



# La Casa de Don Pedro

Office Use Only:  
Date Stamp

LCDP \_\_\_\_\_

## TRUE ENERGY ASSISTANCE APPLICATION

**Last Name:** \_\_\_\_\_ **Soc. Sec. No:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_ -- \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ -- \_\_\_\_\_

**PO Box or Apt. No.:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Household Members: First Name, Middle Initial and Last Name of <b><i>everyone</i></b> who resides in household	Social Security #	Date of Birth	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Household Income: Name of Income Earner	Gross Amount	Pay Cycle (weekly, biweekly, etc.)
1.	\$	
2.	\$	
3.	\$	
4.	\$	

**Sources of Income:** (check all applicable)

- Employment  
  Unemployment  
  Child Support  
  Alimony  
  Worker's Comp.  
  Disability  
 Social Security  
  Family Contributions  
  Other (specify): \_\_\_\_\_

Do you have any assets other than a home that totals to or are more than \$10,000?

- Savings  
  CDs  
  Money Market  
  Stocks/Bonds

**What is your temporary emergency?** (check all applicable)

Job Loss  Medical  High Energy Cost  Loss of Income  Other  
(specify): \_\_\_\_\_

**Assistance Type:**

Natural Gas  Electric  Natural Gas and Electric

**Name of Electric Company**

JCP&L  PSE&G  Rockland Electric  
 Atlantic City Electric  
 Other: \_\_\_\_\_  
Account #: \_\_\_\_\_

**Name of Natural Gas Company:**

NJNG  PSE&G  Elizabeth Gas  
 South Jersey Gas  
 Other: \_\_\_\_\_  
Account #: \_\_\_\_\_

Past Due Status:  45 days  60 days  90 days  
 Disconnection notice

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 Disconnection notice

**Race:** \* This is voluntary information. It is compiled and recorded for statistical purposes only.

White/Caucasian  Black/African American  Hispanic-Latino  Asian  
 American Indian/Alaskan Native  Pacific Islander  More than one race  Other \_\_\_\_\_

*By signing this application, I certify under oath that the information given in and attached to this application is true, complete and correct. I am aware and understand that if any information contained in or attached to this application is willfully false, that I am subject to criminal prosecution under N.J.S.A. Section 2C:28-2. I understand that I must provide the required documentation in order to proceed with the application process. I understand and acknowledge that additional documentation may be needed to determine or confirm my household's eligibility for assistance. I agree to cooperate with any reasonable requests to provide information and understand if such information is not provided it may result in the termination or suspension of my application. By signing this application, I authorize the Affordable Housing Alliance and/or its affiliate agencies to (1) contact my household's current utility provider on my behalf to arrange or attempt to arrange an assistance payment on my account, and (2) verify any information contained in or attached to this application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

**Document Checklist**

- Social security cards
- Proof of residence
- Income documents
- Gas bill
- Electric bill
- Drivers license

**Process Status**

- Verified Non LIHEAP/USF Status (date: \_\_\_\_\_)
- Verified Income Calculations (gross monthly amount \$ \_\_\_\_\_)
- Verified Utility Bill Payments (4 of 6 months)
- Applicant Account 45 days past due or shut off notice issued

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- Approved (Amount \$ \_\_\_\_\_ Gas  Electric  Both )
- Denied (Reason: \_\_\_\_\_)
- Date Process Completed:** \_\_\_\_\_

La Casa de Don Pedro, 317 Roseville Avenue, Newark NJ 07107  
973-485-0795

[www.lacasanwk.org](http://www.lacasanwk.org) & [www.housingall.org](http://www.housingall.org)