



# Programs to help you pay your PSE&G bill

## LOW INCOME PROGRAMS

### Low Income Home Energy Assistance Program (LIHEAP) ► 1-800-510-3102

- PSE&G heating customers typically receive an average of \$300 toward their PSE&G bill.
- Customers with a household income at or below income limits can apply.  
*You may also be eligible for USF.*
- **Deadline for applying to LIHEAP is April 30, 2014.**

#### LIHEAP GROSS INCOME LIMITS

Household Size♦	Monthly Gross* Income
1	\$1,915
2	\$2,585
3	\$3,255
4	\$3,925

### Universal Service Fund (USF) ► 1-800-510-3102

- PSE&G customers can receive from \$5 to \$150 per month toward their PSE&G bill.
- If you apply for LIHEAP you are also applying for USF.
- USF accepts applications year round.

#### USF GROSS INCOME LIMITS

Household Size♦	Monthly Gross* Income
1	\$1,676
2	\$2,262
3	\$2,849
4	\$3,435

## MODERATE INCOME PROGRAMS

### Payment Assistance Gas and Electric (PAGE) and Temporary Relief for Utility Expenses (TRUE)

► 1-855-465-8783 ► [njpoweron.org](http://njpoweron.org)

- PSE&G customers can receive up to \$1,400 from PAGE or up to \$1,500 from TRUE, depending on the balance owed towards their bill. Applicant must meet the PAGE or TRUE programs guidelines and income eligibility (see below). Also, applicant must have a balance on their PSE&G bill; have received a disconnection notice; disconnected for non-payment or have an active payment plan with PSE&G for paying off the balance.
- To qualify for PAGE, you must not have received LIHEAP within the current heating season (Oct. –Sept.) and/or have not received a USF benefit within the past 6 months; have made two payments of at least \$25 within the last six months (1 payment should have been made 30 days prior of application date) or a \$200 good faith payment on your bill in the past 90 days.
- To qualify for TRUE, you must not have received LIHEAP or USF within the past 12 months from the date of submitting a TRUE application and have made at least four payments of \$25 or more in the last six months.
- To apply for PAGE or TRUE, call 1-855-465-8783 to locate the agency in your county or apply online at [www.njpoweron.org](http://www.njpoweron.org).
- PAGE and TRUE applications are available all year.  
**One application for both programs but you will be receiving assistance from one program at a time.**

HOUSEHOLD SIZE♦	1	2	3	4
Min. Gross Annual Income	\$22,992	\$31,032	\$39,072	\$47,112
Max. Gross Annual Income	\$54,003	\$70,618	\$87,235	\$103,852

### NJ SHARES (NJS) ► 1-866-NJSHARES (657-4273) ► [njshares.org](http://njshares.org)

- PSE&G customers can receive up to \$500 for electric; customers can receive up to \$700 for gas, depending on the balance owed on their PSE&G bill.
- Customers with a household income higher than LIHEAP or USF income limits, and lower than the income limits listed, may apply, if denied a PAGE or TRUE benefit.
- NJS accepts applications year round.

#### NJS GROSS INCOME LIMITS

Household Size♦	Monthly Gross* Income
1	\$3,723
2	\$5,043
3	\$6,363
4	\$7,683

## SENIORS / DISABLED ADULTS

### NJ Lifeline ► 1-800-792-9745

- Seniors who are at least 65 years old, and disabled adults who are at least 18 years old and receiving Social Security Disability can apply to receive \$225 yearly credit. Customer's annual gross income (not the household income) must be less than \$26,130 if single or less than \$32,037 if married.
- NJ Lifeline accepts applications year round.

You may obtain applications for all programs, except NJ SHARES, at a PSE&G customer service center.

♦ For household sizes greater than four, visit [pseg.com/help](http://pseg.com/help).

\* Gross income is income before taxes.

Vea al dorso para español.

Scan to learn more  
about these programs.





