

## 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 \_\_\_\_\_

**DEMOGRAPHICS**

**APPLICANT INFORMATION (Fill out only if Applicant is not Head of**

- 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 Social Security Disability                       Rent     Own
- Has anyone in the household applied for unemployment or temporary disability?**     Yes     No
- Does anyone in the household have a medical condition and relies on electric-powered medical equipment?**     Yes     No
- 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 \_\_\_\_\_

**ASSISTANCE RECEIVED**

- Has anyone in the household received assistance within the current benefit year.**     Yes     No
- If Yes, select all assistance received from the programs listed below.**
- Affordable Connectivity Program (ACP)     AQUA Aid Program
- Low Income Home Energy Assistance Program (LIHEAP)     Lifeline Communications Program
- Lifeline Utility Assistance Program     NJ American Water H2O Program     NJ FamilyCare/Medicaid
- NJ SHARES Energy Assistance Grant     NJ SMART Program     NJ SHARES SMART Utility Assistance Program
- Supplemental Security Income (SSI)     Universal Service Fund (USF)     Veterans Pension
- Veterans Survivors Pension     WorkFirst NJ - Temporary Assistance for Needy Families (TANF)

### 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** \_\_\_\_\_ **(Complete form on last page for adults with no income.)**

**Income Source**  Employment  Pension  Social Security with Medicare  Social Security without Medicare  
 Disability  Unemployment  Child Support  Rental Income  Other \_\_\_\_\_

**Income for each adult household member (Adult #1)**

Weekly – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_ Amount 4: \$ \_\_\_\_\_  
 Every 2 Weeks – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_  
 Twice a Month – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_  
 Monthly – Amount 1: \$ \_\_\_\_\_

**Income for each adult household member (Adult #2, if needed)**

Weekly – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_ Amount 4: \$ \_\_\_\_\_  
 Every 2 Weeks – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_  
 Twice a Month – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_  
 Monthly – Amount 1: \$ \_\_\_\_\_

**If additional household members have income, please use page 5 of the application.**

### MISCELLANEOUS INFORMATION

**Phone number** \_\_\_\_\_  Cell  Home **Phone number** \_\_\_\_\_  Cell  Home



















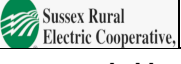

**Why do you need help?**  Medical/Health  Unemployed  Reduced Hours/Change in employment  
 Other \_\_\_\_\_

**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"/> 	<input type="checkbox"/> 	Municipal Water Utility _____				
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	Municipal Sewer Utility _____				
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 					
<input type="checkbox"/> 	<input type="checkbox"/> 						
<b>Utility account holder name and utility account number</b>		<b>Utility account holder name and utility account number</b>		<b>Utility account holder name and utility account number</b>		<b>Utility account holder name and utility account number</b>	
<b>Utility bill balance</b>		<b>Utility bill balance</b>		<b>Utility bill balance</b>		<b>Utility bill balance</b>	
<b>Date &amp; amount of last payment</b>		<b>Date &amp; amount of last payment</b>		<b>Date &amp; amount of last payment</b>		<b>Date &amp; amount of last payment</b>	
<b>Shut off date (if applicable)</b>		<b>Shut off date (if applicable)</b>		<b>Shut off date (if applicable)</b>		<b>Shut off date (if applicable)</b>	

**If Atlantic City Electric was selected, please answer the below questions:**

1. Have you had an assessment by Atlantic City Electric to have your meter replaced?  Yes  No

2. If yes, do you have an invitation code?  Yes  No. If yes, enter code here: \_\_\_\_\_

**SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ASSISTANCE.  
EVEN IF ASSISTANCE IS PROVIDED IT IS VERY IMPORTANT YOU KEEP MAKING PAYMENTS.**

**VERIFICATION OF INFORMATION/PRIVACY RELEASE**

The personal information you provide when applying for an assistance program with NJ SHARES is used to facilitate an assistance application. Submitting your information indicates that you have read and agree to the following:  
By signing, I certify that the information given in and attached to this application is true, complete, and correct. I am aware and understand that if any information contained in or attached to this application is willfully false, that I am subject to criminal prosecution. I understand that I must provide the required documentation and any additional requested documentation within 10 business days in order to proceed with the application process. I hereby authorize my utility provider(s) to release my customer account information, including usage, payment history, and participation in other utility grant programs to NJ SHARES for the purpose of processing my NJ SHARES application and monitoring the progress of my utility account(s). I understand that the information in this application may be shared to ensure access to all assistance programs for which I may be eligible. This authorization shall expire one year from the date the NJ SHARES grant is credited to my account(s).

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**Applicant Signature**

**Date**

**FOR AGENCY USE  
ONLY**

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

**Income for each adult household member (Adult #3, if needed)**

- Weekly – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_ Amount 4: \$\_\_\_\_\_
- Every 2 Weeks – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_
- Twice a Month – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_
- Monthly – Amount 1: \$\_\_\_\_\_

**Income for each adult household member (Adult #4, if needed)**

- Weekly – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_ Amount 4: \$\_\_\_\_\_
- Every 2 Weeks – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_
- Twice a Month – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_
- Monthly – Amount 1: \$\_\_\_\_\_

**Income for each adult household member (Adult #5, if needed)**

- Weekly – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_ Amount 4: \$\_\_\_\_\_
- Every 2 Weeks – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_
- Twice a Month – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_
- Monthly – Amount 1: \$\_\_\_\_\_

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.

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Signature

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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.

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Signature

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Date

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Print Name

## Zero Income Affirmation

This page is to be completed and signed by the applicant when there are adult household members without income.

I affirm that the following adult household members have zero income and do not contribute to my household expenses:

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_