New Jersey Home Energy Programs

Home Energy Assistance
Universal Service Fund
Weatherization Assistance

WEATHERIZATION Works in NJ

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
NJ LIHEAP

New Jersey BPU Board of Public Utilities

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.*

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)

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.

Earned and Unearned Income

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.

b. If **self-employed**: Copy of latest federal income tax statement with supporting documentation.

c. Pension, veteran and disability, Soc. Sec. or SSI benefits (including children benefits): Copy of checks or benefit award letter.

d. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.

e. Child support/Alimony: Statement of total monthly support.

f. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.

g. TANF or General Assistance (welfare): Award Letter or printout.

h. Interest or Dividends: Bank statement, Investment company statement.

Unemployed household members age 18 and over must have the following:

a. Zero Income Statement (Applicant) (Not Notarized)

b. Zero Income Statement for other member of household (Not Notarized)

c. If a full time student (other than applicant), a letter which must be on school letterhead.

3. If you own your home: (All documentation below, if applicable)

a. Proof of ownership: Copy of mortgage, tax bill, or deed.

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).

c. Probate sale contract.

d. Lease agreement indicating heating arrangements.

4. If you rent: Copy of current lease agreement.

5. Current energy bills: (Please include all that apply)

a. Gas and electric bill.

b. If your primary source of heat is other fuels such as oil or propane, provide a copy of your bill.

6. Proof of U.S. Citizenship or Legal Residency Status: (Please provide one of the following)

a. Social Security card.
b. Copy of Medicaid/Medicare card.
c. Documentation from U.S. Department of Citizenship and Immigration Services.
d. USCIS Temporary Work Permit.

7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.

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)

**** 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.***

Detach Here

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
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ 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

Last Name _____ First Name _____ MI _____

( ) _____ - _____
Telephone Number

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

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 o r LOCAL WEATHERIZATION PROGRAM

FOR WEATHERIZATION OFFICE USE ONLY

Total Monthly Household Income: $ _____

Total Annual Household Income: $ _____

AGENCY NAME: _____

COMMENTS:

INTERVIEWER: _____

CERTIFICATION: ☐APPROVED - WAP ☐INCOME ELIGIBLE
☐APPROVED - MULTI-DWELLING UNIT ☐NON INCOME ELIGIBLE
☐NOT APPROVED

DATE HOME AUDIT WAS CONDUCTED: ___/___/___

DATE APPLICATION WAS RECEIVED: ___/___/___

ADJUSTED APPLICATION DATE: ___/___/___

ACTUAL COST: $_____

PRO-RATED COST: $_____

☐LANDLORD CONTRIBUTION $_____

☐DOE $_____

☐UTILITY FUNDS $_____

☐DHS $_____

☐OTHER _____ $_____

By: _____
Weatherization Manager Date

Detach Here

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: _____ DATE: _____

Signature of Applicant (must be same as person listed in #1)

If someone helped the applicant complete this application, such person must sign below.

SIGNATURE: _____ DATE: _____

Signature of Helper / Authorized Representative *Month-Day-Year*

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