



New Jersey Home Energy Programs

Home Energy Assistance Universal Service Fund Weatherization Assistance



HOW TO APPLY FOR ENERGY ASSISTANCE

1. Find out if you are eligible for the Programs by using the self-screening tool for these and other programs at: www.nj.gov/dca/dcaid or call 800-510-3102
2. If you are eligible, fill out this application or go to www.nj.gov/dca/dcaid to apply Online.
3. If using this application, submit with all required documents to your Local Community Action Agency. Find your Local Community Action Agency at: www.energyassistance.nj.gov or call 800-510-3102

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 60% of the State Median Income 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 400% of the Federal Poverty Level and pay more than 2% of its annual income for electric, or more than 2% for natural gas. If a household has electric heat, it must spend more than 4% 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 60% of the State Median Income.

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.	
<div style="background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">Earned and Unearned Income</div> <ul style="list-style-type: none"> 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. 	<div style="background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">Unemployed household members age 18 and over must have the following:</div> <ul style="list-style-type: none"> 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.
<div style="background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">3. If you own your home: (All documentation below, if applicable)</div> <ul style="list-style-type: none"> 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. 	<div style="background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">4. If you rent: Copy of current lease agreement.</div>
5. Current energy bills: (Please include all that apply) <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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.*

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	<input type="checkbox"/> Single Family <input type="checkbox"/> Semi Detach <input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Multi Dwelling <input type="checkbox"/> Mobile Home <input type="checkbox"/> Board/Room <input type="checkbox"/> 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							

<p>12 Are you applying for:</p> <p> <input type="checkbox"/> HEA <input type="checkbox"/> USF <input type="checkbox"/> *COOLING <input type="checkbox"/> WEATHERIZATION <i>*When applying for cooling benefits, you must attach a doctor's note to prove medical need.</i> </p> <p>13 Please answer the following questions:</p> <p>1. Do you own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you pay for your own heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>*If no, check the alternative that best describes your heating arrangement:</i></p> <p> <input type="checkbox"/> A. My heat is paid by others. <input type="checkbox"/> B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent. <input type="checkbox"/> C. I pay only for a secondary source of heat (circle one - wood stove, a kerosene stove, electric heater, etc.) <input type="checkbox"/> D. My heat is included in my rent, which is not subsidized. <input type="checkbox"/> E. I pay a separate charge to my landlord for heat. </p> <p>3. Do you live in subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you receive rental assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you live in a Residential Health Care Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Is anyone in your household receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Does anyone in your home have life-sustaining equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, what type? _____</p> <p>8. My annual cost of heating fuel is \$ _____</p>	FOR OFFICE USE ONLY Verification Included? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>14 Primary Heating Fuel Type</p> <p> <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Natural Gas </p> <p>15 Heating Fuel Supplier Name _____</p> <p>16 Natural Gas Account # _____</p> <p>17 Natural Gas Supplier Name _____</p> <p>18 Electric Account # _____</p> <p>19 Electric Supplier Name _____</p>
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Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

20 Authorized Representative

Last Name _____ First Name _____ MI _____			Street Address _____ Apt. # _____	
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: _____

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: \$ _____

By: _____
Weatherization Manager _____ Date _____

☐ 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: _____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

1-800-915-8309

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

Provides gas and electric grants to low to moderate income households with overdue utility balances.



LIHEAP
Greater Bergen Community Action
📍 294 Union Street
Hackensack, NJ 07601
☎ 201-488-5100
🌐 www.GreaterBergen.org

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LIHEAP/USF & WEATHERIZATION ASSISTANCE PROGRAM**

CERTIFICATION OF NO INCOME TAX FILING

I certify that I did not/ have not filed a Federal or State Income Tax Return for the calendar year 20__.

Name of Head of Household or Member

Signature

Date of Signature

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A
CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR
MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE
U.S. TO ANY MATTER WITHIN ITS JURISDICTION.**



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LIHEAP/USF & WEATHERIZATION ASSISTANCE PROGRAM

CERTIFICATION OF NO SOCIAL SECURITY NUMBERS

The department requires that all applicants for the Weatherization Assistance Program and LIHEAP/USF disclose and verify the Social Security Numbers (SSN) for each household member. Any member of the household who has not been assigned an SSN must certify required to execute this certification is less than 18 years of age, his or her parent or guardian must execute it.

