

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.

<p>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)</p> <p>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.</p> <p style="text-align: center;">Earned and Unearned Income</p> <p>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.</p> <p>b. If self-employed: Copy of latest federal income tax statement with supporting documentation.</p> <p>c. Pension, veteran and disability, Soc. Sec. or SSI benefits (including children benefits): Copy of checks or benefit award letter.</p> <p>d. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.</p> <p>e. Child support/Alimony: Statement of total monthly support.</p> <p>f. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.</p> <p>g. TANF or General Assistance (welfare): Award Letter or printout.</p> <p>h. Interest or Dividends: Bank statement, Investment company statement.</p>	<p style="text-align: center;">Unemployed household members age 18 and over must have the following:</p> <p>a. Zero Income Statement (Applicant) (Not Notarized)</p> <p>b. Zero Income Statement for other member of household (Not Notarized)</p> <p>c. If a full time student (other than applicant), a letter which must be on school letterhead.</p>
<p>3. If you own your home: (All documentation below, if applicable)</p> <p>a. Proof of ownership: Copy of mortgage, tax bill, or deed.</p> <p>b. If a Multi-unit building: document rental income from all tenants (lease, or rent receipts from all tenants (lease, or notarized vacancy letter for vacant units only).</p> <p>c. Probate sale contract.</p> <p>d. Lease agreement indicating heating arrangements.</p>	<p>4. If you rent: Copy of current lease agreement.</p>
<p>5. Current energy bills: (Please include all that apply)</p> <p>a. Gas and electric bill.</p> <p>b. If your primary source of heat is other fuels such as oil or propane, provide a copy of your bill.</p>	<p>6. Proof of U.S. Citizenship or Legal Residency Status: (Please provide one of the following)</p> <p>a. Social Security card.</p> <p>b. Copy of Medicaid/Medicare card.</p> <p>c. Documentation from U.S. Department of Citizenship and Immigration Services.</p> <p>d. USCIS Temporary Work Permit.</p>
<p>7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.</p>	
<p>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)</p>	

* 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 _____ MI 03 _____
 First Name 02 _____
 Street Address 04 _____ City 05 _____
 State 06 NJ Zip Code 07 _____ Apt. # _____
 (Number 08) _____ Telephone _____

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

13 **When applying for cooling benefits, you must attach a doctor's note to prove medical need.*
 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?
 6. Is anyone in your household receiving TANF?
 7. Is your household gross income at/below the amount on the table above?
 8. My annual cost of heating fuel is \$ _____

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 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 _____ Apt. # _____
 Telephone Number _____ Street Address _____ 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	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: \$ _____

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 _____

Total Annual Household Income: \$ _____

COMMENTS:

- LANDLORD CONTRIBUTION \$ _____
- IDOE \$ _____
- UTILITY FUNDS \$ _____
- DHS \$ _____
- OTHER \$ _____

FOR WEATHERIZATION OFFICE USE ONLY

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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>	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*

- | | |
|--|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black or African American and Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black or African American and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic-Latino |
| <input type="checkbox"/> American Indian or Alaskan Native and Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native and Black or African American | <input type="checkbox"/> White and Native Hawaiian or Other Pacific Islander |

- 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

* 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.