

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

Emergency Services Acknowledgment Form

Agency Name: _____

Client Name: _____

Client Address: _____

I _____, hereby acknowledge the following:

- I request that emergency services be performed by the

(Name of agency)
- I have completed the application and provided information requested to the agency for purposes of determining eligibility and services.
- The _____ is relying on the information
(Name of agency)
provided by me in providing the services.
- The information by me is true, accurate and complete.
- Should the information not be true, accurate or complete resulting in my household being determined to be ineligible for assistance under the Weatherization Assistance Program, I will be held responsible for any and all costs incurred by the
_____ in performing the emergency services.
(Name of agency)

Signature

Date of Signature

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.