



### UTILITY ASSISTANCE APPLICATION

#### APPLICANT INFORMATION

First Name Last Name Email Address

Date of Birth

#### MAILING ADDRESS INFORMATION

Street Address Apartment/Unit #/Floor (if applicable)

City State Zip Code County

#### SERVICE ADDRESS INFORMATION

Check here if the service address is the same as the mailing address above. If the same, do not fill below.

Street Address Apartment/Unit #/Floor (if applicable)

City State Zip Code County

#### DEMOGRAPHICS HEAD OF HOUSEHOLD INFORMATION

Is applicant the head of household? (This is the person responsible for the household bills)  Yes  No

Head of household marital status  Married  Single  Separated/ Divorced  Widow/Widower

Head of household age  18-49  50-59  60+

Is head of household a U.S. Veteran?  Yes  No

Head of household gender  Male  Female  Other  Decline to answer

Head of household race  Alaska Native  American Indian  Asian  Black or African American

Mixed Race  Native Hawaiian  Other Pacific Islander  White  Decline to answer

Head of household ethnicity  Hispanic or Latino  Not Hispanic or Latino  Other  Decline to answer

Head of household other characteristics  None  Single Parent  Grandparent with child

Widow/Widower  Other \_\_\_\_\_



## UTILITY ASSISTANCE APPLICATION

### DEMOGRAPHICS

#### APPLICANT INFORMATION (Fill out only if Applicant is not Head of Household)

- Marital status of applicant**     Married     Single     Separated/ Divorced     Widow/Widower
- Age of applicant**     18-49     50-59     60+
- Is applicant a U.S. Veteran?**     Yes     No
- Applicant gender**     Male     Female     Other     Decline to answer
- Applicant race**     Alaska Native     American Indian     Asian     Black or African American     Mixed Race  
 Native Hawaiian     Other Pacific Islander     White     Decline to answer
- Applicant ethnicity**     Hispanic or Latino     Not Hispanic or Latino     Other     Decline to answer
- Applicant other characteristics**     None     Single Parent     Grandparent with child     Widow/Widower  
 Other \_\_\_\_\_

### RESIDENCE INFORMATION

- Applicant Age 65+     Applicant Receives SSD     Rent     Own
- How long have you lived at current residence?** \_\_\_\_\_
- How is the residence heated?**     Gas     Electric     Oil     Propane     Other \_\_\_\_\_
- Number of people who live in the household (by age)**
- 0-6 Years \_\_\_\_\_    7-17 Years \_\_\_\_\_    18-49 \_\_\_\_\_    50-59 Years \_\_\_\_\_    60+ Years \_\_\_\_\_

### INCOME INFORMATION

- Total Adults (18+ years) in the household** \_\_\_\_\_    **How many adults have income in the household** \_\_\_\_\_
- Number of adults that do not have income** \_\_\_\_\_    **Gross monthly income for the entire household** \_\_\_\_\_
- Why do you need help?**     Medical/Health     Unemployed     Reduced Hours/Change in Unemployment  
 Other \_\_\_\_\_












### MISCELLANEOUS INFORMATION

- Phone number** \_\_\_\_\_     Cell     Home    **Phone number** \_\_\_\_\_     Cell     Home
- Primary language (if other than English)** \_\_\_\_\_
- How did you hear about NJ SHARES?**     Referral from Utility Company     Community Organization     Friend  
 Elected Official     NJS Outreach     Other \_\_\_\_\_

## UTILITY ASSISTANCE APPLICATION

### UTILITY INFORMATION

What type of assistance are you applying for? Select all that apply

ENERGY		WATER	
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 		<input type="checkbox"/> 
<b>Utility service account number</b>	<b>Utility service account number</b>	<b>Utility service account number</b>	
<b>Utility bill balance</b>	<b>Utility bill balance</b>	<b>Utility bill balance</b>	
<b>Date of last payment &amp; amount paid</b>	<b>Date of last payment &amp; amount paid</b>	<b>Date of last payment &amp; amount paid</b>	
<b>Shut off date (if applicable)</b>	<b>Shut off date (if applicable)</b>	<b>Shut off date (if applicable)</b>	
<b>VERIFICATION OF INFORMATION/PRIVACY RELEASE VERIFICATION OF INFORMATION/PRIVACY RELEASE</b> <i>By signing, I acknowledge that I am the customer of record on my utility account(s) listed on this application. I hereby authorize my utility provider(s) to release my customer account information, including usage and payment history, to NJ SHARES for the purpose of processing my NJ SHARES application and monitoring the progress of my utility account(s). This authorization shall expire one year from the date the NJ SHARES grant is credited to my account(s). I affirm that the household and income information provided on this application is accurate and certify that the information provided is correct.</i>			

***Applicant Signature***

***Date***

### FOR AGENCY USE ONLY

<b>Date</b>	<b>Agent/Representative Name</b>	<b>Agency Name &amp; Location</b>