I, _____, certify that I have not been assigned a Social Security Number

OR

I, _____, certify that _____
A minor, whose parent or guardian I am, has not been assigned a Social Security Number.

Signature

Date of Signature

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.



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Dear Employer,

The employee named below has applied for LIHEAP assistance and is allowing us to verify employment. Your prompt response will be greatly appreciated to complete this application process.

Sincerely,

Intake Worker Signature: _____

Date: _____

Employee Signature: _____

Date: _____

THE FOLLOWING SECTION TO BE COMPLETED OR VERIFIED BY THE EMPLOYER:

Employee Name: _____

Job Title: _____

Active Employee: _____

Employed Date: _____

Last Employed Date: _____

Current Wages/Salary: _____ (Circle One) Hourly Weekly Bi-weekly Twice Monthly Annually Other

Last (4) Pay Periods Ending Date	#of Hours Worked	Hourly Pay Rate	# of Overtime Hours	Gross Pay	Date of Check	Year to Date Earnings	Is Overtime Regularly Earned?

Are you aware of any other income this person may be receiving such as other wages, compensation, insurance benefits or pensions?

Yes _____ No _____ If yes, source and amount: _____

Employer's Printed Name

Employers Signature

Date

Phone

Fax

Email



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**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUNDS**

PHYSICIAN'S CERTIFICATION FOR COOLING BENEFIT

NJDCA PROCESSES APPLICATIONS FOR COOLING ASSISTANCE TO INCOME ELIGIBLE HOUSEHOLDS FOR WHICH THERE IS MEDICAL EVIDENCE THAT THE HEALTH OF AT LEAST ONE HOUSEHOLD MEMBER WILL BE SERIOUSLY ENDANGERED UNLESS THE HOUSEHOLD'S LIVING QUARTERS ARE COOLED.

Physician: Please complete and return this form to your patient. Complete all necessary information, sign and provide medical office stamp or business card (attached).

Head of Household//Applicant's name: _____

Last four digits Head of Household//Applicant's SSN: _____

Address: _____

City, State, Zip Code: _____

Telephone #: (_____) _____

Patient's Name: _____

Last four digits of Patient's SSN: _____

Description of Medical Diagnosis: _____

Name of Physician: _____

Address: _____

Telephone: _____

Physician's Signature _____

Date: _____



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RENTAL INCOME VERIFICATION FORM

All of the following information is accurate and true to the best of my knowledge. I am aware that by making false statements on the **Home Energy Assistance Application** or any other documentation related to such can be penalized by fine or imprisonment. I am the Landlord of the below named tenant. My information is as follows:

Telephone #: () _____ Social Security # _____

I _____ of _____
(Applicant's Name) (Address)

(City)

(State and Zip Code)

Rent: _____ to _____
(# Amount of room) (Owner's Name)

Rent: weekly/monthly _____ Start renting from: _____

Are all utilities included in the cost of rent? Yes___ No___

If no, which utilities are included in the rent? _____

Both, the tenant and landlord, must sign this form for information to be accepted.

Signature of Landlord

Date: ____/____/____

Signature of Tenant

Date: ____/____/____

Case Worker

Date: ____/____/____



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

Tenant Lease Verification Form

(This form is to be filled out only by the landlord and/or superintendent)

This is to verify that _____ is residing at:

Street Address: _____ Apt. Number _____

City, State, Zip Code _____

The number of occupants in this residence is: _____

Names of ALL members of the family living in this unit:

Rent payment amount: _____

Please verify heating arrangement:

- ☐ Heat is included in rent, which is subsidized.
- ☐ Heat is included in rent, which is not subsidized.
- ☐ Tenant pays separate charge for heat.
- ☐ Tenant is responsible for paying his/her own heating expenses.
- ☐ Heat is included in rent, which is subsidized.
- ☐ Tenant pays separate charge for air conditioning.

