

Instructions for Completing the Division of Aging Services Online NJ SAVE Application

The Online NJ SAVE Application affords individuals the opportunity to apply for benefit assistance for:

- Medicare Savings programs (SLMB or SLMB QI1), that pay Medicare Part B premium payments
- Prescription assistance programs (PAAD or Senior Gold)
- Utility assistance programs (Lifeline Utility Credit Program or Tenants Lifeline Assistance Program), Universal Service Fund (USF), Low-Income Home Energy Assistance Program (LiHEAP)
- Hearing Aid Assistance for the Aged and Disabled (HAAAD)
- Medicare Part D premium payments for, certain Part D plans, if PAAD eligible
- Supplemental Nutrition Assistance Program (SNAP)
- Voter registration information

Many other programs use the acceptable PAAD/Lifeline eligibility determination to give even more benefits:

- Motor Vehicle registration discount
- Low-cost pet spay/neuter
- Property Tax Freeze

These instructions are primarily intended to assist third parties (e.g. powers of attorney, case workers, legislative officials, area agencies on aging, etc.) with the proper completion of the Online NJ SAVE application. The instructions are equally beneficial to applicants if they desire to be more informed while completing the Online NJ SAVE application. An application is needed for each person; however, married couples can choose to apply on the same application.

The instructions provide detailed information on each section, including:

- A brief explanation of how each question relates to the determination of eligibility and why the question has been included on this application.
- Step by step instructions for completing each question.

Section: Welcome

The applicant can begin a new application or complete a saved application.

Instructions:

- For a new application, click *Start New Application*.
- For a saved application, click *Resume Existing Application*.

Section: Getting Started

Basic screening questions to determine if applicant is eligible to apply.

Instructions:

- **NOTE:** The applicant must click the circles next to *Yes* or *No* for the questions provided.
- Question 1 / State Residency – If the answer to question 1 is *No*, a yellow box will appear at the bottom informing the applicant that they may not be eligible.
- Question 2 / Age 65 or older – If the answer to question 2 is *No*, a new question will appear.
- Question 3 / Under 64 with Social Security Disability – If the answer to question 3 is *No*, a yellow box will appear at the bottom informing the applicant that he or she may not be eligible. The applicant will be directed to the Division website to review the program eligibility requirements.
- Click *Continue to Application*

Section: Program Description

Program descriptions list the benefits and eligibility requirements for each program.

Instructions:

- **NOTE:** To access the program information, the applicant can click on the shaded section headers. For further details about each program, the applicant can click on the information in each section or the word *here* to go to the Division website.
- Click *Continue to Application*

Section: Language Assistance

Language assistance provides services to people with disabilities to communicate and free language services to people whose primary language is not English.

Instructions:

- **NOTE:** The applicant can click on the *Nondiscrimination Statement* to download the statement page.
- Click *Continue to Application*

Section: Process and Checklist

This page lists important features and information of the online application. Including the type of documents that will be helpful in completing the application and a guide for the symbols found on the application. For instance, on the application you will see a * (red asterisk, because I am in review it will not let me use red) next to many fields. This indicates a required field that the applicant will need to answer before being allowed to move to the next section.

Instructions:

- **NOTE:** The applicant can click on *Print this page* to download page for reference while completing the application.
- Click *Continue to Application*

Section: Privacy Policy

This page informs the applicant that the Division will keep his or her information private as required by law. The Division will also utilize various databases from other states and federal agencies to verify information.

Instructions:

- **NOTE:** The applicant must click on *Agree* or *Disagree*. If disagree, the applicant will not be able to complete the online application. The applicant can obtain further information on the Department of Human Services Privacy Practices in either English or Spanish by clicking on *English* or *Spanish*.

Section: Registration

This section asks the applicant to create an account with the Division. This account will allow the applicant the opportunity to complete the application in multiple sessions if they prefer. Creating an account is recommended, but optional.

Instructions:

- **NOTE:** The applicant can create an account by entering the below information and clicking *Send Confirmation Email*. If the applicant does not have an email address, or does not wish to register, click *File Application Without Registering*. If the applicant is completing the application as a guest user, a warning will appear giving them one last chance to register. If the applicant wishes to continue, click *File As Guest*. As a guest user, the applicant must complete the entire application at this time as the information cannot be saved. Please note, the application will time out after 15 minutes of inactivity and all information entered will be lost.
- Email – Type desired email address.
- First Name – Type first name.
- Middle Name – Type middle name.
- Last Name – Type last name.

