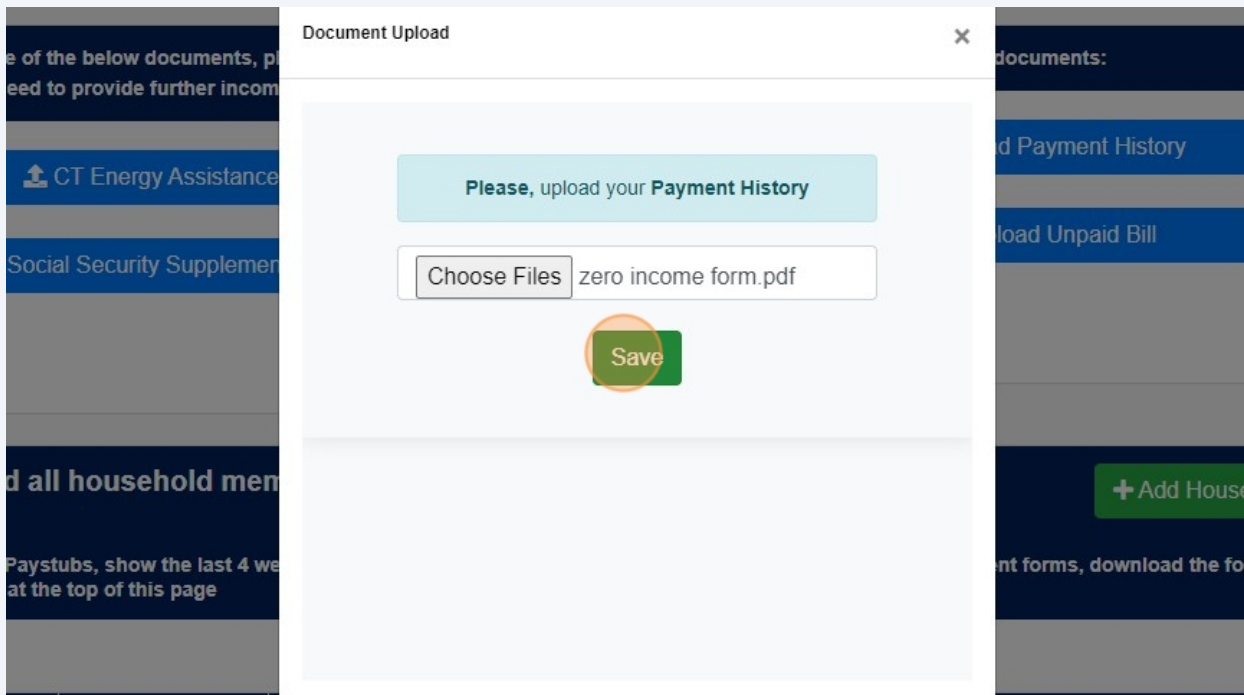
Document Upload

Please, upload your Payment History

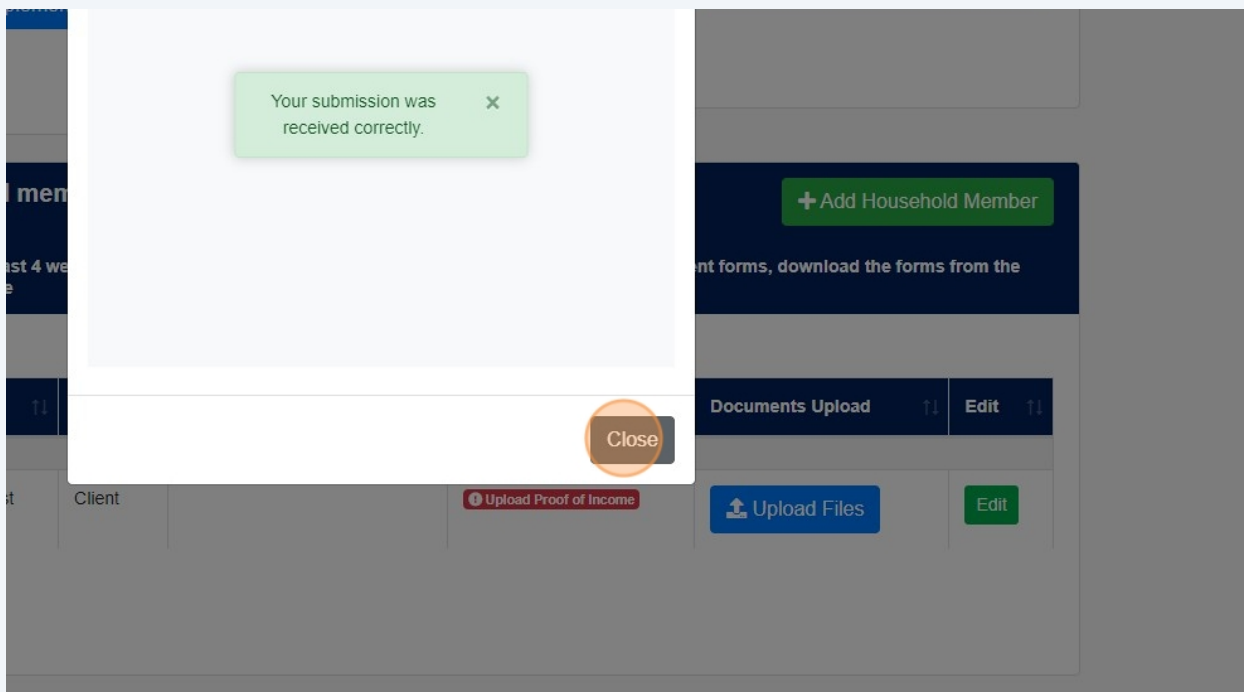
Choose Files No file chosen

Save

41 Once you choose your file, click "Save" button.

