



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 program. Review the Energy Assistance Program Fact Sheet and Income Guidelines.
2. If you are eligible, fill out an application.
3. Submit a completed application to your Local Community Action Agency.
Choose from the list of Local Application Agency's contact information at the end of this application.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
UNIVERSAL SERVICE FUND
FFY 2021 FACT SHEET

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. This year, the application period is October 1, 2020 to June 30, 2021. To apply for LIHEAP, you can apply online at www.energyassistance.nj.gov or contact an authorized local community action agency or community-based organization in your area for assistance. For persons age 60 or over, or who are disabled, applications may be received and returned by mail. Other households may apply by mail at the discretion of the local agency.

To be eligible for LIHEAP benefits, the applicant household must be responsible for home heating or cooling costs, either directly or included in the rent; and have gross income at or below 200% of the federal poverty level. The chart below gives specific monthly gross income maximums for FFY 2021. Persons who live in public housing and/or receive rental assistance are not eligible for assistance, unless they pay for their own heating costs directly to the fuel supplier. The amount of the LIHEAP heating benefit is determined by income, household size, fuel type, and heating region.

The medically necessary cooling assistance benefit amount will be \$200, which will be issued as a direct credit to an active electric account in our system, otherwise they will be issued as one-party check to the eligible applicant.

An eligible household that heats with natural gas or electricity may have its benefits directly forwarded to its utility company. Otherwise, in most cases eligible households directly responsible to a fuel supplier for payment of home heating costs receive a two-party check in the name of the applicant and “the fuel supplier”. Households whose heating costs are included in their rent receive a single party check made out to the eligible applicant.

Please Note: The FFY 2021 LIHEAP application is also an application for the Universal Service Fund Program (USF).

The 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 gross income must be at or below 185% of the Federal Poverty Level, (please refer to income guidelines listed below), 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. For more information about USF, call: 1-800-510-3102.

For further information on LIHEAP or to locate the nearest application agency, call 1-800-510-3102. Additional information about LIHEAP and USF, including an application, is also available at www.energyassistance.nj.gov.

The 2021 Maximum Income Limits		
Household Size	HEA Monthly Gross Income	USF Monthly Gross Income
1	2127	1967
2	2873	2658
3	3620	3349
4	4367	4039
5	5113	4730
6	5860	5421
7	6607	6111
8	7353	6802
9	8100	7493
10	8847	8183
11	9072	8874
12	9257	9565
Amount for each additional member for households greater than 12	185	691

Federal Poverty Guidelines for 2021	
First Person	Each Additional Person
12760	4480

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 200% of the Federal Poverty Level and be responsible for the cost of heating. Please refer to the program web page above to verify income guidelines.

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. Please refer to the program web page above to verify income guidelines.

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.

SNAP (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

Beginning January 2014 NJ FamilyCare 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.

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.

<p>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)</p>	
<p>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.</p>	
<p>Earned and Unearned Income</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 self-employed: Copy of latest federal income tax statement with supporting documentation.</p> <p>c. Pension, veteran and disability, Soc. Sec. or SSI benefits (including children benefits): Copy of checks or benefit award letter.</p> <p>d. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.</p> <p>e. Child support/Alimony: Statement of total monthly support.</p> <p>f. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.</p> <p>g. TANF or General Assistance (welfare): Award Letter or printout.</p> <p>h. Interest or Dividends: Bank statement, Investment company statement.</p>	<p>Unemployed household members age 18 and over must have the following:</p> <p>a. Zero Income Statement (Applicant) (Not Notarized)</p> <p>b. Zero Income Statement for other member of household (Not Notarized)</p> <p>c. If a full time student (other than applicant), a letter which must be on school letterhead.</p>
<p>3. If you own your home: (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>4. If you rent: Copy of current lease agreement.</p>
<p>5. Current energy bills: (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>6. Proof of U.S. Citizenship or Legal Residency Status: (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>7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.</p>	
<p>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)</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

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							

12 Are you applying for:
 HEA USF *COOLING WEATHERIZATION
**When applying for cooling benefits, you must attach a doctor's note to prove medical need.*

13 Please answer the following questions:

1. Do you own a home? Yes No

2. Do you pay for your own heat? Yes No
**If no, check the alternative that best describes your heating arrangement:*

A. My heat is paid by others.
 B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.
 C. I pay only for a secondary source of heat (circle one - wood stove, a kerosene stove, electric heater, etc.)
 D. My heat is included in my rent, which is not subsidized.
 E. I pay a separate charge to my landlord for heat.