Section: Login / Create Password (only if registering)

The applicant will need to create a password for registration. Applicants that are completing the application as a guest user will not see this screen.

Instructions:

- **NOTE:** In order to register, the applicant will need to access their email to get the link to the registration page. The email link will take them to a page to create a password.
- Password / Confirm Password – Type desired password in each field.
- The applicant must click in the Captcha box next to *I'm not a robot*. Follow the instructions for the pictures that appear in the box. To select a different task, click the refresh arrow in the bottom left corner below the pictures. After completing the task, click *Save Progress*. This process may have to be repeated. Once the applicant has received a green check mark, the CAPTCHA task is completed. Click *Complete Registration*.

Section: Sign In

The applicant will need to sign in. Applicants that are completing the application as a guest user will not see this screen.

Instructions:

- Username – Type the email address used in registration.
- Password – Type password used in registration.

Section: Contact Details / Home Address

This section asks the applicant to enter their physical place of residence. This will verify that the applicant is a resident of the State of New Jersey.

Instructions:

- Type the applicant's actual physical street address (Number and Street) in line 1, type apartment or floor number in line 2, if applicable, and city. Select the state abbreviation from the drop down box and type the zip code and
- **NOTE:** P.O. Box addresses are not acceptable as a principal place of residence. If using a P.O. Box, enter it in the "Mailing Address" in the following section.
- **NOTE:** The applicant must submit two proofs of residence. Examples of acceptable proofs are available in the attachments section. Typically, any current document with name and address, like utility, cell phone, or medical bills are acceptable.

NOTE: SEASONAL OR TEMPORARY RESIDENCE IN NEW JERSEY OF WHATEVER DURATION, DOES NOT QUALIFY AS A PRINCIPAL PLACE OF RESIDENCE.

Section: Contact Details / Mailing Address

This section asks the applicant to enter their mailing address, if different from his or her place of residence.

Instructions:

- If the home and mailing address are the same, the applicant must click the first box and the section will be removed.
- If the applicant does use a mailing address, type the applicant's mailing address (Number and Street) in line 1, type apartment or floor number in line 2, if applicable, and city. Select the state abbreviation from the drop down box and type the zip code.
- If using a Power of Attorney (POA), please enter the Power of Attorney's mailing address and submit a copy of the Power of Attorney paperwork.

Section: Contact Details / Phone Numbers and Email

This section asks the applicant to provide a phone number and email address, in the event questions about the application arise. The information in this section is recommended, but optional.

Instructions:

- Type the phone numbers and email address in the fields provided. Primary # should be the phone number that you can most likely be reached at.

Section: Contact Details / Preferred Contact

If the applicant prefers that someone else be contacted in case of questions about the application, select yes and a new set of fields will appear. If no is selected, the section will be removed and the applicant must click *Save and Next*.

Instructions:

- Select the best option to describe the contact person – The applicant must select the option that most accurately describes the contact person from the drop down list.
- First Name – Type the contact person's first name.
- Last Name – Type the contact person's last name.
- Mailing Address – Type the contact person's mailing address (Number, Street, and apartment or floor number) in line 1, and city. Select the state abbreviation from the drop down box and type the zip code.
- Phone Number – Type the contact person's phone number.
- Click *Save and Next*
- **NOTE:** Those applicants that are completing the application as a guest user have to complete the Captcha task. Registered users will move on to the next section. The applicant must click in the Captcha box next to *I'm not a robot*. Follow the instructions for the pictures that appear in the box. To select a different task, click the refresh arrow in the bottom left corner below the pictures. After completing the task, click *Save Progress*. This process may have to be repeated. Once the applicant has received a green check mark, the CAPTCHA task is completed.
- Click *Save and Next*

Section: Household / Household Details

This section asks the applicant to provide personal information regarding him or herself, as well as a spouse, if married.

