NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS LOW INCOME HOME ENERGY ASSISTANCE & UNIVERSAL SERVICE FUND PROGRAMS

HOUSEHOLD MONTHLY EXPENSES HOUSEHOLD CLAIMING ZERO OR VERY LOW MONTHLY INCOME

Dear	_SS# (last 4 #)	Date
As a program funded by the Federal Government including Household Income. You have indicated any member of your household has any source or regulation we are permitted to ask how your houselesse indicate an average or a close estimate anyour household, indicate only what applies:	on your USF/LIHEAP applica f income or very low income a sehold pays for the normal mo	tion that neither you nor it this time. Per program nthly expenses incurred.
Mortgage or Rent: \$	Are you in arrears? Yes	or No
If Yes, How many months are you in arrears?	How much? \$	
If No, please explain how you are able to pay		
Common monthly household expenses:		
Heating: \$; Telephone: \$; Natural Gas: \$;	Cell Phone: \$
Electric: \$; Cable TV: \$;	Car Payment: \$;	Car Insurance: \$
Groceries: \$; Other: \$		
If any of these bills are being paid for and are not found to be in arrears you must explain the source(s) of income used to pay for these costs.		
Are you currently receiving assistance from a family member and/or friends? Yes No		
If yes, how much do they contribute monthly? \$		
Do you currently have a checking and/or savings account? Yes No		
If yes, please submit a copy of your most recent bank statement.		
Signature: Date: Date: Date: I certify the information provided is true and accurate and that if I provide false information it may result in the denial of my application to receive USF or LIHEAP benefits.		
Return this form to the following Address:		
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La Casa De Don Pedro Low Income Home Energy Assistance Program P.O. Box 7118

Newark, New Jersey 07107

