



## Utility Assistance Program (UAP) Application Instructions

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### Getting Started With DCAid Service Portal

NOTE: Do not use multiple browsers if you encounter a technical error.

When encountering a technical issue, some applicants may try to use a different browser or device to complete their application. Please, do not open a new browser, as this can cause data and application duplication. If you encounter an issue, please call our **State Utility Assistance Hotline** at **211** to speak with an agent during our operating hours or to schedule a callback.

### Logging In

Visit this link <https://dcaid.dca.nj.gov/en-US/> to get started.

### Returning Applicants

I have already created an account to apply for assistance in a previous season, and want to apply again in the current season.

- Click *Login with myNJ*
- If you have already linked your myNewJersey account to the DCAid portal, click *Yes*, if not click *No* to request access to the DCAid Service Portal. After requesting access to the DCAid Service Portal, you will be redirected to login.
- If you have previously linked your myNewJersey account to the DCAid portal, click *Yes* and login with your myNewJersey Login ID

RETURNING APPLICANT

Login with myNJ

I have you already linked your myNewJersey account to the DCAid portal? X

Note: If you aren't sure, click No

Yes No

and Password. If you receive an error, click the *Return to the myNewJersey* Login Page. You may use one of the following links to complete the login:

- Forgot your login ID? – The portal will ask you to provide your Email address that is on file on your account. The portal will also ask you to answer the security question you established when you set up your account. You will receive a confirmation that the login ID information was emailed to you. <https://my.state.nj.us/selfservice/IDRetrieval>
- Forgot your password? – The portal will ask you to provide your Login ID. The portal will also ask you to answer the security question you established when you set up your account. You will receive a confirmation that your password has been reset. Please check your email for the new password, and instructions on how to change it to one that is easier to remember. <https://my.state.nj.us/selfservice/PasswordReset>
- Need help? – You may click the Request Help button to submit a help request. <https://my.state.nj.us/mynjhelp/HelpRequest>

## First Time Applicants

This is my first time applying for assistance and I need to create a new account.

- Click *Apply for Access*
- Enter your First Name, Last Name, and Email. Enter your Email a second time.
- Click the *Request Access* button.
- Indicate if you have a myNewJersey Logon ID.
  - If Yes, enter your Login ID and your Password, then click the *Continue* button. If needed, there are links on the right to help if you don't know your Login ID or Password.
  - If no, you need to complete more information.
    - Enter a myNewJersey Logon ID. This is your choice – you will establish your login with this field.
    - Enter a Password and then enter your Password a second time.
    - For security verification, enter a Question that you may be asked when you contact the helpdesk, or if you want to learn your Login ID or change your Password.
- Click the *Continue* button.

FIRST-TIME APPLICANT

**Apply for Access**

Note: You will be required to request access to the DCAid Service Portal to apply for any Utility Assistance Programs

Link DCAid Service Portal to myNewJersey

1. Request access to DCAid Service Portal   2. Link DCAid Service Portal to your myNJ account   3. Use DCAid Service Portal

Step 1. Request access to DCAid Service Portal

First Name \*

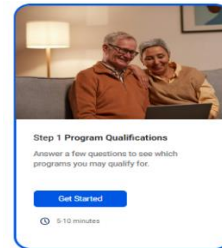
Last Name \*

Email \*

Confirm Email Address \*

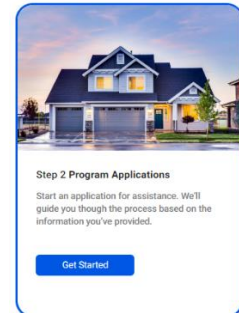
## Program Qualifications

- After logging into the Portal, you should see a *Program Qualifications* card.
- Click the *Get Started* button on the Program Qualifications card to get started with the following questions:
  - Are you a New Jersey resident? (*Answer Yes or No*)
  - Do you receive rental assistance? (*Answer Yes or No*)
  - Do you live in subsidized housing? (*Answer Yes or No*)
  - Do you live in a residential health care facility? (*Answer Yes or No*)
  - Which county do you live in? (*select answer from drop-down menu*)
  - Are you interested in Solar Energy ("Clean Energy Connector")? (*Answer Yes or No*)
  - Do you want to recertify for home energy assistance? (*Answer Yes or No*)
    - If Yes
      - The Recertification card will show on Program Applications
    - If No
      - The USFHEA card will show on Program Applications
- Click the *Submit* button.