# Programas para ayudarle a pagar su factura de PSE&G

## DE BAJO INGRESO

### Programa de Asistencia de Energía para Familias de Bajos Ingresos (LIHEAP)

► **1-800-510-3102**

- Los clientes de PSE&G normalmente reciben un promedio de \$300 a favor de su factura.
- Clientes con un ingreso familiar igual o menos de los límites de ingresos pueden solicitar. *Usted también puede ser elegible para la USF.*
- La fecha tope para solicitar para LIHEAP es el 30 de abril de 2014.

### LIHEAP LIMITES DE INGRESO BRUTO

Tamaño de familia ♦	Ingreso Bruto* Mensual
1	\$1,915
2	\$2,585
3	\$3,255
4	\$3,925

### Fondo de Servicio Universal (USF) ► 1-800-510-3102

- Clientes de PSE&G pueden recibir entre \$5 a \$150 por mes a favor de su factura.
- Si solicita por LIHEAP también está solicitando por USF.
- USF acepta solicitudes durante todo el año.

### USF LIMITES DE INGRESO BRUTO

Tamaño de familia ♦	Ingreso Bruto* Mensual
1	\$1,676
2	\$2,262
3	\$2,849
4	\$3,435

### Programa de Ayuda con su Factura de Gas y Electricidad (PAGE) y Alivio Temporal para Gastos de Servicios Públicos (TRUE) ► 1-855-465-8783 ► [njpoweron.org](http://njpoweron.org)

- Clientes de PSE&G pueden recibir hasta \$1,400 de PAGE o hasta \$1,500 de TRUE, dependiendo del saldo pendiente que debe. El solicitante debe cumplir con las pautas del programa y la elegibilidad de ingresos de PAGE y TRUE (vea abajo). Además, el solicitante tiene que tener un saldo pendiente con PSE&G; haber recibido una notificación de desconexión; ser desconectados por falta de pago o tener un plan de pago activo con PSE&G para pagar el saldo.
- Para calificar por PAGE, no debe haber recibido LIHEAP durante la temporada de calefacción actual (octubre - septiembre) y/o no ha recibido un beneficio de USF en los últimos 6 meses; haber hecho dos pagos de al menos \$25 en los últimos seis meses (Un pago debe haberse hecho 30 días antes de la fecha de solicitud) o un pago de buena fe de \$200 en su factura en los últimos 90 días.
- Para calificar por TRUE, no debe haber recibido LIHEAP o USF en los últimos 12 meses a partir de la fecha de la solicitud por TRUE y haber hecho al menos cuatro pagos de \$25 o más en los últimos seis meses.
- Para solicitar por PAGE o TRUE, llame al 1-855-465-8783 para localizar la agencia en su condado o solicite en línea en [www.njpoweron.org](http://www.njpoweron.org).
- Solicitudes para PAGE y TRUE están disponibles todo el año.

**Una solicitud para ambos programas, pero estará recibiendo la ayuda de un programa a la vez.**

TAMAÑO DE FAMILIA ♦	1	2	3	4
Ingreso Bruto Anual Mínimo	\$22,992	\$31,032	\$39,072	\$47,112
Ingreso Bruto Anual Máximo	\$54,003	\$70,618	\$87,235	\$103,852

### NJ SHARES (NJS) ► 1-866-NJSHARES (657-4273) ► [njshares.org](http://njshares.org)

- Clientes de PSE&G pueden recibir hasta \$500 para electricidad; los clientes pueden recibir hasta \$700 para gas, dependiendo del saldo que deben en su factura de PSE&G.
- Clientes con un ingreso familiar más de los límites de ingresos de LIHEAP o USF, y menos de los límites de ingresos alistados, pueden solicitar si se le niega un beneficio PAGE o TRUE.
- NJS acepta solicitudes durante todo el año.

### NJS LIMITES DE INGRESO BRUTO

Tamaño de familia ♦	Ingreso Bruto* Mensual
1	\$3,723
2	\$5,043
3	\$6,363
4	\$7,683

## TERCERA EDAD / ADULTOS DISCAPACITADOS

### NJ Lifeline ► 1-800-792-9745

- Las personas mayores que tienen por lo menos 65 años de edad, y adultos con una discapacidad que tengan al menos 18 años de edad y que reciben Seguro Social por Discapacidad pueden solicitar para recibir un crédito anual de \$225. El ingreso bruto anual del cliente (no el ingreso familiar) debe ser menos de \$26,130 si es soltero(a) o menos de \$32,037 si es casado(a).
- NJ Lifeline acepta solicitudes durante todo el año.