3. Do you live in subsidized housing? Yes No

4. Do you receive rental assistance? Yes No

5. Do you live in a Residential Health Care Facility? Yes No

6. Is anyone in your household receiving TANF? Yes No

7. Does anyone in your home have life-sustaining equipment? Yes No
 If yes, what type? _____

8. My annual cost of heating fuel is \$ _____

FOR OFFICE USE ONLY

Verification Included?
 Yes No
 Yes No

14 Primary Heating Fuel Type
 Oil Electricity
 Propane Kerosene
 Wood Coal
 Natural Gas

15 Heating Fuel Supplier Name _____

16 Natural Gas Account # _____

17 Natural Gas Supplier Name _____

18 Electric Account # _____

19 Electric Supplier Name _____

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

20 Authorized Representative

_____ Street Address _____ Apt. # _____

Last Name _____ First Name _____ MI _____

(_____) _____ - _____ 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	

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: _____ <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.

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

PAGE PROGRAMS

1-732-982-8710

Help with gas and electric bills those households over the income limits to be eligible for LIHEAP

New Jersey Low Income Home Energy Assistance Program (LIHEAP) and Universal Service Fund (USF) Application Agencies by County

Atlantic County

Ocean Inc.
Atlantic County Division
76 W. Jimmie Leeds Road
Suite 103
Galloway, NJ 08205

Contact Information

Maria Pagan
HEA Manager
Email-mpagan@oceaninc.org
Phone 609-677-6801
Fax 609-677-6805

Hours of Operation

Mon.-Fri.
8:30AM-4:30PM

2 West Glendale Ave.
Pleasantville, NJ 08232

Liana Mason
HEA Manager
Email-lmason@oceaninc.org
Phone 609-677-8202
Fax 609-677-8206

Mon.-Fri.
8:30AM-4:30PM

1125 Atlantic Ave.
Room 624
Atlantic City, NJ 08401

Shantele Pollock
HEA Manager
Email-Spollock@oceaninc.org
Phone 609-345-1359

Mon.-Fri.
8:30AM-4:30PM

Bergen County

Greater Bergen
Community Action Inc.
392 Main Street
Hackensack, NJ 07601

Alison Dubois
HEA Director
Email-Adubois@greaterbergen.org
Phone 201-968-0200
201-488-5100
Fax 201-342-7452

Mon., Wed. and Thurs
9AM-11AM & 1PM-3PM
Thursday
5PM-7:30PM

PSE&G (CSC)
214 Hudson Street
Hackensack, NJ 07601

Mon., Wed. and Thurs
10AM-12PM & 1PM-3:30PM

Burlington County

Burlington County CAP
1 Van Sciver Parkway
Willingboro, NJ 08046

Rovenna Overton
HEA Manager
Email-Roverton@bccap.org
Phone 609-239-4013
609-386-5800
Fax 609-835-9607

Mon.-Fri.
9AM-5PM

Camden County

Camden County Council
on Economic Opportunity
5287 Route 70
Pennsauken, NJ 08109

Beverly Coleman
HEA Manager
Email-Bcoleman@cccceo.com
Phone 856-910-1180
856-910-1185
Fax 856-910-1186

Mon.-Fri.
9AM-5PM

Camden County Council
On Economic Opportunity
538 Broadway
Camden, NJ 08103

Pick up and Drop Off Only
Phone 856-964-6887

Mon.-Fri.
9AM-5PM

Hispanic Family Center
Of Southern NJ
2700 Westfield Ave.
Camden, NJ 08105

Florencia Delvalle
HEA Manager
Email-Fdelvalle@hispanicfamilycenter.com
Phone 856-541-2717
Fax 856-365-1862

Mon.-Fri.
8:30AM-4:30PM

Cape May County

Puerto Rican Action
Committee of Southern
New Jersey
604 Franklin Street
Woodbine, NJ 08270

Carmen Arocho-Gonzalez
HEA Manager
Email-Cgonzalez@pracnj.com
Phone 609-861-5800
Fax 609-861-1239

Mon.-Fri.
8:30AM-4:30PM

Cumberland County

Gateway CAP
110 Cohansey Street
Bridgeton, NJ 08302

Ebony Everett
HEA Manager
Email-Eeverett@gatewaycap.org
Phone 856-451-6330
Fax 856-455-7288

Mon.-Fri.
8:30AM-4:30PM

One Stop Career Center
275 N. Delsea Dr. 2nd Fl.
Vineland, NJ 08360

Vineland Residents Only

Mon., Tues., Thurs., and Fri.
9AM-3:30PM

Essex County

La Casa De Don Pedro
317 Roseville Ave.
Newark, NJ 07107

CeCelia Aiken
HEA Manager
Email-Caiken@lacasanwk.org
Phone 973-485-0795
Fax 973-485-9984

