**UTILITY ASSISTANCE APPLICATION**

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Email Address</th>
</tr>
</thead>
</table>

**DATE OF BIRTH**

**MAILING ADDRESS INFORMATION**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apartment/Unit#/Floor (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

**SERVICE ADDRESS INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apartment/Unit#/Floor (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
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<th>City</th>
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<th>County</th>
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</thead>
</table>

**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)*

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

### RESIDENCE INFORMATION

<table>
<thead>
<tr>
<th>☐ Applicant Age 65+</th>
<th>☐ Applicant Receives Social Security Disability</th>
<th>☐ Rent</th>
<th>☐ Own</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>0-6 Years</th>
<th>7-17 Years</th>
<th>18-49</th>
<th>50-59 Years</th>
<th>60+ Years</th>
</tr>
</thead>
</table>

### 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

<table>
<thead>
<tr>
<th>ENERGY</th>
<th>WATER</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Atlantic City Electric</td>
<td>☐ AQUA</td>
</tr>
<tr>
<td>☐ Jersey Central Power &amp; Light</td>
<td>☐ Veolia</td>
</tr>
<tr>
<td>☐ Borough of Park Ridge</td>
<td>☐ Municipal Water Utility</td>
</tr>
<tr>
<td>☐ SEASIDE HEIGHTS NEW JERSEY</td>
<td>☐ Municipal Sewer Utility</td>
</tr>
<tr>
<td>☐ Sussex Rural Electric Cooperative</td>
<td>☐ Butler</td>
</tr>
<tr>
<td>☐ Lavallette</td>
<td>☐ Elizabethtown Gas</td>
</tr>
<tr>
<td>☐ New Jersey Natural Gas</td>
<td>☐ Orange &amp; Rockland</td>
</tr>
<tr>
<td>☐ Pemberton</td>
<td>☐ PSEG</td>
</tr>
<tr>
<td>☐ Borough of South River</td>
<td>☐ South Jersey Gas</td>
</tr>
<tr>
<td>☐ Vineland</td>
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Utility account holder name and utility account number

Utility bill balance

Date & amount of last payment

Shut off date (if applicable)

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**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: ________________
**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).

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Date</th>
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</table>

**FOR AGENCY USE ONLY**

<table>
<thead>
<tr>
<th>Date</th>
<th>Agent/Representative Name</th>
<th>Agency Name &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**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: $__________
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

Applicant Signature: ___________________________       Date: ___________________________