

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

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

_____ Street Address _____ Apt. # _____

Last Name _____ First Name _____ MI _____

_____ 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.

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: <input type="checkbox"/> APPROVED - WAP <input type="checkbox"/> INCOME ELIGIBLE	
	<input type="checkbox"/> APPROVED - MULTI-DWELLING UNIT <input type="checkbox"/> NON INCOME ELIGIBLE	
	<input type="checkbox"/> NOT APPROVED	
	DATE HOME AUDIT WAS CONDUCTED: _____ / _____ / _____	<input type="checkbox"/> LANDLORD CONTRIBUTION \$ _____
	DATE APPLICATION WAS RECEIVED: _____ / _____ / _____	<input type="checkbox"/> DOE \$ _____
	ADJUSTED APPLICATION DATE: _____ / _____ / _____	<input type="checkbox"/> UTILITY FUNDS \$ _____
	ACTUAL COST: \$ _____	<input type="checkbox"/> DHS \$ _____
PRO-RATED COST: \$ _____	<input type="checkbox"/> OTHER _____ \$ _____	
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>	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*

- 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.