

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

LIHEAP EMERGENCY ASSISTANCE BENEFIT REQUEST

* Emergency Assistance is only available to applicants who have been approved to receive a LIHEAP benefit during the current season

Name of Household: _____

Address: _____

City, Zip Code: _____

Last four digits of Applicant's Social Security Number: _____

I certify that my home is without heating or in danger of being without heating, and that I am in need of an emergency assistance benefit to receive a fuel delivery, avoid a disconnection of my heating fuel supply or a furnace repair.

I understand that I will be asked to account for the use of all funds received from the Home Energy Assistance Program during this heating season or to provide a disconnection of service notice from the Utility Company for approval to my request for emergency assistance.

Check all that applies:

I am disabled ___ ; I am elderly ___ ; I have children 5 yrs. old and under ___
My home heating fuel is: Gas ___ ; Electric ___ ; Oil ___ ; Propane ___ ; Other ___
My home is without heating fuel or only has ___ ; ¼ of a tank; ___ ; ½ of a tank ___
My home is in jeopardy of losing or is without the utility services ___
My furnace needs a restart ___
My furnace is not in operation ___
*My household is in need of emergency temporary housing ___

*Available only in situations created by broken heating units that cannot be fixed on timely fashion.

Applicant Signature

Date

To be completed by Agency Staff:

Heating Fuel Provider: _____

Agency Staff Signature: _____

-All LIHEAP emergency benefits are subject to the availability of Federal Program funding-