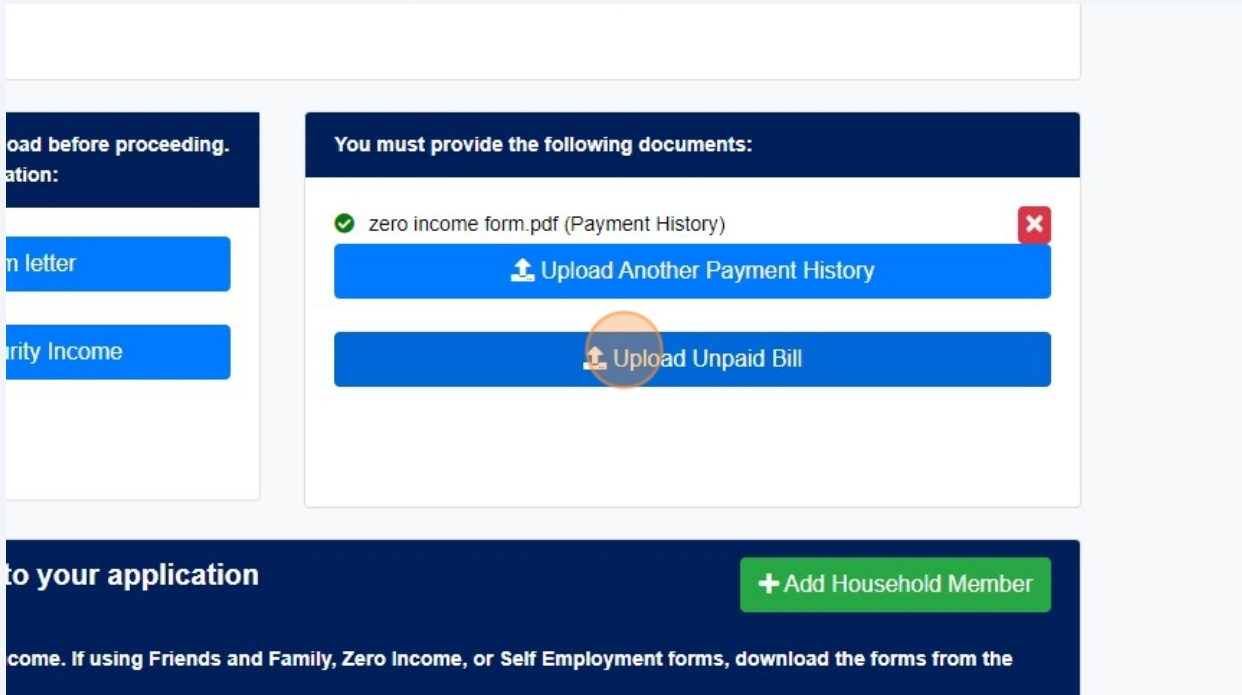


42 You will receive a green box if your upload was successful. Click "Close" after confirming. *Note: You can then click the blue "Upload Another..." button