Instructions:

- **NOTE:** The applicant must enter his or her name exactly the way it appears on records or documents that he or she receives from Medicare.
- First Name – Type first name.
- Middle Name – Type middle name.
- Last Name – Type last name.
- Suffix (Jr., Sr., II, III, etc.) – Type the suffix, if applicable.
- Date of Birth – Type date of birth using a MM/DD/YYYY format.
- Gender – Select between Male or Female.
- Marital Status – The applicant must select the option that most accurately describes his or her marital status from the drop down list.
- **NOTE:** If married is selected, a new section will appear for the spouse's information to be completed. Repeat this process for spouse's information. If separated, an affidavit of separation form will be provided that will need to be completed by the applicant.
- List your Social Security Number – Type the applicant's Social Security number. If the applicant does not have a social security number or does not wish to provide it at this time, he or she must click the box next to *Not Given*. A message will appear informing the applicant that they may have to provide the SSN at a later time and not providing it can cause processing delays.
- Living Arrangement – The applicant must select the option that most accurately describes his or her living arrangement from the drop down list. The applicant is not required to choose an option from both drop down lists; only the option that best describes their living arrangement.
- Has Marital Status changed in last year – Select between Yes or No. If yes is selected, a new field will appear for the applicant to type the date the marital status changed using a MM/DD/YYYY format.
- Is Spouse applying for benefits – Select between Yes or No.
- Click *Save and Next*

Section: Member Information – Demographics

This section is used to collect statistics for demographics only. They will not affect program eligibility.

Instructions:

- Are you a veteran – Select between Yes or No.
- Citizenship/Immigration Status – The applicant must select the option that most accurately his or her status from the drop down list.
- Ethnicity – The applicant must select the option that most accurately his or her status from the drop down list.
- Race – The applicant must select the option that most accurately his or her status from the drop down list.
- **NOTE:** If married, and spouse is applying, this process will need to be repeated for spouse's section.
- Click *Save and Next*

Section: Income Details – Monthly and Annual

This section asks the applicant to provide information about the most common sources of income. This information will be used to determine income eligibility. Please note, even if only the applicant is applying, if married, this section will be repeated for the spouse. Please do not combine income.

Instructions:

- Did you file a Federal/State income tax return last year – Select between Yes or No.
- Do not have monthly or annual income – If the applicant does not have monthly or annual income, he or she must check the first box and the section will be removed.
- Indicate Type of Monthly Income / Total current Monthly amount – Select the type of income from the drop box on the left and then type the monthly amount in the field on the right.
- Indicate Type of Annual Income / Total current Annual amount – Select the type of income from the drop box on the left and then type the annual amount in the field on the right.
- **NOTE:** This section is broken into monthly and annual to make it easier to enter income types that are the same monthly, like social security or pension, and then to estimate annual amounts of income such as interest.
- **NOTE:** If more income types exist, the applicant can click on the blue *Add Monthly Income* or *Add Annual Income* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.

Section: Income Details – Rental Income

This section asks the applicant to provide information about rental income. Please note that if the applicant is married, his or her own income should be listed here. Do not combine spouse's income with the applicant's income. He or she will be asked to complete the spouse's income on the next page.

Instructions:

- Do not receive rental income – If the applicant does not **receive** rental income, he or she must check the first box.
- Enter Rental Income Information – If the applicant does receive rental income, he or she has the choice to enter the information now or wait until later in the application process. If the applicant clicks the box, new fields will appear.
- Rental Address / Home Address – If the rental address is the applicant's home address click the first box and the field will be removed. If the addresses are different, type the rental address (Number, Street, apartment or floor number, city, state and zip code).
- Amount shown on income tax return – Type the amount of rental listed on the last tax return.
- Current Monthly Gross Rent – Type the amount of monthly gross rent.
- Annual Gross Rent – Type the amount of annual gross rent.
- Enter the year for reporting expenses – Type the year.
- Provide rental expenses and deductions – Type the expense in the field on the left and then type the deduction amount in the field on the right.
- **NOTE:** The amount(s) the applicant entered will be calculated as the Total Deductible Expenses and Net Rental Income after the page is saved. Documentation of expenses may be requested.
- **NOTE:** If more expenses exist, the applicant can click on the blue *Add Expense* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.

Section: Income Details – Work Income

This section asks the applicant to provide information about work income. Please note that if the applicant is married, his or her own income should be listed here. Do not combine spouse's income with the applicant's income. He or she will be asked to complete the spouse's income on the next page.

Instructions:

- Do not receive work income – If the applicant does not receive work income, he or she must check the first box.
- Indicate Type of Monthly Income / Total current Monthly amount – Select the type of income from the drop box on the left and then type the monthly amount in the field on the right.
- **NOTE:** The amount(s) the applicant entered will be calculated as the Total Earned Income after saving the page.
- Expect a Net Self Employment Loss – The applicant must check the box if there is an expected loss of self-employment income.
- Worked in the last two years – The applicant must check the box if he or she worked within the last two years.
- Recently stopped working or plan to stop working – The applicant must check the box if he or she has stopped or plans to stop working.
- Income decreased in last two years – The applicant must select between Yes or No if his or hers work income has decreased in the last two years.
- **NOTE:** If more income types exist, the applicant can click on the blue Add Income button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.

