

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

HOUSEHOLD MONTHLY EXPENSES
HOUSEHOLD CLAIMING ZERO OR VERY LOW MONTHLY INCOME

Dear _____

SS# (last 4#) _____ Date _____

As a program funded by the Federal Government we are obligated to verify all information provided, including household income. You have indicated on your USF/LIHEAP application that neither you nor any member of your household has any source of income at this time. Per program regulation we are permitted to ask how your household pays for the normal monthly expenses incurred. Please indicate and average or close estimate amount of the following monthly expenses incurred by your household, indicate only what applies:

Mortgage or Rent \$ _____ Are you in arrears? Yes or No

If yes, how many months are you in arrears? _____ How much? _____

If no, please explain how you are able to pay: _____

Monthly "common expenses"

Heating: \$ _____ Electric: _____ Natural Gas: _____

Cell Phone: \$ _____ Cable: \$ _____ Car Payment: \$ _____

Car Ins: \$ _____ Groceries: \$ _____ Telephone: \$ _____

Other Expenses: _____

If any of these bills are being paid for and are not found to be in arrears you must explain the source(s) of income used to pay for these expenses.

Are you currently receiving assistance from a family member and/or friends?

Yes _____ No _____

If yes, how much do they contribute monthly? \$ _____

Do you currently have a checking and/or savings account? Yes _____ No _____

If yes, please submit a copy of your most recent bank statement.

Signature: _____ Date: _____

I certify that the information provided is true and accurate and that if I provide false information it may result in the denial of my application and receive USF or LIHEAP benefits.