if you need to upload multiple files.*



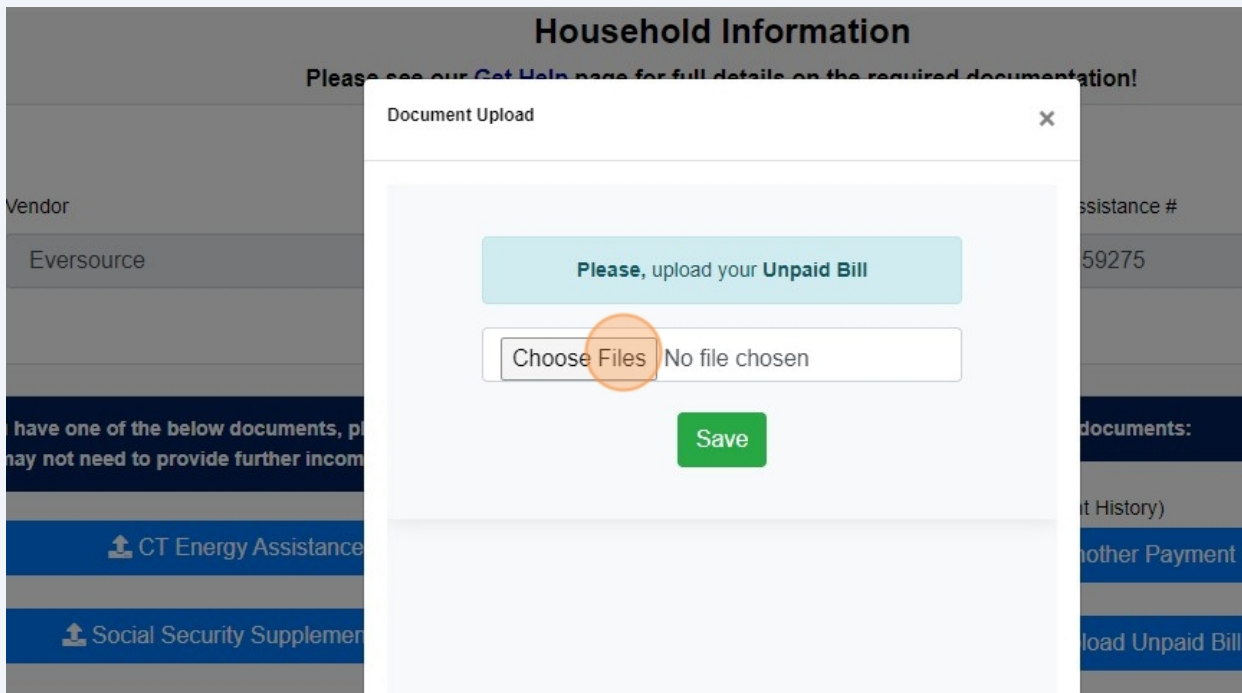
43

FOR GAS, ELECTRICITY, AND WATER ONLY: Select the "Upload Unpaid Bill" button. (Must upload a **past-due** bill here)

