



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 _____

Please provide a detailed description of how one or more individuals within your household experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 pandemic.



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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 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"/>		
Utility service account number	Utility service account number	Utility service account number	
Utility bill balance	Utility bill balance	Utility bill balance	
Date of last payment & amount paid	Date of last payment & amount paid	Date of last payment & amount paid	
Shut off date (if applicable)	Shut off date (if applicable)	Shut off date (if applicable)	
VERIFICATION OF INFORMATION/PRIVACY RELEASE VERIFICATION OF INFORMATION/PRIVACY RELEASE <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



4 Walter E. Foran Boulevard, Suite 105, Flemington, NJ 08822

I understand and agree that this application is for government assistance, that it is subject to audit, and I may be asked to provide documentation to support the information contained in my application. I give consent and authorize NJ SHARES, the County of Monmouth, including its intermediaries, and any Auditor, to make any and all inquiries necessary to verify the information provided in my application. I hereby agree and certify to the above statements, and I declare under the penalty and perjury that everything contained in this application is true and correct.

Signature

Date

I certify that no member of my household, including myself, has received any other government assistance for the utility costs being claimed in my application.

Signature

Date

Print Name