## Starting The Application

- After completing Program Qualification questions, click the *Apply* button on the Program Applications card from the Landing Page.
- Click the *Get Started* button on the USF/HEA card or if applicable, click on the *Get Started* button on the Recertification card.



- On the Get Started page, read through each page, check the “I understand...” checkbox, and click the Next button to continue.

☒ I understand I am applying to the USF/HEA program.

Cancel Next

## Contact Details Section

NOTE: If you are completing a Recertification, some section will automatically populate based on your responses in previous sections. If your information is not automatically populated, or it needs to be updated, please continue with the following steps below:

- First Name: *Enter the first name of the Applicant.*
- Last Name: *Enter the last name of the Applicant.*
- Phone Number: *Enter household's (family) primary telephone number (include area code).*
  - *Do not include a 1 at the start of your phone number.*
- Select the device type: *Mobile* or *Landline*.
- Select if you want DCA to send you application updates via text.

### Contact Details

First Name \*

Last Name \*

Phone Number \*

10-digit phone number only. Do not include country code, letters, or symbols.

XXXXXXX

What type of device do you use for communication? \*

Select

☐ I want DCA to send me application updates via text

Email \*

The New Jersey Department Of Community Affairs will provide status updates regarding your application through the email that you provide.

example@example.com

Which language would you prefer to be contacted in? \*

Select

- Email: *Enter the Email address of the applicant.*
- Which language would you prefer to be contacted in: *Select your preferred language from the drop-down menu.*

## Address Section

- What type of housing do you live in: *Select the applicable housing type from the drop-down menu.*
- What type of monthly payment do you make for your housing: *Select the applicable Housing Payment Type from the drop-down menu.*
- What is your monthly housing payment: *Enter the amount paid monthly by the Applicant for housing.*
- Street Address: *Enter the Street Address of the Applicant.*
- Property Type: *If you are in a building with multiple units, indicate the type (apartment, suite, unit, etc.). If this is not applicable, you may leave this field blank.*
- Property Number: *If you are in a building with multiple units, indicate the number (2B, 213, D, etc.). If this is not applicable, you may leave this field blank.*
- City: *Enter the name of the municipality where the primary residence of your household (family) is located.*
- State: *The state is automatically set to New Jersey (NJ).*
- Zip: *Enter the Zip Code of the household's (family) primary residence.*
- County: *Enter the county of the household's (family) primary residence.*
- Is Mailing Address Different From Street Address:
  - Select Yes if your Mailing Address is different from your Street Address.

Address

What type of housing do you live in? <sup>1</sup>

Select

What type of monthly payment do you make for your housing? <sup>2</sup>

Select

What is your monthly housing payment? <sup>3</sup>

The amount paid monthly to live at your residence despite whether you rent or own.

Street Address <sup>4</sup>

Property Type <sup>5</sup>

Select

Property Number <sup>6</sup>

Examples: 2B, 213, D, etc.

City <sup>7</sup>

State <sup>8</sup>

NJ

Zip <sup>9</sup>

00000

County <sup>10</sup>

Select

Is your Mailing Address different from your Property Address? <sup>11</sup>

Select

## Program Questions Section

- Medically Necessary Cooling: *Answer (Yes or No)*
- Have you received medically necessary cooling in the past 5 years? *Answer (Yes or No)*

### Cooling Information

Medically Necessary Cooling <sup>1</sup>

To receive additional assistance during the summer for cooling for medical necessity.

Have you received medically necessary cooling in the past 5 years? <sup>2</sup>

- Do you pay for your own heat? Answer (Yes or No)

- If Yes

- Primary Heating Fuel: Select the *Applicant's heating fuel type* from the drop-down menu. If you select *Coal, Kerosene, Oil, Propane* or *Wood*; you will be asked to add a *Heating Fuel Supplier Name*.
- If you select *Electricity*, you will be asked to add your *Electric Account Number* and *Electric Supplier Name*.
- If you select *Natural Gas*, you will be asked to add a *Natural Gas Account Number*, and a *Natural Gas Supplier Name*.
- Annual Heating Cost: Enter your Annual Heating Cost for your Primary Heating Fuel.