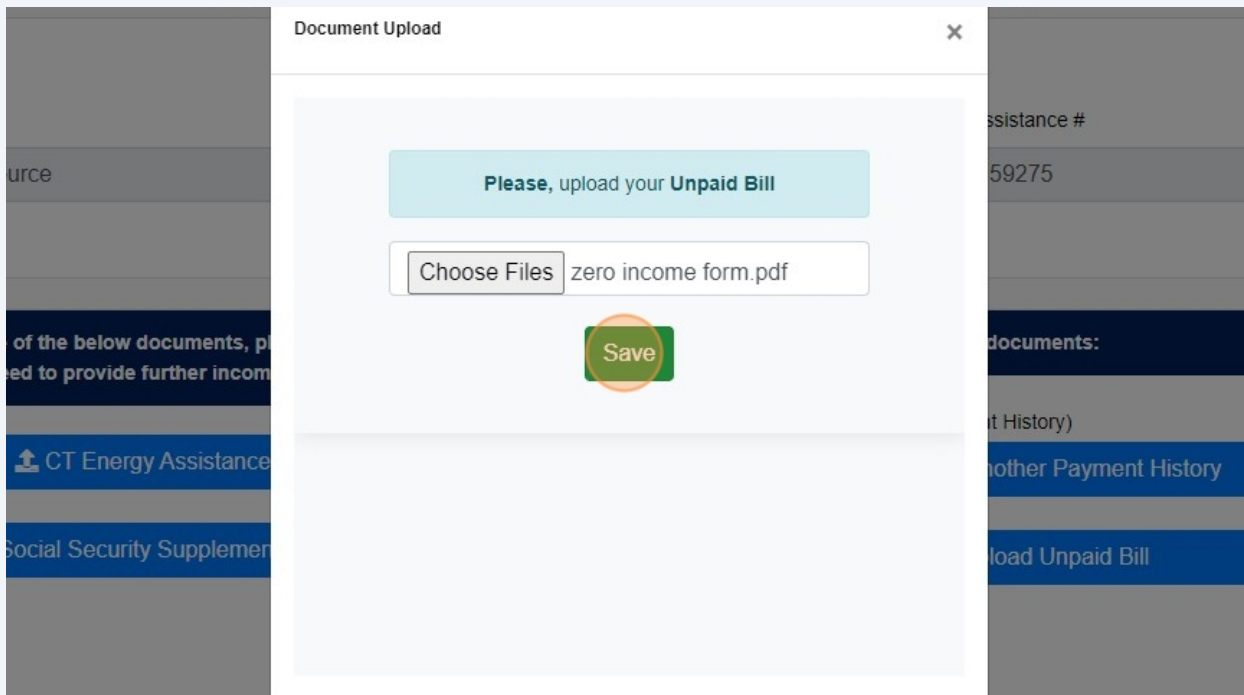


44

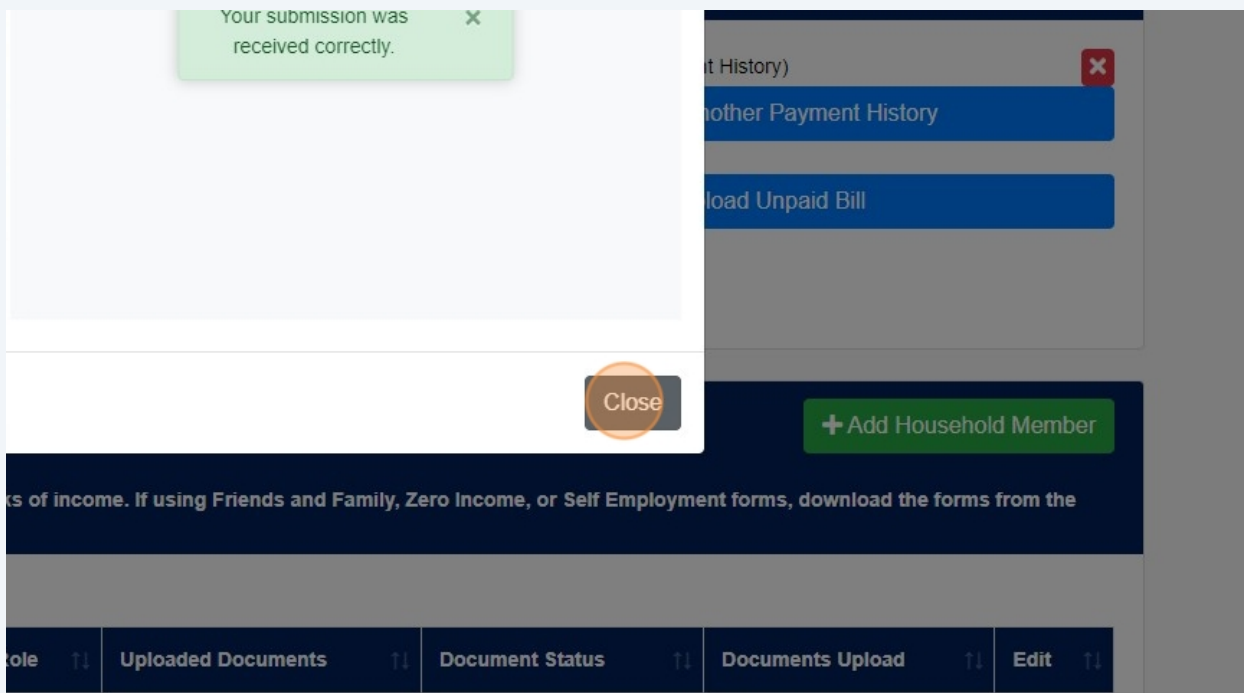
Select the "Choose files" button.



45 Once you choose your file, click "Save" button.



46 Click "Close"



47

If there are any other people living in your home, please click "Add Household Member" to add additional household members. You will repeat the steps for adding a household member as many times as needed to capture all the people living in your home full-time.

The screenshot shows a web application interface. At the top, there are two blue buttons: "Upload Another Payment History" and "Upload Another Unpaid Bill". Below these, a document titled "zero income form.pdf (Unpaid Bill)" is shown with a green checkmark on the left and a red 'X' on the right. Below the document is another blue button labeled "Upload Another Unpaid Bill".

Below this section is a dark blue banner with the text "ication" on the left and a green button labeled "+ Add Household Member" on the right. Below the banner, there is a line of text: "riends and Family, Zero Income, or Self Employment forms, download the forms from the".

At the bottom, there is a table with a dark blue header. The header has four columns: "Documents", "Document Status", "Documents Upload", and "Edit". Each column has a small up/down arrow icon. Below the header, there is a table row with a red button, a blue button, and a green button.



Failure to add all household members could result in you being denied for being over the income limits since they are based on household size.

48 Complete all the required fields for the household member you are adding.



First Name (required)

