



# SHARES ENERGY BILL ASSISTANCE INTAKE FORM

(All information needs to be entered into the NJS system to be a valid application.)

The intention of this document is to be used in phone interviews or when taking information without a computer present).

**PREPARED BY:**

**DATE:**

## APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_

## SERVICE ADDRESS INFORMATION

Service Address: (including apartment number and/or floor number if applicable) \_\_\_\_\_

## MAILING ADDRESS INFORMATION

Mailing Address: (include apartment number and/or floor # where applicable) \_\_\_\_\_

## RESIDENCE INFORMATION

Number of People who live in the house by age group: (Please provide a number for each age group.)

0-6: \_\_\_\_\_ 7-17: \_\_\_\_\_ 18-49 Y: \_\_\_\_\_ 50-59: \_\_\_\_\_ 60-64: \_\_\_\_\_ 65+: \_\_\_\_\_

How is this residence heated? *Circle one:* Electric Gas Oil Propane Other (requires explanation) \_\_\_\_\_

Choose the category of recipient. *Circle one:* Single Parent Senior Citizen Single Married Separated/Divorced

Widow/Widower 65+ SSD Other (requires explanation) \_\_\_\_\_

Number of years applicant has lived at this residence: \_\_\_\_ Do you rent or own your residence? *Circle one:* Rent Own

## INCOME INFORMATION

Gross monthly income for the entire household: \_\_\_\_\_ How many people contribute to the income? \_\_\_\_

What is your temporary financial crisis in addition to high energy costs? *Circle one:* Medical/Health Unemployed

Reduced hours/change in employment other (requires explanation) \_\_\_\_\_

Where does the income come from? *Circle all which apply:* Employment Social Security Disability Unemployment Child Support Pension Rental Other

## HEAD OF HOUSEHOLD INFORMATION

Marital status of head of household *circle one:* Single Married Separated/Divorced Widow/Widower

Other head of Household characteristic *circle one:* Grandparent w/custody of children Single Parent Other: \_\_\_\_\_

Age of Head of Household: \_\_\_\_\_

## MISC INFORMATION

Phone 1: \_\_\_\_\_ Cell/Day/Night Phone 2: \_\_\_\_\_ Cell/Day/Night

**Are you receiving other assistance in conjunction with NJ SHARES?** *Circle one:*

Homeless Services FEMA Earned Income Tax Credit Comfort Partners Private Funds

Community Based organization Other (requires explanation) \_\_\_\_\_

**How did you hear about NJ SHARES?** *Circle one:*

Referral from energy company Friend Community organization Elected Official NJS Outreach

Other (requires explanation) \_\_\_\_\_ **Primary language (if other than English)** \_\_\_\_\_

## ENERGY BILL INFORMATION

**What type of assistance are you applying for?** Choose from: Electric Electric Heat Gas Electric/Gas Deliverable Fuel

Utility/Supplier type: \_\_\_\_\_ Utility/Supplier type: \_\_\_\_\_

Utility /Supplier name: \_\_\_\_\_ Utility/Supplier name: \_\_\_\_\_

Account number: \_\_\_\_\_ Account number: \_\_\_\_\_

Bill Balance: \_\_\_\_\_ Bill Balance: \_\_\_\_\_

Last Payment and Date Made: \_\_\_\_\_ Last Payment and Date Made: \_\_\_\_\_

Shut off date if any: \_\_\_\_\_ Shut off date if any: \_\_\_\_\_

## AFFIRMATION OF INFORMATION AND PRIVACY RELEASE

*By signing, I acknowledge that I am the customer of record on my energy account(s) listed on this application. I hereby authorize my energy provider(s) to release my customer account information, including usage and payment history, to both NJ SHARES and the applicable NJ SHARES contractor for the purpose of processing my NJ SHARES application and monitoring the progress of my energy account(s). I hereby authorize NJ SHARES to release my name and address to the Board of Public Utilities for inclusion in energy efficiency outreach. 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.*

(Client Signature) \_\_\_\_\_ (date) \_\_/\_\_/\_\_ (Interviewer Signature) \_\_\_\_\_ (date) \_\_/\_\_/\_\_

## Required Documentation

Applicants submitted without proof of income for the four consecutive weeks prior to application will be rejected. NJ SHARES must receive all necessary documents within three business days of the application date.

### All Applicants

**Personal ID for the Applicant:** Social Security card, driver's license or county welfare agency ID, voter registration card, etc. The ID must belong to the person whose name and signature are on the application.

**Signed Application:** The client's signature must be on the application. A spouse can apply for assistance provided they are married to the customer of record. Spouses cannot sign for each other. The spouse can sign their own name as long as they are married to the customer of record and still residing in the house. See section: '[In Cases Where Applicants are Not the Customer of Record below.](#)'

**Proof of Income:** NJ SHARES requires proof of the last four weeks' income for all contributing household members. This can include paystubs, current unemployment benefit print-out, Social Security statement or award letter for the current year, rental income, pension statement, child support, self-employed self-certifying letter, bank statements showing identified direct deposits, etc. Zero Income Affirmation is to be completed and signed by the applicant when there are adult household members without income. \*Note: Applicants submitted without proof of income for the four consecutive weeks prior to application will be rejected.

- If paystubs cannot be produced a letter stating the applicant's gross monthly income signed by the employer must be submitted. All employment letters will be verified.
- If the client is self-employed, NJ SHARES will accept a signed and dated letter confirming the exact dollar amount of gross monthly income for 30 consecutive days prior to the application.
- Rental Income: If the client is a landlord, a lease and two most recent rental receipts must be provided as back up documents.
- To confirm social security income, workman's compensation or pension, bank statements showing identified direct deposits can be furnished.
- Child Support: Proof of Child Support and payment frequency must be supplied.
- In accordance with the US Department of Health and Human Services and the NJ Department of Community Affairs, additional benefits granted by the American Recovery and Reinvestment Act to Unemployment recipients, SS, SSD, SSI, Railroad Retirement Benefits, Veterans Disability Compensation beneficiaries will be excluded in the calculation for gross monthly income.

### In Cases Where Applicants are Not the Customer of Record

All client information should belong to the applicant/customer of record. In cases where persons other than the applicant can supply customer of record information, additional documentation is required.

- **Marriage Certificate:** A marriage certificate is needed for clients applying as married with different last names. The spouse should sign their own name. They cannot sign for their spouse.
- **Authorized Letter/Power of Attorney:** A signed statement or power of attorney letter is required for those applying for an elderly or disabled client. The Authorized Representative or Power of Attorney has permission to provide the applicant's personal information and sign for the applicant.

### Gas and Electric Applicants

- **Most Recent Energy Provider Bill:** This information is verified with the designated energy provider. The provider must be one of New Jersey's seven regulated utility companies.

### Oil and Propane Deliverable Fuel Applicants

- **Complete Worksheet:** This is a mandatory document and must be completed and included with backup documentation to ensure a correct delivery.
- This worksheet prints out with deliverable fuel applications. It is also available once you have signed into the system, on the Welcome Page under Useful Tools.
- Include the most recent receipt or statement of account if available. This information is verified if the applicant uses a partner provider.