Section: Income Details – Changes

This section asks the applicant to provide information about irregular income. Please note that if the applicant is married, his or her own income should be listed here. Do not combine spouse's income with the applicant's income. He or she will be asked to complete the spouse's income on the next page.

Instructions:

- Monthly income does not change from month to month – If the applicant's income does not change, he or she must check the first box.
- Total Income this year / Total Estimated Income next year – If the applicant's income does change, he or she must type the income amount for this year in the field from on the left and type the income amount estimated for next year in the field on the right.
- Click *Save and Next*

Section: Medicare Details

This information is used to coordinate benefits with other State and Federal benefit programs. Please note that if both applicant and spouse are applying, this section will be followed by the spouse's information.

Instructions:

- Do not have Medicare Coverage– If the applicant does not have Medicare coverage, he or she must check the first box.
- Enter Medicare or Railroad Retirement Number – The applicant must type his or her Medicare Claim number or Railroad Retirement number in this field.
- **NOTE:** The applicant must type Medicare Claim number exactly as shown on the applicant's and spouse's (if applicable) Medicare Card(s).
- Indicate Medicare Coverage / Effective Date – Select the Medicare coverage type of from the drop box on the left and then enter the effective dates in the field on the right using a MM/DD/YYYY format.
- **NOTE:** To add additional Medicare coverage, the applicant can click on the blue *Add Medicare Coverage* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.
- Click *Save and Next*

Section: Medicare Part D Enrollment Assistance Form

This information is used to coordinate benefits with Medicare Part D prescription plans. Please note that if both applicant and spouse are applying, this section will be followed by the spouse's information.

Instructions:

- Select Medicare Part-D Enrollment – The applicant must select which of the enrollment options is preferred.
- Prescription Drugs – Select between Yes or No.
- List Pharmacies used – The applicant must type the pharmacy he or she uses.
- Submit Drug list later – The applicant can check if they wish to submit a list of the drugs they use following this process.
- List Drug Name / Strength / Quantity per month – The applicant must type the drug name in the field on the left, the strength of the drug prescribed in the middle field and the monthly quantity in the field on the right. To add additional medications, the applicant can click on the blue *Add Drugs Details* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.
- Click *Save and Next*

Section: Health Insurance

This section asks the applicant and the applicant's spouse (if married) to provide information regarding additional health insurance plans so that all prescription benefits may be coordinated properly.

Instructions:

- Do not have Health Insurance coverage– If the applicant does not have Health Insurance coverage, he or she must check the first box.
- Health Insurance Organization – The applicant must type the Health Insurance Company he or she is enrolled in.
- Cover Prescription Drugs – Select between Yes or No.
- Prescription Co-pay Amount – The applicant must type the prescription co-pay amounts.
- Coverage through a retiree or employer group plan – Select between Yes or No.
- Employer or Union Name – The applicant must type the name of employer or union.
- Telephone Number – The applicant must type the Health Insurance Company's telephone number.
- Address– The applicant must type the Health Insurance Company's address (Number, Street, apartment or floor number, city, state and zip code).
- Retiree/Union Health care plan has creditable coverage – Select between Yes or No.
- **NOTE:** If additional Health Insurance coverage exists, the applicant can click on the blue *Add Health Insurance Coverage* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.
- Click *Save and Next*

Section: Resource Details – Bank Accounts

In this section, the applicant and the applicant's spouse (if married) provide a more detailed accounting of their liquid assets in checking accounts, savings accounts and certificates of deposit. Please note that if the applicant is married, both his and his spouse's information should be entered.

NOTE: Assets are **NOT** counted when determining PAAD, Senior Gold, Lifeline or HAAAD eligibility.

Instructions:

- Enter the number of relatives who live with the applicant and for whom the applicant provides at least half the support.
- Do not have bank account– If the applicant does not have any bank accounts, he or she must check the first box.
- Account Type – The applicant must type in the kind of account he or she owns; for example checking or savings.
- Financial Institution – The applicant must type name of the bank.
- Account Number – The applicant must type the account number.
- Account Balance – The applicant must type the current balance.
- **NOTE:** The amount(s) the applicant entered will be calculated as the total Bank Accounts after the page is saved. If more accounts exist, the applicant can click on the blue *Add Bank Account* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.