Last Name (required)

Role (required)

Email

49 Select the role of the household member from the drop down.

Role (required)

Birth Date (required)

Marital Status (required)

50 Select the gender for the household member

Email

Cell Phone

Gender (required)

Choose not to disclose

Choose not to disclose

Female

Male

n/a

Other

Select an option

51 Select marital status from drop down for the household member

Gender (required)

Male

Birth Date (required)

01/16/1968

Marital Status (required)

Select an option

Divorced

Married

Single

Widowed

Are you a veteran?

Select an option

52

Answer disability question for the household member

Hispanic/Latino/Spanish

Race (required)

Other

Are you a veteran?

No

Are you a person with a disability/do you require energy for a medical reason?

Select an option

Yes

No

Income - Unemployment (required)

Income Frequency - Unemployment

Select an option

53

For this household member - complete all income and income frequency (ex: weekly, biweekly) for the income type. Enter "0" for all the other income types that do not apply.

Are you a veteran?

No

Are you a person with a disability/do you require energy for a medical reason?

No

Income - Employment (required)

Income Frequency - Employment

Select an option

Income - Unemployment (required)

Income Frequency - Unemployment

Select an option

Income - Disability (required)

Income Frequency - Disability

Select an option

54

IMPORTANT - Select "Active" status. If you are editing a household member who is already there and they no longer live with you, set them to "Void" to ensure they don't affect the income calculations.