Usted puede obtener solicitudes para todos los programas, con la excepción de NJ SHARES, en uno de los centros de servicio al cliente de PSE&G.

♦ Para familia de cuatro o más, visite [pseg.com/ayuda](http://pseg.com/ayuda).

\* El ingreso bruto es el ingreso antes de impuestos.

See reverse side for English.

Escanea para aprender más sobre estos programas.





## BEOF Community Action Partnership

The Community Action Program For Bayonne

555 Kennedy Boulevard - P.O. Box 1032

Bayonne, New Jersey 07002

Phone: (201) 437-7222 Fax: (201) 437-7220

[www.beof.org](http://www.beof.org)

**ATTENTION HUDSON COUNTY RESIDENTS:**

**PROGRAM HAS BEEN EXTENDED**

**APPLY NOW FOR HOME ENERGY ASSISTANCE!!**

APPLICATIONS ARE AVAILABLE AT BEOF THROUGH **June 30, 2014**

VISIT US AT 555 KENNEDY BLVD (BETWEEN 21ST & 22ND STS.), BAYONNE  
AND/OR PLEASE CALL (TO BE MAILED AN APPLICATION)

(201) 437-7222, ext. 18

IF YOU FALL WITHIN THE INCOME GUIDELINES LISTED BELOW, YOU WILL  
RECEIVE A BENEFIT TOWARDS YOUR BILL (PSE&G, OIL, PROPANE). THERE IS ALSO A  
PROGRAM FOR ELECTRIC ACCOUNTS. OTHER PROGRAMS ARE AVAILABLE FOR  
HOUSEHOLDS THAT ARE OVER THE GUIDELINES LISTED BELOW & ARE STRUGGLING TO  
PAY THEIR BILLS (TRUE GRANT, NJ SHARES)

2014 MONTHLY GROSS INCOME GUIDELINES

Household Size	HEA Program	USF Program
1	\$1,915	\$1,676
2	\$2,585	\$2,262
3	\$3,255	\$2,849
4	\$3,925	\$3,435
5	\$4,595	\$4,021
6	\$5,265	\$4,607
7	\$5,935	\$5,194
8	\$6,605	\$5,780
9	\$7,275	\$6,366
10	\$7,478	\$6,952
11	\$7,634	\$7,539
12	\$7,789	\$8,125
If more than 12 add:	\$ 156 for each person	\$ 586 for each person

Contact, Susan Tierney, Program Manager, (ext. 18) for more information. Office hours are Monday, Tuesday, & Thursday 8:30 a.m. to 4:00 p.m., Wednesday 8:30 a.m. to 6:00 p.m. and Friday 8:30 a.m. to 3:30 p.m.



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Bayonne, New Jersey 07002

Phone: (201) 437-7222 (ext. 19) Fax: (201) 437-2810

E-Mail: [anaquintela@beof.org](mailto:anaquintela@beof.org)

Ana Quintela

Executive Director

**\*\*\*\*LIST OF NECESSARY DOCUMENTS YOU WILL NEED TO APPLY FOR THE HOME ENERGY ASSISTANCE PROGRAM/USF/SUMMER COOLING ASSISTANCE. FAILURE TO INCLUDE PHOTO COPIES WILL DELAY THE PROCESSING OF YOUR APPLICATION.\*\*\*\***

**PHOTO COPIES ONLY**  
**PLEASE READ THE LIST CAREFULLY**

Current **PSE&G Bill** and /or **Oil Bill** with the applicant's name and address

