

New Jersey American Water Recertification of LIPP

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 _____

New Jersey American Water Recertification of LIPP

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** _____
- 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: \$ _____

New Jersey American Water Recertification of LIPP

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 the last page 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

	Utility service account number	Utility bill balance
---	---------------------------------------	-----------------------------

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 VERIFICATION OF INFORMATION/PRIVACY RELEASE

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.

Applicant Signature

Date

FOR AGENCY USE ONLY

Date	Agent/Representative Name	Agency Name & Location

New Jersey American Water Recertification of LIPP**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: \$_____