Section: Resource Details – Investments

In this section, the applicant and the applicant's spouse (if married) provide a more detailed accounting of their liquid assets in stocks, bonds, mutual funds, money market funds, individual retirement accounts (IRA), annuities, trusts, savings bonds, treasury bills or treasury bonds.

Instructions:

- Investment Type –The applicant must type the name of the type of investment.
- Financial Institution – The applicant must type name of the financial company.
- Account Number – The applicant must type the account number.
- Market Value – The applicant must type the current market value.
- **NOTE:** The amount(s) the applicant entered will be calculated as the total Investments after the page is saved. Also, if more investments exist, the applicant can click on the blue *Add Investment* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.

Section: Resource Details – Vehicles

This section asks the applicant and the applicant's spouse (if married) to provide details on any vehicles owned, and if the vehicle is used by the applicant or any member of the applicant's household for transportation to work or for transportation to medical care.

NOTE: Medicare Savings Programs count some vehicles as a resource.

Instructions:

- Owner's Name – The applicant must type the name of the owner.
- Year/Make – The applicant must type the year and make of vehicle.
- Model/Style – The applicant must type the model and style of vehicle.
- Amount Owed – The applicant must type any amount owed on the vehicle.
- Current Value – The applicant must type the current value of the vehicle.
- Primary Use – The applicant must select between Medical or Work transportation.
- **NOTE:** The amount(s) the applicant entered will be calculated as the total Vehicles after the page is saved.
- **NOTE:** If more vehicles exist, the applicant can click on the blue *Add Vehicle* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.

Section: Resource Details – Other Cash

This section asks the applicant and the applicant's spouse (if married) to specify if he or she has any cash at home or anywhere else that is not in an account.

Instructions:

- Do not have any other cash– If the applicant and the applicant's spouse do not have any other cash, he or she must check the first box.
- Enter Amount – The applicant must type the amount of cash.

Section: Resource Details – Real Estate

This section asks the applicant and the applicant's spouse (if married) to specify if he or she owns any real estate other than his or her home.

Instructions:

- Do not have any real estate– If the applicant does not have any other real estate, he or she must check the first box.
- Enter Amount – The applicant must type the value of other real estate.

Section: Resource Details – Valuables

This section asks the applicant and the applicant's spouse (if married) to provide details on any valuable personal property owned (e.g. jewelry, coin/stamp collections, furs, recreational vehicles, boats, motorcycles, etc.). **NOTE:** DO NOT include wedding or engagement rings as these are **NOT** counted.

Instructions:

- Do not have any valuables– If the applicant and the applicant's spouse do have any valuables, he or she must check the first box.
- Enter Amount – The applicant must type the value of any valuables.

Section: Resource Details – Additional Questions

This section asks the applicant and the applicant's spouse (if married) to specify if any of the resources previously listed will be used for funeral or burial expenses. The section also asks applicant and the applicant's spouse (if married) to indicate if any income is deposited onto a pre-paid debit card rather than a bank account.

Instructions:

- Intend to use resources for funeral or burial expenses – Select between Yes or No.
- Social Security or other income deposited onto pre-paid debit card – The applicant must check if they have a pre-paid debit card.
- Click *Save and Next*

Section: Resource Details – Life Insurance

This section asks the applicant and the applicant's spouse (if married) to provide details on any life insurance policies owned. The section also requests the value of the policies. Cash surrender value is the dollar amount that would be received if the policy was turned in for cash today. Please note that if the applicant is married, his or her own life insurance information should be listed here. Do not combine spouse's life insurance information with the applicant's. He or she will be asked to complete the spouse's life insurance information on the next page.

Instructions:

- **Do not have life insurance**– If the applicant does not have life insurance, he or she must check the first box.
- **Owner** –The applicant must type the name of the owner of the policy.
- **Insured** – The applicant must type the name of the insured.
- **Insurance Company** – The applicant must type the name of the insurance company.
- **Policy Number** – The applicant must type the policy number.
- **Face Value** – The applicant must type the current face value of the policy.
- **Cash Surrender Value** – The applicant must type the current cash surrender value of the policy.
- **Type** – The applicant must select between Whole Life or Term Life.
- **Term Duration** – The applicant must type the length of the Term policy, if applicable.
- **NOTE:** If married, this process will be repeated for the spouse.
- **NOTE:** If more policies exist, the applicant can click on the blue *Add Life Insurance* button to create a new line and repeat the process. If the applicant made a mistake or wishes to delete a created line, click on the trash can icon to the right of the line.

