

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

Applicant Address

Last Name 01 _____ First Name 02 _____ MI 03 _____
 Street Address 04 _____ State 06 NU Zip Code 07 _____ City 05 _____ Apt. # _____
 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)

Number	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. Is your household gross income at/below the amount on the table above? Yes No

8. My annual cost of heating fuel is \$ _____

FOR OFFICE USE ONLY

Verification Included? 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 _____ Street Address _____ Apt. # _____
 Last Name _____ First Name _____ MI _____
 Telephone Number _____ 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 or LOCAL WEATHERIZATION PROGRAM

FOR WEATHERIZATION OFFICE USE ONLY

Total Monthly Household Income: \$ _____
 Total Annual Household Income: \$ _____

AGENCY NAME: _____
 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: \$ _____

By: _____ Weatherization Manager _____ Date _____

COMMENTS:
 LANDLORD CONTRIBUTION \$ _____
 DOE \$ _____
 UTILITY FUNDS \$ _____
 DHS \$ _____
 OTHER \$ _____

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: _____ <i>Signature of Applicant (must be same as person listed in #1)</i>	DATE: _____
If someone helped the applicant complete this application, such person must sign below.	
SIGNATURE: _____ <i>Signature of Helper / Authorized Representative</i>	DATE: _____ <i>Month-Day-Year</i>

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.

YOUR APPLICATION for USF/LIHEAP Assistance is INCOMPLETE:

Your application has been deemed INCOMPLETE because your application is missing documents – the missing items are marked with an "X" – please submit ALL items marked with an "X" along with this form ASAP. If an item is NOT marked with an "X" then please review the list of REQUIRED DOCUMENTS and submit the items below that apply to your household. Please read the list carefully. If you do not submit ALL required documents, the processing of your application will be delayed. Please send copies not original documents.