Mon., Tues., and Thurs.
9AM-4PM
Wednesday
9AM-6PM
DROPBOX
Mon.-Fri. 9AM-5PM

80 Park Place
Newark, NJ 07102

Pick up and Drop Off Only

Mon., Wed., and Fri.
8AM-4PM

59 Main Street
West Orange, NJ 07052

Pick Up and Drop Off Only

Mon., Wed., and Fri.
8AM-4PM

United Community Corp.
Emergency Shelter
31 Fulton Street
Newark, NJ 07103

Email for info-liheapucc@uccnewark.org
Email docs-liheapdocs@uccnewark.org
Phone 973-621-8295 ext. 5709,5710

Mon.-Fri.
9AM-5PM

NanTech World
400 Hawthorne Ave.
Newark, NJ 07108

Phone 973-642-0181 ext. 5708,5648

Mon.-Fri.
9AM-5PM

West Side Park Community Center
600 South 17th Street
Newark, NJ 07103

Phone 973-642-0181 ext.5648,5703

Mon.-Fri.
9AM-5PM

Champion's House
933 South 17th Street
Newark, NJ 07103

Phone 973-642-0181 ext.5711,5648

Mon.-Fri.
9AM-5PM

The Village Complex
332 S. 8th Street
Newark, NJ 07103

Phone 973-642-0181 ext.3173

Mon.-Fri.
9AM-5PM

Gloucester County

Gateway CAP
901 N. Delaware Street
Paulsboro, NJ 08066

Keeshia Ferrell
HEA Manager
Email-Kferrell@gatewaycap.org
Phone 856-423-0040
Fax 856-423-3876

Mon.-Fri.
8:30AM-4:30PM

Hispanic Family Center
Of Southern NJ
21 Delaware Street
Woodbury, NJ 08096

Vilma Cortijo
HEA Manager
Email- Vcortijo@hispanicfamilycenter.com
Phone 856-848-7150
Fax 856-848-7152

Mon., Wed. and Fri.
9AM-5PM
Tues., and Thurs.
10AM-6PM

Hudson County

PACO
346 Central Ave.
Jersey City, NJ 07307

Lilia Diaz
HEA Manager
Email-Ldiaz@pacoagency.org
Phone 201-217-0583
Fax 201-653-5229

Mon. and Thurs.
9AM-7PM
Tues., Wed., and Fri.
9AM-4PM

Bayonne Economic
Opportunity Org.
555 Kennedy Blvd.
Bayonne, NJ 07002

Susan Tierney
HEA Manager
Email-stierney@beof.org
Phone 201-217-0583
Fax 201-437-7220

Mon.-Fri.
8:30AM-4:30PM

Hunterdon County

NORWESCAP, Inc.
63 Main Street
Flemington, NJ 08822

Tracy O'Connor
HEA Manager
Email-Oconnort@norwescap.org
Phone 908-454-7000
Fax 908-454-1800

Mon.-Fri.
8AM-4PM

Mercer County

Mercer County Admin.
640 South Broad Street
Room 106
Trenton, NJ 08650

Cathy Paoline
HEA Manager
Email-crue@mercercounty.org
Phone 609-989-6739
609-989-6065
Fax 609-278-2758

Mon.-Fri
8:30AM-4:30PM

MECHA
231 Bakers Basin Rd
Unit 5
Lawrenceville, NJ 08648

SamTayebi
HEA Manager
Email-stayebi@njmecha.org
Luisa (Lisa) Torres
HEA Supervisor
Email-ltorres@njmecha.org
Phone 609-578-4246
609-207-3843
Fax 609-578-4249

Mon.-Fri.
9AM-4:30PM

PSEG Customer Service Center
28 W. State Street
Trenton, NJ 08618

Mon.-Fri
9AM-3PM

Middlesex County

PRAB
90 Jersey Ave.
New Brunswick, NJ 08903

Shaniqua McClenton
HEA Manager
Email-smcclenton@prab.org
Phone 732-828-4510
Fax 732-214-1005

Mon., Tues., Thurs. and Fri
9AM-5PM
Wednesday
9AM-5PM

313 State Street
Perth Amboy, NJ 08861

Phone 732-324-1300

Mon.-Fri.
9AM-5PM

100 Cooke Ave.
Carteret, NJ 07008

Phone 732-324-1300

Monday
9AM-5PM
Friday
9AM-5PM

Monmouth County

Affordable Housing Alliance
59 Broad Street
Eatontown, NJ 07724

Paula Tintinago
HEA Manager
Email-utilityinfo@housingall.org
Phone 732-389-2204
732-982-8710
Fax 732-440-4765

Mon.-Fri.
8AM-4PM

20 Gibson Place
Suite 200
Freehold, NJ 07728

Email-utilityinfo@housingall.org
Phone 732-389-2204
Fax 732-414-6607

Mon.-Fri.
8AM-4PM

Morris County

Morris County Org.
For Hispanic Affairs
95 Basset Hwy.
Suite 97
Dover, NJ 07801

Rosa Soto
HEA Manager
Email-rsoto@mcoha.org
Phone 973-366-4770 ext.26
Fax 973-361-7878