Section: Resource Details – Trust Details

This section asks the applicant and the applicant's spouse (if married) to provide information regarding trusts owned.

Instructions:

- Do not have trusts – If the applicant does not have trusts, he or she must check the first box.
- Type of Trust – The applicant must select between testamentary, special needs or a qualified income trust.
- Trust funded by – The applicant must select from the drop down list.
- Tax ID – The applicant must type the tax id of the trust.
- Date Trust was initially funded – The applicant must type the date trust was initially funded using a MM/DD/YYYY format.
- Grantor – The applicant must type the name of the grantor.
- Trustee – The applicant must type the name of the trustee.
- Beneficiary – The applicant must type the name of the beneficiary.
- **NOTE:** If married, this process will be repeated for the spouse.

Section: Resource Details – Burial Arrangement Details

This section asks the applicant and the applicant's spouse (if married) to provide information regarding any pre-paid arrangements for funeral or burial expenses.

Instructions:

- Do not have burial arrangements – If the applicant and the applicant's spouse do not have burial arrangements, he or she must check the first box.
- Irrevocable prepaid contracts – Select between Yes or No from the drop box on the left and then type the current value in the field on the right.
- Revocable prepaid contracts – Select between Yes or No from the drop box on the left and then type the current value in the field on the right.
- Burial Space items – Select between Yes or No from the drop box on the left and then type the current value in the field on the right.
NOTE: Burial space items include plots, caskets, headstones, vaults and opening/closing costs.
- Other funds set aside – Select between Yes or No from the drop box on the left and then type the current value in the field on the right.
NOTE: Other money for burial must be in a separate account specifically designated for burial.
- Click *Save and Next*
- **NOTE:** If married, this process will be repeated for the spouse.

Section: Lifeline – Program Eligibility

This section is used to determine eligibility for the annual \$225 utility benefit provided through the Lifeline Utility Assistance Program. If the applicant is not a utility customer but a tenant, they will complete the Rent and Residence Details and Landlord Details. If the applicant received a message that he or she is not eligible for Lifeline Utility Assistance Program, they will move to the following section. There is only one Lifeline benefit per household.

Instructions:

- Are you, or your spouse an electric or gas customer– Select between Yes, None or Both.
- **NOTE:** If yes or both is selected, a new set of fields will appear for the applicant to enter information about their utility accounts. If no is selected, a new question will appear regarding being a tenant.
- Are you a tenant and your utilities are included in your rent – Select between Yes or No
- **NOTE:** If yes is selected, a new set of fields will appear. If no is selected, a message box will appear informing the applicant that he or she is not eligible for Lifeline Utility Assistance Program. They must click OK and then *Click Save and Next*

Section: Lifeline – Utility Details

This section asks the applicant to provide utility information.

Instructions:

- Select your Electric Company– The applicant must select his or her electric company from the drop down list.
- Account Number – The applicant must type the account number.
- First Name on bill – Type first name.
- Last Name on bill – Type last name.
- Relationship to Applicant – The applicant must select his or her relationship to the person listed on the utility bill from the drop down list.
NOTE: If the applicant listed both electric and gas, a section will need to be repeated for the gas company and account information.

Section: Lifeline – Rent and Residence Details

This section asks the applicant to provide rental amount information.

Instructions:

- List the monthly amount of rent – The applicant must type his or her monthly rent amount.
- Principal place of residence description – The applicant must select the option that most accurately describes his or her place of residence from the drop down list.
- Other – If other was selected, the applicant must type the description.

Section: Lifeline – Landlord Details

This section asks the applicant and the applicant's spouse (if married) to provide information regarding his or her landlord.

Instructions:

- Landlord's Name – The applicant must type the landlord's name.
- Landlord's Address / City / State / Zip Code – The applicant must type the landlord's street address (Number, street, apartment or floor number). The applicant must type the city. Select the state abbreviation from the drop down box and type the zip code.
- Click *Save and Next*

Section: USF / LIHEAP

This section is used screen the applicant and spouse for USF/LIHEAP eligibility. USF is an energy assistance program for low-income electric and natural gas customers. LIHEAP helps low income families and individuals meet home heating costs. Both programs are administered by New Jersey Department of Community Affairs.

