



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 _____



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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"/> 
Utility service account number	Utility service account number	Utility service account number	Utility service account number
Utility bill balance	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	Date of last payment & amount paid
Shut off date (if applicable)	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

FOR AGENCY USE ONLY

Date	Agent/Representative Name	Agency Name & Location