**TENANTS** – Current Rent Receipt, Canceled Rent Check or Money Order

**PROPERTY OWNERS** – Tax Bill, Deed, or Mortgage

**TENANT VERIFICATION FORM** – Document enclosed

**For Tenant:**

This form must be completed by your landlord or super

**For Property Owners:**

Rent Receipt and Rental Income Allowance Calculation Worksheet

Most current tax return or receipts for deductions on worksheet

**Proof of Income For all household members 18 years and older –**

**WEEKLY** –

Four (4) current consecutive paystubs

**BI-WEEKLY** –

Two (2) current consecutive paystubs

**SELF EMPLOYED** –

Current Tax Return

**Proof of Benefits – Unemployment Insurance** last 4 weeks (statement from unemployment website must show last 4 weeks [njuifile.net](http://njuifile.net)), **Current Social Security Letter** or if you get direct deposit, a copy of your current checking account statement showing that a US Treasury check has been deposited. **Pension Fund Verification**. **Veteran Benefit Letter**, **Worker's Compensation Letter**, **TANF (Welfare)** income letter, **Food Stamp Letter**, and **Child Support documents**

**Social Security Cards** – for all household members including applicant

**Medical Form** – must be completed, signed and stamped by your Physician

**No Income Affidavit** – needs to be completed & signed by any household member 18 years of age or older that does not have any earned income or collects any benefits.

*Equal Opportunity Employer*



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### **LOW INCOME HOME ENERGY ASSISTANCE PROGRAM** **TENANT VERIFICATION FORM**

THIS FORM IS TO BE COMPLETED BY THE LANDLORD AND/OR SUPERINTENDENT ONLY

On this date, \_\_\_\_\_, I verify that \_\_\_\_\_ is residing at

\_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_,

Zip Code: \_\_\_\_\_.

Landlord/Superintendent please verify heating arrangement (check one):

A - \_\_\_\_\_ Heat is included in the rent, which is subsidized (Section 8).

B - \_\_\_\_\_ Heat is included in the rent, which is NOT subsidized.

C - \_\_\_\_\_ Tenant is responsible for paying their heating expenses.

*IF SO: Please indicate heating type: GAS \_\_\_\_\_ ELECTRIC \_\_\_\_\_ OIL \_\_\_\_\_*

D - \_\_\_\_\_ Heat is provided by Public Housing Authority

Number of occupants in the apartment: \_\_\_\_\_

Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_, Client pays \$ \_\_\_\_\_ (Rental Assistance)

LANDLORD'S NAME (PLEASE PRINT) \_\_\_\_\_ PHONE # \_\_\_\_\_

Landlord's Signature \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Superintendent's Name (Please print) \_\_\_\_\_ Phone # \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Superintendent's Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Client: I certify that the information given is true, which may be verified, to determine my eligibility and benefits for the HEA Program.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Executive Director

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### **AFFIDAVIT OF NO INCOME FOR HOUSEHOLD MEMBER**

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I, \_\_\_\_\_, do swear that I am over the age of 18 and have had no earned income for five weeks prior to applying for the Low Income Home Energy Assistance Program. **I am aware that I may be penalized by a fine and/or imprisonment for making false statements on the Low Income Home Energy Assistance Application.**

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Legal Signature of Household Member

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Social Security Number of applicant: \_\_\_\_\_

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Ana Quintela

Executive Director

### **MEDICAL FORM FOR COOLING ASSISTANCE APPLICATION**

"Eligible Household's for which there is medical evidence that the health of at least one household member will be seriously endangered unless the household's living quarters are cooled shall receive a one time benefit."

### **PHYSICIAN MUST SIGN & STAMP THIS FORM OR IT WILL NOT BE VALID**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patients' Social Security #: \_\_\_\_\_ Patient's Address: \_\_\_\_\_

Is client seriously endangered if living quarters are not cooled?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe Medical Condition and what may occur without a cooling system in the living quarters:

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Physician's Name: \_\_\_\_\_

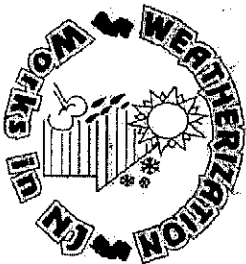
Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**This and all required documents must be submitted with the application to the agency**