#### Energy Information

Do you pay for your own heat? \*

Yes

What type of fuel or energy source does your home use to provide heat? \*

Please select the heating fuel type that provides heat to your home.

Select

Coal

Electricity

Kerosene

Natural Gas

Oil

Propane

Wood

Select

- If No

- Describe your best heating situation? *Select the response that best describes the Applicant's heating situation* from the drop-down menu.

Do you pay for your own heat? \*

No

Describe your best heating situation \*

Select

- Do you have a natural gas utility account? Answer (Yes or No)

- If Yes

- Natural Gas Account Number: *Enter the Applicant's natural gas account number.*
- Natural Gas Supplier Name: *Select the name of the Applicant's natural gas supplier* from the drop-down menu.

- Do you have an electric utility account? Answer (Yes or No)

- If Yes

- Electric Account Number: *Enter the Applicant's account number for their electric provider.*
- Electric Supplier Name: *Select the name of the Applicant's electric services* from the drop-down menu.

- Click the *Next* button.

## Household Members Section

- Click on the *Add a Household Member* button. After clicking this button, a popup will appear.

Add a Household Member

- Relationship: *Select the appropriate relationship, in relation to the Applicant, of the Household Member.*
- First Name: *Enter the first name of the Household Member.*
- Last Name: *Enter the last name of the Household Member.*
- Gender: *Select the appropriate gender of the Household Member from the drop-down menu.*
- Date of Birth: *Enter the Household Member's date of birth.*
- Do you have a disability: *Answer (Yes or No)*
- What is your citizenship status: *Select the appropriate citizenship status of the Household Member from the drop-down menu.* If you select U.S. Citizen, Qualified Non- Citizen, or Work-Permit Only IRS, you will be asked to enter a SSN.
- Social Security Number: *Enter the Household Member's Social Security Number.*
- Race: *Select the appropriate Race option for the Household Member from the drop-down menu.*
- Ethnicity: *Select the appropriate Ethnicity option for the household member from the drop-down menu.*
- Click the *Submit* button.
- Repeat these steps for each Household Member in the Applicant's household.
- Click *Next* once finished.

Create

Relationship \*  
Applicant

First Name \*

Last Name \*

Gender \*  
Male

Date of Birth \*  
11/6/1963

Do you have a disability? \*  
Inability to engage in any substantial gainful activity (work) by reason of any medically determinable physical or mental impairment(s), which can be expected to result in death or which has lasted or can be expected to last for a continuous period of at least 12 months.  
No

What is your citizenship status? \*  
US Citizen

## Household Member's Income Section

- Click on the *Add an Income* button.
- Household Member: *Select the appropriate household member's name.*
- What is your source of income: *Select the Household Member's Income Source from the drop-down menu.*
- How often do you receive this income: *Select the Household Member's Pay Cycle from the drop-down menu.*
- Gross Income per Pay Cycle: *Enter the Household Member's Gross Income per Pay Cycle.*

Create

Household Member \*  
[Search Icon]

What is your source of income? \*  
Select

How often do you receive this income? \*  
Select

Gross Income per Pay Cycle 1 \*

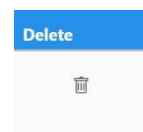
Submit

- Click the *Submit* button to close the Household Member Income popup for this member.
- Repeat these steps for each Household Member in the Applicant's household.
- Click *Next* once finished.

## Documents Section

- All documentation must be current (within 60 days) at the time of application and upload.
- If the Upload File button is grayed out, select which document type you will upload first in the Document Type column.
- After choosing a document type, the *Upload File* button will switch the blue. Click the blue *Upload File* button, to the right of the associated document type name, to upload the Applicant's documentation.
- A popup will appear.
- *Select Yes or No* if you have more than one file to upload for this document type.
  - If applicable, click on the link to download the form, fill it out, and save any changes to your device in a file where you can easily access it.
  - Some forms may need to be printed out and filled out by hand. You can take a picture or scan the completed form afterwards for upload.
- Click on the gray *Choose File* button, under the *Choose a file to upload* section.
- Select the file that you would like to upload, and click the blue *Submit* button in the lower lefthand corner.
- The file should appear in the documents table with the file name and the Status will be marked as *Complete* once the upload has been successfully submitted.
- If you press the *Trash Can* icon that appears next to each uploaded file, under the Delete column, it will delete the associated uploaded file. If a deleted file is required, a new document will need to be uploaded before being able to proceed with the application.
- If you have trouble figuring out what document is needed for each category, select the *info (i)* icon next to the category name.
- Remember, if the upload file button is grayed out, select the document type first and the button should turn blue for you to upload your file.
- Repeat these steps for all other required documents.
- Once all documentation has been uploaded and all statuses are marked complete, click the *Next* button to proceed with your application.

