

NEW JERSEY HOME ENERGY PROGRAMS

Home Energy Assistance
Universal Service Fund
Weatherization Assistance

2010 Application



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 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 225% 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.

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 FamilyCare

NJ FamilyCare is publicly funded health insurance for uninsured children 18 and under and certain low income parents. It is free for most children or very low cost. The family can choose from several HMOs which will cover services such as doctor visits, prescriptions, vision, and dental care for most kids, and even hospitalization. Eligibility is based on family size (parents/guardian and children) and monthly income. Most immigrants whose documents allow them to live here permanently are eligible. For undocumented residents, their children may be eligible if born in the U.S. For more information call 1-800-701-0710 or visit www.njfamilycare.org where you can apply online or check yes to the NJ FamilyCare question on this application and a NJ FamilyCare application will be sent to you. If you have a child 18 or under who does not have Medicaid (either through the County, SSI or DYFS) or other healthcare insurance, check the box (page #?) and you will be sent an application in the mail.

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 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., Conectiv, 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 (over the age of 18) 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.

<input type="checkbox"/> 1. Proof of Identification: Social Security cards for all members in the household and: Birth certificates for infants under the age of 6 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)	
<input type="checkbox"/> 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.	
<div style="background-color: #e0e0e0; padding: 2px;">Earned and Unearned Income</div> <ul style="list-style-type: none"> <input type="checkbox"/> a. If paid weekly submit paystubs for last 4 consecutive weeks within 5 weeks of the application submission date. If paid twice a month or every two weeks include 2 paystubs. <input type="checkbox"/> b. If self employed: Copy of latest federal income tax statement with supporting documentation. <input type="checkbox"/> c. Pension, veteran and disability, Soc. Sec. or SSI benefits: Copy of checks or benefit award letter. <input type="checkbox"/> d. Unemployment benefits: Copy of award statement or 2 benefit pay stubs. <input type="checkbox"/> e. Child support/Alimony: Statement of total monthly support. <input type="checkbox"/> f. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter. <input type="checkbox"/> g. TANF or General Assistance (welfare): Award Letter or printout. <input type="checkbox"/> h. Interest or Dividends: Bank statement, Investment company statement. 	<div style="background-color: #e0e0e0; padding: 2px;">Unemployed household members over 18 must have the following:</div> <ul style="list-style-type: none"> <input type="checkbox"/> a. Zero Income Statement (Applicant) (Not Notarized) <input type="checkbox"/> b. Zero Income Statement for other member of household (Not Notarized) <input type="checkbox"/> c. If a full time student (other than applicant), a letter which must be on school letterhead.
<div style="background-color: #e0e0e0; padding: 2px;">3. If you own your home: (All documentation below, if applicable)</div> <ul style="list-style-type: none"> <input type="checkbox"/> a. Proof of ownership: Copy of mortgage, tax bill, or deed. <input type="checkbox"/> 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). <input type="checkbox"/> c. Probate sale contract. <input type="checkbox"/> d. Lease agreement indicating heating arrangements. 	<div style="background-color: #e0e0e0; padding: 2px;">4. If you rent: Current rent receipt and/or current lease agreement.</div>
<div style="background-color: #e0e0e0; padding: 2px;">5. Current energy bills: (Please include all that apply)</div> <ul style="list-style-type: none"> <input type="checkbox"/> a. Gas and electric bill. <input type="checkbox"/> b. If your primary source of heat is other fuels, such as oil or propane, provide a copy of your bill. 	<div style="background-color: #e0e0e0; padding: 2px;">6. Proof of U.S. Citizenship or Legal Residency Status: (Please provide one of the following)</div> <ul style="list-style-type: none"> <input type="checkbox"/> a. Social Security card. <input type="checkbox"/> b. Copy of Medicaid/Medicare card. <input type="checkbox"/> c. Documentation from U.S. Department of Citizenship and Immigration Services. <input type="checkbox"/> d. USCIS Temporary Work Permit.
<input type="checkbox"/> 7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.	
<input type="checkbox"/> 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. # _____
	City 05 _____	NJ State 06 _____	Zip Code 07 _____
	(_____)_____-_____ Telephone Number 08		
09 Housing Type	<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			
10 Mailing Address	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>12 Are you applying for: <input type="checkbox"/> HEA <input type="checkbox"/> USF <input type="checkbox"/> *COOLING <input type="checkbox"/> WEATHERIZATION <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 (such as a 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 anyone in your household receiving Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you want a NJ FamilyCare health insurance application mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No</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><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> <hr/> <p>15 Heating Fuel Supplier Name _____</p> <hr/> <p>16 Natural Gas Account # _____</p> <hr/> <p>17 Natural Gas Supplier Name _____</p> <hr/> <p>18 Electric Account # _____</p> <hr/> <p>19 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 _____ Street Address _____ Apt. # _____
 Telephone Number (____) _____ - _____ City _____ State _____ Zip Code _____

21 Main language spoken in your household: _____

22 Income - List the income for all household members over the age of 18 (Please Print)
UNEARNED income for household members 18 years and under is counted as household income.

Household Income	Names	*Pay Cycle	Amount	Income Source
	1			Applicant
	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
 - Famly 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	

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 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.*

Information on Other Energy Assistance Programs

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

NJ Lifeline

1-800-792-9745

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

NJ SHARES

1-866-NJSHARES

(1-866-657-4273)

Helps with gas and electric bills for people facing a temporary financial crisis.

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.