*Equal Opportunity Employer*



# **NEW JERSEY HOME ENERGY PROGRAMS**

## **Home Energy Assistance**

## **Universal Service Fund**

## **Weatherization Assistance**

### **Information on Other Energy Assistance Programs**

You can learn more about other energy assistance programs by calling the toll-free numbers below:

**NJ 211**

**1-866-240-1347 (USF)**

**1-800-510-3102 (LIHEAP)**

**NJ Lifeline**

**1-800-792-9745**

Helps with gas and electric bills for disabled or senior homeowners and renters with limited incomes

**TRUE and PAGE**

**1-732-982-8710**

**[www.affordablehousingalliance.com](http://www.affordablehousingalliance.com)**

**New Jersey Comfort Partners**

**1-888-773-8326**

Helps qualified low-income households lower natural gas and electric bills through energy education, the installation of energy efficiency measures, and repairing or replacing heating and cooling equipment.



# Home Energy Assistance (HEA) /Universal Service Fund (USF) and Weatherization Program Application

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, CALL 1-800-510-3102

or visit [www.energyassistance.nj.gov](http://www.energyassistance.nj.gov) for your local participating agency

## Program Definitions

### Low Income Home Energy Assistance Program

The Low Income Home Energy Assistance Program (LIHEAP) is designed to help low-income families and individuals meet home heating and medically necessary cooling costs. To be eligible, a household must have a gross income at or below 200% of the Federal Poverty Level and be responsible for the cost of heating.

### Universal Service Fund

USF is a program created by the State of New Jersey to help make natural gas and electric bills more affordable for low-income households. If you are eligible, USF can lower the amount you pay for gas and electricity. To be eligible, a household must have a gross income at or below 175% of the Federal Poverty Level and pay more than 3% of its annual income for electric, or more than 3% for natural gas. If a household has electric heat, it must spend more than 6% of its annual income on electricity to be eligible.

### Weatherization

New Jersey's Weatherization Assistance Programs will help reduce energy bills and keep your home warm by providing you with: 1) A home energy audit to see how much money you can save on energy bills by weatherizing; and 2) Installation of energy efficient measures which may include air sealing, insulation, heating system repair and/or replacement of refrigerators and heating systems if necessary. To be eligible, a household must have a gross income at or below 200% of the Federal Poverty Level.

### LIHEAP and USF Recertification

If you received USF or HEA benefits during the previous season and did not move, you will receive a Recertification form in the mail instead of a full application. Contact your local participating agency for the recertification form if you do not receive one. If you now have a new address you must submit a complete application with all the required documentation.

### Food Stamp and PAAD Automatic Enrollments

Food Stamp recipients and Lifeline/PAAD recipients are automatically screened for USF and HEA and only need to fill out a full USF/HEA application if it is requested by the county USF/HEA agency or more information is needed.

### NJ Family Care

Beginning January 2014 NJ Family Care will include CHIP, Medicaid and Medicaid Expansion population. This means documented New Jersey residents who are low income may be eligible for free or low cost health insurance that covers doctor visits, prescription, vision, dental care, and even hospitalization. For more information, call 1-800-701-0710.

# Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

## Instructions for LIHEAP/USF/WX Application

*Please notice that there is a number next to every question or field in this application. These numbers will serve as a guide for filling out this application.*

01. Last Name – Print the last name of the Applicant.
02. First name – Print the first name of the Applicant.
03. Middle Initial (MI) – Print the middle initial of the Applicant.
04. Street Address – Print the full street number and name of your primary residence.
05. City – Print the name of the municipality where the primary residence of your household (family) is located.
06. State – Print the name of the state where the primary residence of the household (family) is located.
07. Zip Code – Enter zip code of household's (family) primary residence.
08. Telephone number – Enter household's (family) primary telephone number (include area code).
09. Housing Type – Indicate in what type of housing unit you reside.
10. Mailing Address – Enter your full mailing address if different from primary residence.
11. List of all household members – In this section, please write/print the names and gender of all household members residing in the unit, starting with the head of household; dates of birth for every member of the household; relationship to the head of the household; social security numbers for all the members of the household and declaration of US citizenship. Please also indicate household members who are disabled.
12. What are you applying for? – Check for which of the following programs you are applying for: Heating/USF, Cooling or Weatherization.
13. In this section answer every question to the best of your knowledge.
14. Primary Heating Fuel Type – Please indicate your primary heating fuel (example: if you pay for natural gas to heat your house, but have to use an electric heater to heat any specific room of your unit, your primary heating fuel type will be natural gas).
15. Heating Fuel Supplier Name – Print the name of the company that supplies your heating fuel (Example: PSEG Co., Scott Oil Co. etc.).
16. Natural Gas Account Number – Enter your gas utility account number. You can find this number on your gas and electric bill.
17. Natural Gas Company Name – Please indicate the name of the company that supplies your natural gas.
18. Electric Account Number – Enter your electric account number if different from your gas account. You can find this number on your electric bill.
19. Electric Company Name – Indicate the name of the company that supplies your electricity.
20. Authorized Representative – Print the Name and Address of the person who is submitting this application on your behalf. This person's name will appear on all Home Energy Assistance benefit checks that you will receive. If you are completing your own application leave this space blank.
21. Main Language spoken in your household – Enter main language used in your household (English, Spanish, French, etc.).
22. Household Income – Indicate the income and pay cycle of all members of your household (age 18 and over) using the list of possible income sources found on the right side of income block.
23. Weatherization – Check 'yes' or 'no' to indicate if your unit has been weatherized. If 'yes' enter the month and the year (if known).
24. Applicant Certification – Please read, sign and date Applicant Certification (You must sign this certification otherwise your application will not be processed).
25. Race – Please indicate your race (optional).

The 2014 Maximum Income Limits			
Household Size	HEA Monthly Gross Income \$	USF Monthly Gross Income \$	
1	1,915	1,676	
2	2,585	2,262	
3	3,255	2,849	
4	3,925	3,435	
5	4,595	4,021	
6	5,265	4,607	
7	5,935	5,194	
8	6,605	5,780	
9	7,275	6,366	
10	7,478	6,952	
11	7,634	7,539	
12	7,789	8,125	
Amount for each additional member for households greater than 12	\$156	\$586	

If your household monthly gross income is below the monthly income limits above you should submit an application after October 1<sup>st</sup> 2013.

## Required Application Documents

The following are documents you **must include** with your application for the Low Income Home Energy Assistance Program and Universal Service Fund. Please read the list carefully. If you do not include all required documents, you will delay the processing of your application. Please send copies not original documents.

<p><b>1. Proof of Identification:</b> Social Security cards for all members in the household and: Birth certificates for infants under the age of 12 months. Custody papers for minors not living with parents. Documentation for all foster children in the household. (A letter from DYFS or other social service agency)</p>	
<p><b>2. Proof of Income:</b> All earned income information for everyone 18 years and older who resides in the household. (Please include all documentation which apply to members of your household) All documentation below if applicable. Unearned income is counted for every member of the household.</p> <p><b>Earned and Unearned Income</b></p> <p>a. If paid weekly submit paystubs for last 4 consecutive weeks within 8 weeks of the application submission date. If paid twice a month or every two weeks include 2 consecutive paystubs.</p> <p>b. If <b>self-employed</b>: Copy of latest federal income tax statement with supporting documentation.</p> <p>c. <b>Pension</b>, veteran and disability, Soc. Sec. or SSI benefits (including children benefits): Copy of checks or benefit award letter.</p> <p>d. <b>Unemployment benefits</b>: Copy of award statement or 2 benefit pay stubs.</p> <p>e. <b>Child support/Alimony</b>: Statement of total monthly support.</p> <p>f. <b>Rental Income</b>: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.</p> <p>g. <b>TANF or General Assistance</b> (welfare): Award Letter or printout.</p> <p>h. <b>Interest or Dividends</b>: Bank statement, investment company statement.</p>	
<p><b>3. If you own your home:</b> (All documentation below, if applicable)</p> <p>a. Proof of ownership: Copy of mortgage, tax bill, or deed.</p> <p>b. If a Multi-unit building: document rental income from all tenants (lease, or rent receipts from all tenants, or notarized vacancy letter for vacant units only).</p> <p>c. Probate sale contract.</p> <p>d. Lease agreement indicating heating arrangements.</p>	<p><b>4. If you rent:</b> Current rent receipt and/or current lease agreement.</p>
<p><b>5. Current energy bills:</b> (Please include all that apply)</p> <p>a. Gas and electric bill.</p> <p>b. If your primary source of heat is other fuels such as oil or propane, provide a copy of your bill.</p>	<p><b>6. Proof of U.S. Citizenship or Legal Residency Status:</b> (Please provide one of the following)</p> <p>a. Social Security card.</p> <p>b. Copy of Medicaid/Medicare card.</p> <p>c. Documentation from U.S. Department of Citizenship and Immigration Services.</p> <p>d. USCIS Temporary Work Permit.</p>
<p><b>7. Public Housing/Rental Assistance:</b> Your Housing Authority proof of residence letter or lease agreement.</p>	
<p><b>8. Cooling applicants only:</b> Submit doctor's note stating the need for cooling, plus all other documentation above, if applicable. (Original doctor's letterhead only. NO copies will be accepted)</p>	

\* Please Note: In certain cases, additional documentation may be required. If you cannot provide a required document, please call your LIHEAP/USF application agency. In some cases, you may be able to substitute it with a different document.

# Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

<b>Applicant Address</b>	
Last Name 01 _____	First Name 02 _____
Street Address 04 _____	Apt. # _____
City 05 _____	State 06 NJ Zip Code 07 _____
Telephone Number 08 (_____) _____	

<b>09 Housing Type</b>
<input type="checkbox"/> Single Family <input type="checkbox"/> Semi Detach <input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Multi Dwelling <input type="checkbox"/> Mobile Home <input type="checkbox"/> Board/Room <input type="checkbox"/> Group Home

<b>10 Mailing Address</b>	
Street Address _____	Apt. # _____
City _____	
State _____	Zip Code _____
Alternate Telephone Number (_____) _____	

11 List all household members including applicant (Please Print)					
Names	M/F	Date of Birth	Relationship	Social Security Number	US Citizen? Disabled?
1			Applicant		
2					
3					
4					
5					
6					
7					
8					
9					
10					

<p><b>12</b> Are you applying for:</p> <p><input type="checkbox"/> HEA    <input type="checkbox"/> USF    <input type="checkbox"/> *COOLING    <input type="checkbox"/> WEATHERIZATION</p> <p><i>*When applying for cooling benefits, you must attach a doctor's note to prove medical need.</i></p> <p><b>13</b> Please answer the following questions:</p> <p>1. Do you own a home?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>2. Do you pay for your own heat?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>*If no, check the alternative that best describes your heating arrangement:</i></p> <p><input type="checkbox"/> A. My heat is paid by others.</p> <p><input type="checkbox"/> B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.</p> <p><input type="checkbox"/> C. I pay only for a secondary source of heat (circle one - wood stove, a kerosene stove, electric heater, etc.)</p> <p><input type="checkbox"/> D. My heat is included in my rent, which is not subsidized.</p> <p><input type="checkbox"/> E. I pay a separate charge to my landlord for heat.</p> <p>3. Do you live in subsidized housing?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>4. Do you receive rental assistance?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>5. Do you live in a Residential Health Care Facility?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>6. Is anyone in your household receiving TANF?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>7. Is your household gross income at/below the amount on the table above?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>8. My annual cost of heating fuel is \$ _____</p>	<p><b>FOR OFFICE USE ONLY</b></p> <p>Verification Included?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>14</b> Primary Heating Fuel Type</p> <p><input type="checkbox"/> Oil    <input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Propane    <input type="checkbox"/> Kerosene</p> <p><input type="checkbox"/> Wood    <input type="checkbox"/> Coal</p> <p><input type="checkbox"/> Natural Gas</p> <p><b>15</b> Heating Fuel Supplier Name _____</p> <p><b>16</b> Natural Gas Account # _____</p> <p><b>17</b> Natural Gas Supplier Name _____</p> <p><b>18</b> Electric Account # _____</p> <p><b>19</b> Electric Supplier Name _____</p>
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# Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

## 20 Authorized Representative

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Apt. # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

## 21 Main language spoken in your household: \_\_\_\_\_

## 22 Income - List the income for all household members 18 and over (Please Print)

**UNEARNED income (SSI, SSD) for household members 18 years and under is counted as household income.**

	Names	*Pay Cycle	Amount	Income Source
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Income Source(s)

Wages  
 Unemployment  
 Workers Comp  
 Social Sec. Benefits  
 SSI Benefits  
 Pension  
 Veteran's Benefits  
 TANF  
 Alimony  
 Child Support  
 Interest/Investment  
 Family Contributions  
 Gifts  
 Rental Income

\*Pay cycle

Weekly  
 Bi-Weekly  
 Monthly  
 Bi-Monthly  
 Annual

## 23 Weatherization

To your knowledge has your current residence been weatherized? ☐ Yes ☐ No  
 If yes, please complete: Year \_\_\_\_\_ ☐ COMFORT PARTNERS or LOCAL WEATHERIZATION PROGRAM

Total Monthly Household Income: \$ \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

CERTIFICATION: ☐ APPROVED - WAP

☐ APPROVED - MULTI-DWELLING UNIT

☐ NOT APPROVED

☐ INCOME ELIGIBLE

☐ NON INCOME ELIGIBLE

DATE HOME AUDIT WAS CONDUCTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE APPLICATION WAS RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADJUSTED APPLICATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ACTUAL COST: \$ \_\_\_\_\_

PRO-RATED COST: \$ \_\_\_\_\_

☐ LANDLORD CONTRIBUTION

☐ DOE

☐ UTILITY FUNDS

☐ DHS

☐ OTHER

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

By: \_\_\_\_\_

Weatherization Manager

Date

FOR WEATHERIZATION OFFICE USE ONLY

Total Annual Household Income: \$ \_\_\_\_\_

COMMENTS:

## Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

### 24. Applicant Certification

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. The Department of Community Affairs (DCA) may use my Social Security Number to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. As part of the eligibility verification process DCA has my permission to contact other agencies on my behalf to establish eligibility. I understand that I may request an administrative review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

I grant permission to the (administering agency) or its designee and to a representative of the state Weatherization Program to inspect heating fuel and utility billing records for (applicant address) \_\_\_\_\_ for not more than five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done. The information on this application will also be used to determine eligibility for the Universal Service Fund (USF) and other government related programs for which I may be eligible. I direct the appropriate utility and fuel companies to make such records available to (the administering agency) or its designee.

By signing below I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

### SIGN FULL NAME BELOW

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Signature of Applicant (must be same as person listed in #1)*

If someone helped the applicant complete this application, such person must sign below.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Signature of Helper / Authorized Representative*

*Month-Day-Year*

### 25. Race\*

- ☐ White/Caucasian  
☐ Black or African American  
☐ American Indian or Alaskan Native  
☐ Asian  
☐ American Indian or Alaskan Native and Asian  
☐ American Indian or Alaskan Native and Black or African American  
☐ American  
☐ American Indian or Alaskan Native and Hawaiian or Other Pacific Islander  
☐ American Indian or Alaskan Native and White  
☐ Asian and Black or African American  
☐ Asian and Native Hawaiian or Other Pacific Islander

- ☐ Asian and White  
☐ Black or African American and Native Hawaiian or Other Pacific Islander  
☐ Black or African American and White  
☐ Hispanic-Latino  
☐ Native Hawaiian or other Pacific Islander  
☐ White and Native Hawaiian or Other Pacific Islander

\* This is voluntary information. It is compiled and recorded for statistical purposes only. The HEAP/USF and Weatherization programs cannot discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.