Landlord's information:

First Name: _____ Last Name: _____

Address: _____

City, State, Zip code: _____

Phone Number: _____

Landlord/Representative Signature

Date



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VERIFICATION OF INCOME FROM CHILD SUPPORT / ALIMONY

******This form is to be filled out only by the legal payer of your support******

Caseworker: _____

File#: _____

Receiving Party's Name: _____ Phone # () _____

This is to verify that the above named person is in receipt of \$ _____ on a (Choose one):

Weekly ____ Biweekly ____ Monthly ____ Yearly ____ or Other _____ bases.

By signing the line below I certify that this is an accurate account of child support/alimony income for the above named person. The Obligator must attach a copy of driver's license or a state ID. If you do not have the following a Passport with a copy of a lease or Utility bill will be sufficient.

Obligator Printed Name: _____

Phone Number: _____

Obligator Signature: _____

Date: _____

Address: _____ Apt#: ____ City: _____ State: ____ Zip Code: _____

Original Form Must Be Returned



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ZERO INCOME STATEMENT

(For each individual household member(s) age 18 or over who are unemployed, not full time students.*)

Head of Household/Applicant's Name _____

Head of Household/Applicant's Social Security# _____

City: _____ State: _____ Phone #: _____

MEMBER STATEMENT

I, _____ Social Security# _____ - _____ - _____

Age _____ Date of Birth _____, certify that I am a member of the above

household that applied for USF/LIHEAP benefits, and at the present time do not have any income from any source(s). The last time I had income was (Date) _____, in the amount of \$_____.

This is to certify that the above information is true to the best of my knowledge. I am aware that I may be penalized for making false statements.

Zero Income Claimant Signature

Date

*All income for head of household that is also a full time student is counted.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

UNIVERSAL SERVICE FUND

FFY 2022 FACT SHEET

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. This year, the application period is October 1, 2021, to June 30, 2022. To apply for LIHEAP, you can apply online at www.energyassistance.nj.gov or contact an authorized local community action agency or community-based organization in your county for assistance. For persons aged 60 or over, or who are disabled, applications may be received and returned by mail. Other households may apply by mail at the discretion of the local agency.

To be eligible for LIHEAP benefits, the applicant household must be responsible for home heating or cooling costs, either directly or included in the rent; and have gross income at or below 60% of the State Median Income. The chart below gives specific monthly gross income maximums for FFY 2022. Persons who live in public housing and/or receive rental assistance are not eligible for assistance, unless they pay for their own heating costs directly to the fuel supplier. The amount of the LIHEAP heating benefit is determined by income, household size, fuel type, and heating region.

The medically necessary cooling assistance benefit amount will be \$200, which will be issued as a direct credit to an active electric account in our system, otherwise they will be issued as one-party check to the eligible applicant.

An eligible household that heats with natural gas or electricity may have its benefits directly forwarded to its utility company. Otherwise, in most cases eligible households directly responsible to a fuel supplier for payment of home heating costs receive a two-party check in the name of the applicant and “the fuel supplier”. Households whose heating costs are included in their rent receive a one-party check made out to the eligible applicant.

Please Note: The FFY 2022 LIHEAP application is also an application for the Universal Service Fund Program (USF).

The 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 gross income must be at or below 400% of the Federal Poverty Level, (please refer to income guidelines listed below), and pay more than 2% of its annual income for electric, or more than 2% for natural gas. If a household has electric heat, it must spend more than 4% of its annual income on electricity to be eligible. For more information about USF, call: 1-800-510-3102.

For further information on LIHEAP or to locate the nearest application agency, call 1-800-510-3102. Additional information about LIHEAP and USF, including an application, is also available at www.energyassistance.nj.gov.

Monthly Gross Income Limits – 2023

Household Size	USF Program	LIHEAP Program
1	\$4,530	\$3,464
2	\$6,103	\$4,530
3	\$7,677	\$5,596
4	\$9,250	\$6,662
5	\$10,823	\$7,728
6	\$12,397	\$8,794
7	\$13,970	\$8,994
8	\$15,543	\$9,193
9	\$17,117	\$9,393
10	\$18,690	\$9,593
11	\$20,263	\$9,793
12	\$21,837	\$9,993
For each additional person	add \$1,574	add \$200