Income - Other (required)

0

Income Frequency - Other

Select an option

If 'Other' income entered, specify details

Income Total (Monthly)

1200

Household Member Status (required)

Active

Active

Inactive

Void

55

Click "Submit"

Select an option

re entered, specify details

Monthly)

Member Status (required)

son is a household member who lives with you.

moves out, set the Status to 'Inactive'.

ded this person by mistake, set the Status to 'Void'.

Submit

56

If you do not have a current SSSI or CEAP assistance letters, please click the blue button on each row to upload individual income documents for the primary applicant and any additional household member(s) age 21 or older based on the document status (see below). Any additional documents required will show in red. Document status will change to green when successfully uploaded.

ication + Add Household Member

riends and Family, Zero Income, or Self Employment forms, download the forms from the

Documents	Document Status	Documents Upload	Edit
	Upload Proof of Income	Upload Files	Edit
	No documents required		Edit
	Upload Proof of Income	Upload Files	Edit

57

Select the "choose files" field.

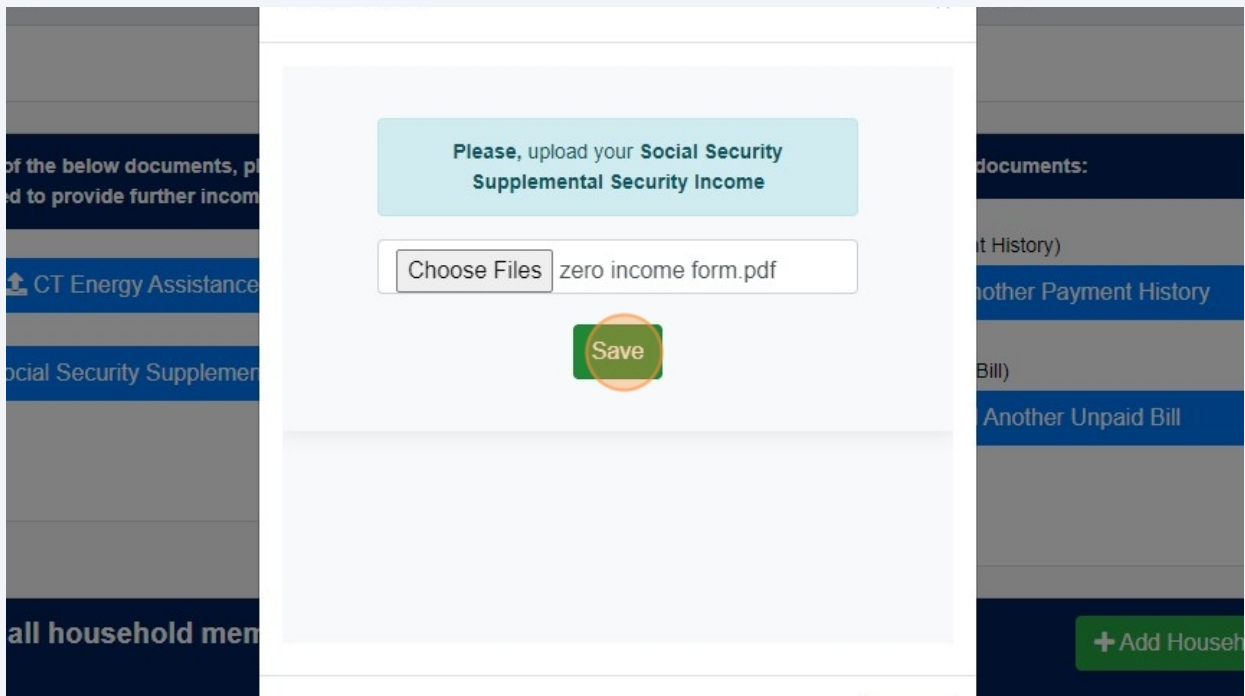
Vendor: Eversource Energy Type: Assistance #: 59275