Category	Document Type	Upload	FileName	Status
*Address Verification ⓘ	Please select an option	Upload File	No File	File not uploaded
*Electric Utility Bill ⓘ	Please select an option Mortgage Statement Property Tax Statement Tenant Lease Verification Form Current Lease	Upload File	No File	File not uploaded





## Review Application Section

- On the Review page, you should see a summary page of your application.
- Please review your application details and go back to make any necessary changes using the Previous button before continuing to the next step.
- If your information for the application is correct, click Next to continue.

Contact Information		
Preferred Language	Phone Number	Email
English	0000000000	test123@gmail.com
First Name	Last Name	
test	test	

Cooling Information
Medically Necessary Cooling
Yes

Energy Info
Do you pay for your own heat?
No

## Applicant Certification Section

- Read through the *Fair Hearing Process*.
- After you have finished reading the Fair Hearing Process, enter the following information:
  - Enter the *Applicant Name*.
  - Enter the *Last Four Digits of the Applicant's SSN*.
  - Enter the *Applicant Signature*.
  - *Date*: This field will be automatically populated with the current date after the Helper Signature field has been filled out.
- Read through the *Applicant Certification* attestation and answer the following questions:
  - Did someone help you with this application? Answer (Yes or No)
    - If *Yes*
      - Agency County: Select the appropriate Agency County from the drop-down menu.
      - Agency Name: Select the Agency Name from the drop-down menu. This is important because this will be the agency assigned to your application.
      - Helper Name: Enter the name of the Agent that helped you complete the application.
      - Helper Signature: Have the Helper type their signature into the field.
      - Helper Signature Date: This field will be automatically populated with the current date after the Helper Signature field has been filled out.
    - If *No*

- Applicant Signature: Type your signature into the field, which signifies that you understand and agree to everything in the Applicant Certification statement.
- Applicant Signature Date: This field will be automatically populated with the current date after the Applicant Signature field has been filled out.
- Click the *Submit* button to submit your application.

NOTE: After clicking Submit, you will not be able to edit your application. Please review your application details before clicking submit.

## Survey Section

After submitting your application, a prompt will appear asking if you would like to complete a survey.

- Would you like to take our three-question survey? *Answer (Yes or No)*
- If Yes
  - You will be taken to the Survey.
- If No
  - You will be redirected back to your Profile page, where your application will show in the UAP Applications table as “Submitted.”
- Click the blue *Submit* button once complete.
- You will then be redirected back to your Profile page, where your submitted application will show in the UAP Applications table as “Submitted.”


NOTE: Please allow up to 60 days for your application to be processed.

## Review or Edit Existing Applications

- You can review or edit existing Incomplete and Submitted applications by visiting the Landing Page.

### Your Universal Service Fund/ Home Energy Assistance (USF/HEA) Applications

USF: October 1, 2024 – September 30, 2025  
HEA: October 1, 2024 – June 30th, 2025

Application ID	App Type	App Status	Season	Created On
 UAP-0203230	USFHEA	Submitted	2025	9/16/2024 10:58 AM

After logging in using this site <https://dcaid.dca.nj.gov/en-US/>, scroll down to the *Applications In Progress* or *Submitted* section, you will see that applications are listed by Seasons. Each application type has its own table where Incomplete and Submitted applications are listed.

- Each application table will have columns listed for Application ID, Application Status, App Type, App Status, Season, & Created On.
- To review or edit an existing application, locate the appropriate application table (i.e. UAP Applications, etc.) under the correct Season in which they were submitted.
- Locate the Application ID column, the first one from the left, for the desired application type, and click on the blue-highlighted Application ID. As an example, for a UAP application, it would look something like "UAP-0001181."
- For Submitted applications, this will open the application in a read-only state. You can move between sections by clicking the blue Next button.