REQUIRED DOCUMENTS

COMPLETED & SIGNED APPLICATION		
SOCIAL SECURITY CARDS/MEDI-CARE CARDS:		
<ul style="list-style-type: none"> o FOR ALL FAMILY MEMBERS AND A BIRTH/HOSPITAL CERTIFICATE OF ANY CHILD (UNDER 12 MONTHS ONLY). CUSTODY PAPERS FOR MINORS NOT LIVING WITH PARENTS. DOCUMENTATION FOR ALL FOSTER CHILDREN IN HOUSEHOLD. PROOF OF US RESIDENCY CARD. IF NOT A US CITIZEN, PLEASE PROVIDE A BIRTH CERTIFICATE OR CURRENT PASSPORT. 		
RESIDENCY VERIFICATION:		
<ul style="list-style-type: none"> o <u>HOME OWNER</u>: IF YOU OWN THE PROPERTY THEN SUBMIT A COPY OF THE (ONLY ONE) TAX BILL OR MORTGAGE OR DEED. o <u>RENTER</u>: COPY OF ENTIRE LEASE OR COMPLETED TENANT VERIFICATION FORM. o <u>SUBSIDIZED HOUSING</u>: IF RESIDING IN HOUSING (SECTION 8, HUD OR TRA), APPLICANT MUST SUBMIT AN "ASSISTANCE LETTER" IN ADDITION TO A COMPLETED TENANT VERIFICATION FORM 		
HEATING - OIL/PROPANE/GAS/ELECTRIC (CIRCLE ONE) PLEASE INCLUDE ALL THAT APPLY:		
<ul style="list-style-type: none"> o <u>MOST RECENT HEATING/ELECTRIC BILL</u> – MUST SUBMIT ALL PAGES OF BILLS FROM YOUR SUPPLIER(S) 		
PROOF OF INCOME: SUBMIT VERIFICATION OF ALL EARNED INCOME FOR ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18, EXCEPT FULL TIME STUDENTS (SEE STUDENT REQUIRED DOCUMENTS BELOW). MUST PROVIDE ONE (1) MONTH OF THE MOST RECENT CONSECUTIVE PAY STUBS. PAY PERIOD(S) TO BE WITHIN 5 WEEKS OF APPLICATION DATE.		
<p>EXAMPLES: 4 PAY STUBS (CONSECUTIVE) IF YOU ARE PAID WEEKLY 2 PAY STUBS (CONSECUTIVE) IF YOU ARE PAID BI-WEEKLY 1 PAY STUB IF YOU ARE PAID MONTHLY</p>		
SELF-EMPLOYED; COPY OF PREVIOUS YEARS INCOME TAX RETURN, w/SCHEDULE C. SUBMIT QUARTERLY NET INCOME FROM ACCOUNTANT.		
STUDENT (FULL-TIME): IF SOMEONE IN YOUR HOUSEHOLD IS 18 OR OLDER AND IS ENROLLED IN EITHER HIGH SCHOOL OR COLLEGE, PROOF OF ENROLLMENT AS A FULL-TIME STUDENT (12 COLLEGE CREDITS MINIMUM) MUST BE PROVIDED		
<ul style="list-style-type: none"> o <u>COLLEGE</u>: MUST SUBMIT A LETTER FROM THE REGISTRAR'S OFFICE STATING THAT THE STUDENT IS CURRENTLY ENROLLED AS A "FULL TIME STUDENT" TAKING A MINIMUM OF 12 CREDITS A SEMESTER" – LETTER MUST BE ON SCHOOL LETTER HEAD o <u>HIGH SCHOOL</u>: MUST SUBMIT A CURRENT CLASS SCHEDULE, REPORT CARD, ETC. - DOCUMENTS MUST INDICATE THE CURRENT GRADE LEVEL 		
OTHER FORMS OF INCOME: PENSIONS, VETERAN, DISABILITY, SOCIAL SECURITY, SI BENEFITS, WORKERS COMPENSATION OR DYFS STIPEND – SUBMIT A COPY OF THE CURRENT "AWARD LETTER" STATING THE MONTHLY GROSS AMOUNT		
NO INCOME: HOUSEHOLD PERSONS OVER 18 MUST SHOW INCOME OR THEY MUST SIGN A "NO INCOME" STATEMENT.		
TANF: SUBMIT A COPY OF A RECENT AWARD LETTER		
GENERAL ASSISTANCE: SUBMIT A COPY OF A RECENT AWARD LETTER		
UNEMPLOYMENT BENEFITS: SUBMIT A COPY OF RECENT UNEMPLOYMENT WEEKLY BENEFITS (1 MONTH)		
CHILD SUPPORT/ALIMONY: SUBMIT A COPY OF THE COURT ORDERED OR PRINT OUT FROM CHILD SUPPORT UNIT (1 MONTH)		
MONTHLY INTEREST OR DIVIDENDS: SUBMIT A COPY OF STATEMENT OR 1099		
RENTAL INCOME: COMPLETE AND SUBMIT A RENTAL CALCULATION SHEET; SUBMIT PREVIOUS YEAR'S TAX RETURN WITH SCHEDULE E. MUST SUBMIT A COPY OF LEASE AGREEMENT AND CURRENT RENT RECEIPT.		
FAMILY CONTRIBUTION STATEMENT: SUBMIT A STATEMENT THAT EXPLAINS THE AMOUNT GIVEN PER MONTH.		
COOLING BENEFIT: DOCTOR CERTIFICATION FORM MUST BE FILLED OUT AND SUBMITTED W/ORIGINAL DOCTOR'S NOTE WITH STAMP		

PATERSON OFFICE
 301 Main Street
 Ctr City Mall – ULevel
 PATERSON, NJ 07505

TOTOWA OFFICE
 930 RIVERVIEW DR.
 Suite 250
 TOTOWA, NJ 07512

PASSAIC OFFICE
 330 PASSAIC ST.
 City Hall - 1st Floor
 PASSAIC, NJ 07055

WALK-IN HOURS: 9am – 3:30pm MONDAY thru Thursday DROP OFF: Friday

PHONE: 973-569-4032

FAX: 973-256-2067

WWW.PASSAICCOUNTYNJ.ORG