Please, upload your Social Security Supplemental Security Income

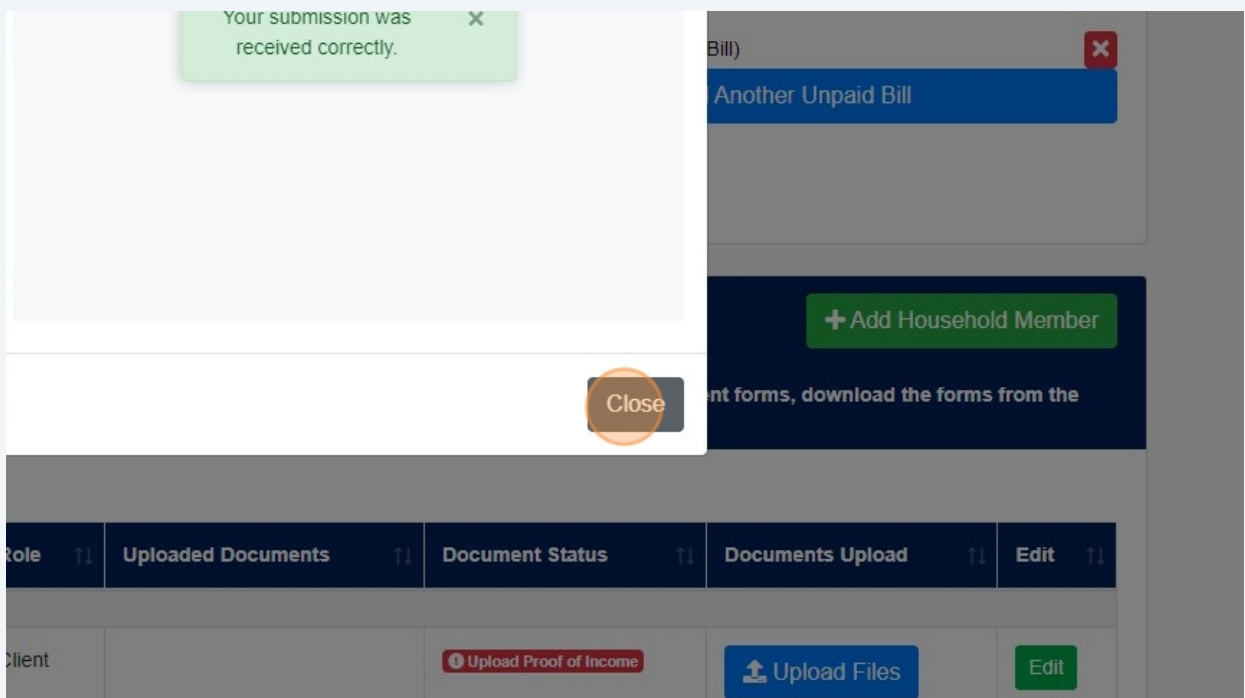
Choose Files No file chosen

Save

58 Once document has been uploaded, click "Save" button.



59 Click "Close"



60

Click "Submit Completed Application" If the submit button does not appear you may be missing a document in the section above or on a prior page. If you believe you have uploaded all required documents and still do not have a Submit button, please contact applications@operationfuel.org.

Hernandez Test	Child	✓ No documents required
Hernandez Test	Spouse	✓ No documents required

entries

Submit Completed Application

Quick Links
Home
Contact Us
Logout

Contact Us
75 Charter Oak Avenue, Suite 2-240
Hartford, CT 06106
Phone: (860) 243-2345

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61

You have completed the process of submitting your application.



Home Contact Us Logout

Operation Fuel Assistance Portal

You can apply for energy assistance on 8/6/2025

Apply for Water Assistance

Energy Assistance Applications

Water Assistance Applications

Date	Status	Continue	Cancel
9/6/2024	Submitted		

Date	Status	Continue	Cancel
------	--------	----------	--------

Operation Fuel

Providing year-round energy assistance to Connecticut residents in need.

Quick Links

Home
Contact Us
Logout

Contact Us

75 Charter Oak Avenue, Suite 2-240
Hartford, CT 06106
Phone: (860) 243-2345

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62 Click "Logout"

