

Dear NJ SHARES Applicant:

Enclosed is an application for the New Jersey Statewide Heating Assistance and Referral for Energy Services program. To receive financial assistance, a person or family, must have a temporary one-time need for assistance.

You may **ONLY** apply for New Jersey SHARES if your household meets **ALL** of the following qualifications:

1. The utility bill is in the applicant's name or the name of another household member.
2. The applicant **can't be a recipient of nor eligible for** the Low- Income Home Energy Assistance Program (LIHEAP) nor receiving any additional funds such as Verizon Lifeline Communication Credit, FEMA, General Assistance, TANF or the Universal Service Fund (USF).
3. The total household income **MUST** fall between the below Monthly Gross Income for the particular Household Size:

Household Size	Monthly Gross Income 400 % Poverty Level			65+ Years of Age and/or receiving Social Security Disability		
1	\$ 1,950.00	-	\$3,610.00	\$ 1,950.00	-	\$5,833.00
2	\$ 2,625.00	-	\$4,857.00	\$ 2,625.00	-	\$5,833.00
3	\$ 3,300.00	-	\$6,103.00	\$ 3,300.00	-	\$6,103.00
4	\$ 3,975.00	-	\$7,350.00	\$ 3,975.00	-	\$7,350.00
5	\$ 4,650.00	-	\$8,630.00	\$ 4,650.00	-	\$8,630.00
6	\$ 5,325.00	-	\$9,843.00	\$ 5,325.00	-	\$9,843.00
7	\$ 6,000.00	-	\$11,090.00	\$ 6,000.00	-	\$11,090.00
8	\$ 6,675.00	-	\$12,337.00	\$ 6,675.00	-	\$12,337.00
9	\$ 7,350.00	-	\$13,583.00	\$ 7,350.00	-	\$13,583.00
10	\$ 8,025.00	-	\$14,830.00	\$ 8,025.00	-	\$14,830.00

4. The applicant's utility service **must** be in "shut-off" status, is "at risk" of termination or has a "past due" notice at the time of completing the application.
5. The applicant **must** have made a "good faith" payment of at least \$100.00 in the past 90 days prior to the date of this application. *This good faith payment doesn't pertain to deliverable fuels.*
6. **Live in** Hunterdon, Morris, Sussex, Somerset and Warren Counties. If you live in a different county, then you may contact our office for the different location to apply.

In order to receive prompt consideration for this program, please follow the instructions listed below:

1. Complete, sign and return the entire application
2. Submit **all** of the following required documentation:
 - a. Personal identification of the applicant (Driver's License), if the applicant is not listed on the Utility Bill, then we will also require a copy of the Driver's License of the listed household member.
 - b. Proof of Income for the entire household. All sources of income are required. For employment verification, we must have four consecutive weeks of current pay stubs.
 - c. Social Security Cards for the entire household
 - d. Proof of monthly rental/mortgage payments
 - e. Most recent public utility bill. The bill **must** state a shut-off notice or termination notice and must also state when the last time a payment was made on the account.
 - f. Most recent deliverable fuel bill or delivery ticket.

Applications can be faxed to (908) 454-3768 or sent via a email at housing@norwescap.org. Once an application is received by NORWESCAP, we will process your application for assistance, as quickly as possible as long as we have all of the required documentation. The NJ SHARES office in Ewing is solely responsible for making payment commitments and approval of the grants. They can be contacted directly @ (609) 883-1626. Commitments will **only** be made if the maximum eligible assistance will stop the scheduled termination and funds are available.

If the shut-off notice is within three (3) days or your have already been turned off, then contact our office immediately after sending the required documentation. If there are any additional questions or comments in reference to NJ SHARES or the application, please do not hesitate to contact our office at (908) 454-7000, ext. 160 or toll-free at (888) 454-4778.

Sincerely,

NORWESCAP, Inc.

JB

Enclosure(s)



UTILITY BILL ASSISTANCE APPLICATION

PREPARED BY: JENNIFER BUTZGY

DATE:

HOUSEHOLD INFORMATION

LAST NAME:

FIRST NAME:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

SERVICE ADDRESS:
CITY, STATE ZIP:

MAILING/BILLING ADDRESS:
CITY, STATE ZIP:

COUNTY:

PHONE NUMBER 1:
PHONE NUMBER 2:

TYPE:
TYPE:

NUMBER IN HOUSEHOLD:

YEARS AT CURRENT ADDRESS:

CATEGORY OF RECIPIENT:

HOUSEHOLD TYPE:

PRIMARY HEATING SOURCE (CIRCLE ONE): OIL PROPANE ELECTRIC NATURAL GAS WOOD

MAIN REASON FOR APPLYING FOR ASSISTANCE:

UTILITY / DELIVERABLE FUEL INFORMATION

TYPE OF ASSISTANCE APPLIED FOR:

UTILITY TYPE: _____
UTILITY NAME: _____
ACCOUNT NUMBER: _____
BILL BALANCE: _____
SHUT OFF DATE: _____

UTILITY TYPE: _____
UTILITY NAME: _____
ACCOUNT NUMBER: _____
BILL BALANCE: _____
SHUT OFF DATE: _____

DELIVERABLE FUEL TYPE: _____
DELIVERABLE FUEL NAME: _____
ACCOUNT NUMBER: _____
ACCOUNT BALANCE: _____
REMAINING TANK AMOUNT: _____
TANK SIZE: _____
FILL / TANK LOCATION: _____

HOUSEHOLD MEMBER INFORMATION

FULL NAME	RELATIONSHIP	SSN	DOB
1.	APPLICANT		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

INCOME INFORMATION

FULL NAME	SOURCE	PAY CYCLE	AMOUNT
1.			
2.			
3.			
4.			
5.			
6.			

TOTAL GROSS MONTHLY INCOME: _____

VERIFICATION OF INFORMATION/PRIVACY RELEASE

By signing I acknowledge that I am the customer of record on my utility accounts listed on this application. I hereby authorize my utilities to release my customer account information, including usage and payment history, to both the New Jersey Shares Program and the applicable New Jersey Shares Program contractor for the purpose of processing my New Jersey Shares Program utility bill assistance application and monitoring the progress of my utility account. This authorization shall expire one year from the date the New Jersey Shares Program grant is credited to my utility account.

APPLICANT SIGNATURE: _____ DATE: _____

INTERVIEWER SIGNATURE: _____ DATE: _____



FOR OIL & PROPANE APPLICANTS ONLY

Worksheet for fuel delivery

Tank Size (in gallons): _____

When was your last delivery? _____

Is there more than one tank? Yes or No

Do you live at this address? Yes or No

Is this a multifamily dwelling? Yes or No

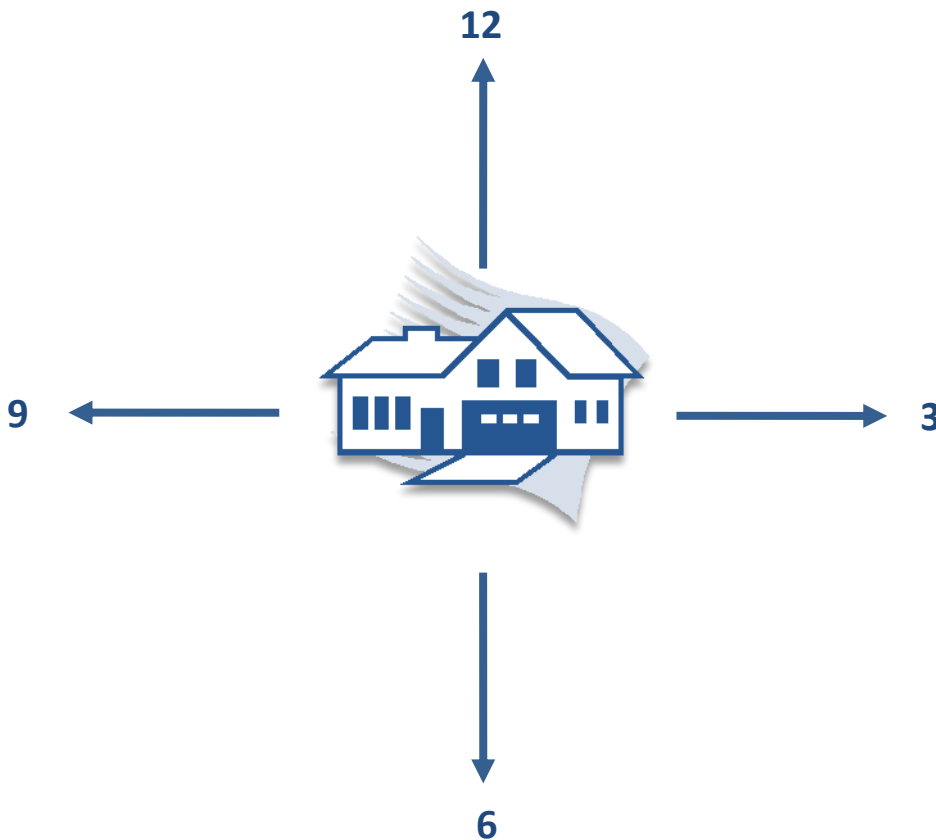
Are you the landlord? Yes or No

If yes, are you responsible for heating all units? Yes or No

If yes, how many families are there? _____

When facing your home, where is your fill point located?

Please mark an X on the diagram below.



Additional notes regarding your fuel tank: