



New Jersey Home Energy Programs

Home Energy Assistance Universal Service Fund Weatherization Assistance



HOW TO APPLY FOR ENERGY ASSISTANCE:

1. Find out if you are eligible for the programs by using the self screening tool for these and other programs at: www.nj.gov/dca/dcaid or call 800-510-3102.
2. If you are eligible, fill out this application or go to www.nj.gov/dca/dcaid to apply online.
3. If using this application, submit with all required documents to your Local Community Action Agency.
Find your Local Community Action Agency at: www.energyassistance.nj.gov or call 800-510-3102.

Instructions for Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization 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).

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.

1. **Proof of Identification:** 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)
2. **Proof of Income:** 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.

Earned and Unearned Income

- 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.
- b. If **self-employed:** Copy of latest federal income tax statement with supporting documentation.
- c. **Pension, veteran and disability, Soc. Sec. or SSI benefits (including children benefits):** Copy of checks or benefit award letter.
- d. **Unemployment benefits:** Copy of award statement or 2 benefit pay stubs.
- e. **Child support/Alimony:** Statement of total monthly support.
- f. **Rental Income:** Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.
- g. **TANF or General Assistance (welfare):** Award Letter or printout.
- h. **Interest or Dividends:** Bank statement, Investment company statement.

Unemployed household members age 18 and over must have the following:

- a. **Zero Income Statement (Applicant) (Not Notarized)**
- b. **Zero Income Statement for other member of household (Not Notarized)**
- c. **If a full time student (other than applicant), a letter which must be on school letterhead.**

3. If you own your home: (All documentation below, if applicable)

- a. Proof of ownership: Copy of mortgage, tax bill, or deed.
- 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).
- c. Probate sale contract.
- d. Lease agreement indicating heating arrangements.

4. If you rent: Copy of current lease agreement.

5. Current energy bills: (Please include all that apply)

- a. Gas and electric bill.
- b. If your primary source of heat is other fuels such as oil or propane, provide a copy of your bill.

6. Proof of U.S. Citizenship or Legal Residency Status: (Please provide one of the following)

- a. Social Security card.
- b. Copy of Medicaid/Medicare card.
- c. Documentation from U.S. Department of Citizenship and Immigration Services.
- d. USCIS Temporary Work Permit.

7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.

8. Cooling applicants only: 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)

*** 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

Applicant Address

Last Name 01 _____ First Name 02 _____ MI 03 _____

Street Address 04 _____ Apt. # _____

_____ NJ _____ City 05 _____

State 06 Zip Code 07 _____

(_____) _____ Telephone _____

Number 08 _____

09 Housing Type

Single Family

Semi Detach

Row/Townhouse

Multi Dwelling

Mobile Home

Board/Room

Group Home

10 Mailing Address

Street Address _____ Apt. # _____

City _____

State _____ Zip Code _____

Alt. phone number: _____

Email Address: _____

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>12 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>13 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. Does anyone in your home have life-sustaining equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, what type? _____</p> <p>8. My annual cost of heating fuel is \$ _____</p>	<p>FOR OFFICE USE ONLY</p> <p>Verification Included?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>14 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>15 Heating Fuel Supplier Name _____</p> <p>16 Natural Gas Account # _____</p> <p>17 Natural Gas Supplier Name _____</p> <p>18 Electric Account # _____</p> <p>19 Electric Supplier Name _____</p>
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20 Authorized Representative

Last Name _____ First Name _____ MI _____ Street Address _____ Apt. # _____
 (_____) _____ 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.

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

FOR WEATHERIZATION OFFICE USE ONLY	Total Monthly Household Income: \$ _____	Total Annual Household Income: \$ _____
	AGENCY NAME: _____	COMMENTS: _____
	INTERVIEWER: _____	
	CERTIFICATION: <input type="checkbox"/> APPROVED - WAP <input type="checkbox"/> INCOME ELIGIBLE	
	<input type="checkbox"/> APPROVED - MULTI-DWELLING UNIT <input type="checkbox"/> NON INCOME ELIGIBLE	
	<input type="checkbox"/> NOT APPROVED	
	DATE HOME AUDIT WAS CONDUCTED: _____ / _____ / _____	<input type="checkbox"/> LANDLORD CONTRIBUTION \$ _____
	DATE APPLICATION WAS RECEIVED: _____ / _____ / _____	<input type="checkbox"/> DOE \$ _____
	ADJUSTED APPLICATION DATE: _____ / _____ / _____	<input type="checkbox"/> UTILITY FUNDS \$ _____
	ACTUAL COST: \$ _____	<input type="checkbox"/> DHS \$ _____
PRO-RATED COST: \$ _____	<input type="checkbox"/> OTHER \$ _____	
By: _____ Weatherization Manager	Date _____	

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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: <i>Signature of Applicant (must be same as person listed in #1)</i>	DATE:
If someone helped the applicant complete this application, such person must sign below.	
SIGNATURE: <i>Signature of Helper / Authorized Representative</i>	DATE: <i>Month-Day-Year</i>

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 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.