

# 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 \_\_\_\_\_ State 06 \_\_\_\_\_ Zip Code 07 \_\_\_\_\_ City 05 \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ 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

**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 \_\_\_\_\_

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20 Authorized Representative \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

Apt. # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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.*

1	2	3	4	5	6	7	8	9	10	Names	*Pay Cycle	Amount	Income Source

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

Total Monthly Household Income: \$ \_\_\_\_\_

Total Annual Household Income: \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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:                         \$ \_\_\_\_\_

LANDLORD CONTRIBUTION     \$ \_\_\_\_\_

DOE                                     \$ \_\_\_\_\_

UTILITY FUNDS                     \$ \_\_\_\_\_

DHS                                    \$ \_\_\_\_\_

OTHER                                 \$ \_\_\_\_\_

**FOR WEATHERIZATION OFFICE USE ONLY**

By: \_\_\_\_\_ Weatherization Manager     Date \_\_\_\_\_



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## 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>  If someone helped the applicant complete this application, such person must sign below. SIGNATURE: _____ <i>Signature of Helper / Authorized Representative</i>	DATE: _____          DATE: _____ <i>Month-Day-Year</i>
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## 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.