Mon.-Fri
9AM-5PM

Morristown Office
45 Clyde Potts Court
Morristown, NJ 07960

Sara Rivera
HEA
Email-srivers@mcoha.org
Phone 973-366-4770 ext.22
Fax 973-644-4878

Mon.-Fri.
9AM-4PM

Ocean County

Ocean Inc.
Central Office
1256 Indianhead Road
Suite 32
Toms River, NJ 08754

Debralyann Keefer
HEA Manager
Email-dkeefer@oceaninc.org
Phone 732-244-9041 ext.103
Fax 732-244-3962

Mon.-Fri.
9AM-4:30PM

Lakewood Office
507 River Ave.
Lakewood, NJ 08701

Martha Matos
HEA Manager
Email-mmatos@oceaninc.org
Phone 732-942-3405 ext.223
Fax 732-942-3409

Mon.- Fri.
8:30AM-4:30PM

304 Route 9
Waretown, NJ 08758

Tim McDaniel
HEA Manager
Email-tmcdaniel@oceaninc.org
Phone 609-549-5822
Fax 609-549-5788

Mon.-Fri.
8:30AM-4:30PM

Passaic County

Passaic County
Weatherization
930 Riverview Drive
Suite 250
Totowa, NJ 07512

Kevin Batacchi
HEA Manager
Email-kevinba@passaiccountynj.org
Phone 973-569-4032
Fax 973-256-2067

Mon., Tues. and Thurs
10:30AM-3:30PM

Paterson HEA Office
301 Main Street
Paterson, NJ 07505

Phone 973-569-4032
Fax 973-812-3160

Mon., Tues. and Thurs.
10:30AM-3:30PM

Passaic City HEA Office
330 Passaic Street
Human Services 1st fl.
Passaic, NJ 07055

Phone 973-569-4032
Fax 973-81203160

Mon., Tues. and Thurs
10:30AM-3:30PM

Paterson Task Force
109 Washington Street
Paterson, NJ 07505

Lana Stokes
Email-lstokes@patersontaskforce.com
Roberta Farber
Email-rfarber@patersontaskforce.com
Phone 973-279-2333
Fax 973-279-2334

Open 7 days a week
24 hours a day

Paterson Task Force
Hilltop Haven Emergency Shelter
34 Circle Avenue
Paterson, NJ

Email-eperez@patersontaskforce.com
Phone 973-279-2333

Open 7 days a week
24 hours a day

Paterson Task Force
Hilltop Heights Emergency Shelter
213 Broadway
Paterson, NJ

Phone 973-279-2333

Open 7 days a week
24 hours a day

Salem County

Gateway CAP
14 New Market Street
Salem, NJ 08097

Marisol De Jesus
HEA Manager
[Email-mdejesus@gatewaycap.org](mailto:mdejesus@gatewaycap.org)
Phone 856-935-0944
Fax 856-935-0920

Mon.-Fri.
8:30AM-4:30PM

Somerset County

NORWESCAP, Inc.
120 Finderne Ave.
Bridgewater, NJ 08807

Tracy O'Connor
HEA Manager
[Email-oconnort@norwescap.org](mailto:oconnort@norwescap.org)
Phone 908-454-7000
Fax 908-454-1800

Mon.-Fri.
8AM-4PM

Sussex County

NORWESCAP, Inc.
15 Cork Hill
Franklin, NJ 07416

Tracy O'Connor
HEA Manager
[Email-oconnort@norwescap.org](mailto:oconnort@norwescap.org)
Phone 908-454-7000
Fax 908-454-1800

Mon.-Fri.
8:30AM-3:00PM

Union County

PROCEED
1122 E. Grand Street
Elizabeth, NJ 07060

Dee Perez
HEA Manager
[Email-dperez@proceedinc.com](mailto:dperez@proceedinc.com)
Phone 908-351-7727 ext.239
Fax 908-393-7620

Mon.-Fri.
8:30AM-3:00PM

Dropbox
8:30AM-4:00PM

120 W7th Street
Suite 217
Plainfield, NJ 07060

.
Application Mailing Address Only

HOPES CAP, Inc.
(specifically Plainfield)
Mailing Address
1201 E. 7th Street
Plainfield, NJ 07062
Attn: Community Programs

Email-energyassistance@hopes.org
Phone 1-855654-6737 ext. 1016
Fax 201-855-5238

Warren County

NORWESCAP, Inc.
350 Marshall Street
Phillipsburg, NJ 08865

Tracy O'Connor
HEA Manager
Email-occonnort@norwescap.org
Phone 908-454-4778
Fax 908-454-1800

Mon.-Fri-
8AM-4PM