Instructions:

- Are you or your spouse an electric or gas customer– The information is pre-filled from the Lifeline section.
- Indicate the number of persons residing in the household – The applicant must type the amount of persons.
- Total gross income for all household members – The applicant must type the total gross income for all members who are aged 18 and older.
- Do you pay for your own heat – Select between Yes or No.
- Select primary source of heat – The applicant must select the option that most accurately describes the primary source of heat from the drop down list.
- Enter heating fuel supplier name - The applicant must type the name of company.
- Click *Save and Next*

Section: Attachment Details

This section allows the applicant to attach documents to the online application.

Instructions:

- **NOTE:** To access the descriptions for required documents, the applicant can click on the shaded section headers. The applicant will select the type of document. The applicant will then click on browse to attach the file saved to his or her computer files. Once the document file is saved to their computer and selected, click the attach button.
- **NOTE:** If the applicant does not want to attach the documents they may mail or fax them to DoAS at the address and number on this page. Please include the confirmation number on any documentation submitted by mail or fax.

Section: Review

This section allows the applicant to review the information entered on the online application.

Instructions:

- **NOTE:** To access the information that the applicant entered on the online application, the applicant can click on the shaded section headers. If the applicant needs to edit information, he or she can click on the *Edit* button for the section that needs to be updated.

Section: Sign-Off

Instructions:

- **NOTE:** The applicant must read the sign-off notice carefully.
- **NOTE:** If the applicant is not registered to vote where they live, he or she can apply to register. The applicant can view the Voter Opportunity Information Form and the Voter Registration Application in either English or Spanish by clicking on *English* or *Spanish*. If the applicant would like a Voter Registration Application mailed to them, he or she must select between Yes from the drop down list.

Section: Sign-Off / Assistance with Application

Instructions:

- Did someone assist you in completing this application – Select between Yes or No from the drop down list.
- Select the best option to describe the contact person – The applicant must select the option that most accurately describes the person assisting from the drop down list.
- First Name – Type the assisting person's first name.
- Last Name – Type the assisting person's last name.
- Mailing Address – Type the assisting person's address (Number and Street) in line 1 and (apartment or floor number) in Apt#. The applicant must type the city. Select the state abbreviation from the drop down box and type the zip code.
- Phone Number – Type the contact person's phone number.
NOTE: The Preparer (assister) must check the box to electronically sign the application.

Section: Sign-Off / Zero Income and Resources reported

Instructions:

- **Zero Income and Resources reported** – If the applicant reported on the application that he or she does not receive any income or does not have any resources, he or she must type a response in the box indicating how he or she meet their daily needs.
NOTE: The application must check the box that verifies that the information that he or she entered on the application is true and correct. The applicant must check the next box to electronically sign the application.
- Click *Submit Application*

Section: TARC Sign-Off

Instructions:

- **NOTE:** If the applicant indicated in the Sign-Off section that he or she received assistance with the application with a representative from the Trans-Atlantic Renal Council (TARC), that individual must complete this form. Otherwise, the application will continue.

Section: Confirmation

Instructions:

- **NOTE:** Once the applicant has submitted the application, he or she will receive the confirmation. This will include the confirmation number of the application and the date that it was completed. The applicant must read this information carefully. The submission of this application is not the immediate approval of benefits. The applicant should not apply again while this application is still in process.
- **NOTE:** If the applicant would like to apply for the Hearing Aid Assistance to the Aged and Disabled (HAAAD) for reimbursement for a hearing aid, he or she must check the box. The applicant may be reimbursed \$100 for the purchase of a hearing aid.
- **NOTE:** If the applicant would like to apply for the Supplemental Nutrition Assistance Program (SNAP), he or she must check the box.
- **NOTE:** The applicant can view documents needed to be attached to the online application. The applicant can print out this page or the entire application to keep for his or her records by clicking the print button on the bottom of the page.
- Click *Continue to Survey*.

Section: Feedback

This section allows the applicant to provide feedback on his or her experience with the application.

Instructions:

- **NOTE:** The applicant must indicate how he or she heard about our division or our programs. The applicant can also enter any suggestions or comments regarding the application. The applicant can then click *Done*. A box will appear informing the applicant that the application is completed.
- Click *OK* to logout.