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In Office Use

Please use this form to update contact information

Head of Household Name

**Are you applying for (circle) LIHEAP USF
COOLING LEAD WEATHERIZATION**

Client Information

Email Address

Cell Phone

Home Phone

Address

City

State

ZIP Code

Mailing address

Address

City

State

Zip Code

**Please email liweap@norwescap.org for
any additional questions**

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

Applicant Address

Last Name 01 _____ First Name 02 _____ MI 03 _____
 Street Address 04 _____ NJ _____ State 06 _____ Zip Code 07 _____ City 05 _____ Apt # _____
 (_____) _____ Telephone _____
 Number 08 _____) _____

09 Housing Type

Single Family
 Semi Detach
 Row/Townhouse
 Multi Dwelling
 Mobile Home
 Board/Room
 Group Home

10 Mailing Address

Street Address _____ Apt. # _____
 City _____
 State _____ Zip Code _____
 Alt. phone number: _____
 Email Address: _____

11 List all household members including applicant (Please Print)

Names	M/F	Date of Birth	Relationship	Social Security Number	US Citizen?	Disabled?
1			Applicant			
2						
3						
4						
5						
6						
7						
8						
9						
10						

12 Are you applying for: HEA USF *COOLING WEATHERIZATION

**When applying for cooling benefits, you must attach a doctor's note to prove medical need.*

13 Please answer the following questions:

1. Do you own a home? Yes No

2. Do you pay for your own heat? Yes No

**If no, check the alternative that best describes your heating arrangement:*

A. My heat is paid by others.
 B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.
 C. I pay only for a secondary source of heat (circle one - wood stove, a kerosene stove, electric heater, etc.)
 D. My heat is included in my rent, which is not subsidized.
 E. I pay a separate charge to my landlord for heat.

3. Do you live in subsidized housing? Yes No

4. Do you receive rental assistance? Yes No

5. Do you live in a Residential Health Care Facility? Yes No

6. Is anyone in your household receiving TANF? Yes No

7. Does anyone in your home have life-sustaining equipment? Yes No

8. If yes, what type? _____

8. My annual cost of heating fuel is \$ _____

FOR OFFICE USE ONLY

Verification Included? Yes No

14 Primary Heating Fuel Type Oil Electricity
 Propane Kerosene
 Wood Coal
 Natural Gas

15 Heating Fuel Supplier Name _____

16 Natural Gas Account # _____

17 Natural Gas Supplier Name _____

18 Electric Account # _____

19 Electric Supplier Name _____

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

20 Authorized Representative _____ Apt. # _____

Last Name _____ First Name _____ MI _____ Street Address _____

(_____) _____ Telephone Number _____ City _____ State _____ Zip Code _____

21 Main language spoken in your household: _____

22 Income - List the income for all household members 18 and over (Please Print) *UNEARNED income (SSI, SSD) for household members 18 years and under is counted as household income.*

Names	*Pay Cycle	Amount	Income Source
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

- Income Source(s)
- Wages
 - Unemployment
 - Workers Comp
 - Social Sec. Benefits
 - SSI Benefits
 - Pension
 - Veteran's Benefits
 - TANF
 - Alimony
 - Child Support
 - Interest/Investment
 - Family Contributions
 - Gifts
 - Rental Income

- *Pay cycle
- Weekly
 - Bi-Weekly
 - Monthly
 - Bi-Monthly
 - Annual

23 Weatherization

To your knowledge has your current residence been weatherized? Yes No

If yes, please complete: Year _____ COMFORT PARTNERS or LOCAL WEATHERIZATION PROGRAM

Total Monthly Household Income: \$ _____

Agency Name: _____

Interviewer: _____

CERTIFICATION: APPROVED - WAP INCOME ELIGIBLE

APPROVED - MULTI-DWELLING UNIT NON INCOME ELIGIBLE

NOT APPROVED

DATE HOME AUDIT WAS CONDUCTED: / /

DATE APPLICATION WAS RECEIVED: / /

ADJUSTED APPLICATION DATE: / /

ACTUAL COST: \$ _____

PRO-RATED COST: \$ _____

By: _____ Weatherization Manager _____ Date _____

Total Annual Household Income: \$ _____

COMMENTS: _____

LANDLORD CONTRIBUTION \$ _____

DOE \$ _____

UTILITY FUNDS \$ _____

DDHS \$ _____

OTHER \$ _____

FOR WEATHERIZATION OFFICE USE ONLY

LIHEAP Required Documentation

Completed 3-page LIHEAP Application

Proof of Social Security Number for all Household Members:

Citizens: Social security card, W2, 1099, or an old Medicare card with full social security printed. Only exceptions are a letter from CPS for children in foster care or a copy of a birth certificate/ hospital record for an infant under 1 year old whom you do not have their SS card yet

Non-Citizens: green card or work authorization card

Proof of Housing:

If you own your home: Submit one of the following: mortgage statement, property taxes, or mobile home title

If you rent your home: A copy of a full lease, lease renewal, HUD lease or enclosed landlord tenant form

REQUIRED LEASING PAGES-1st page verifying address of residence, page with utilities and signature page

Additional required rental documents to attach to leasing info: Section 8 letter, Subsidized Housing or HUD Paperwork –if applicable to households housing situation

Qualifying household gross income: One month of gross income must be submitted

Wages-consecutive gross paystubs (1-monthly, 2-bi weekly, 4 weekly) or letter from employer, unemployment compensation or NJ Temp Disability letter stating weekly benefit rate, alimony, foster/ adoption care benefits, social security benefits, pensions and IRA distributions Please email for clarification for income verification required for the program

If you are self-employed: include a copy of your entire current federal income tax return including all statements, schedules, and 1099's

Rental Income Received: include 1st page and Schedule E from most recent tax return

No earned or unearned income households: complete the included Zero Income Statement. Monthly Household Expenses Form must also be completed if your entire household's income is \$0.

Full time students: college course registration form (showing 12+ credits for the current semester) or a letter written on school letterhead indicating full-time student status for the current semester; either document must include both student name and college name

Proof of child support payments or 0 child support: One month of child support payments or a statement of 0 child support received

Complete/ All Pages of Primary Heating Bill: Deliverable fuels: Account statement or delivery ticket; Utility bills-all pages

Dr Form for Cooling: if applicable

Submit your application and documents to Norwescap LIHEAP Department

Email: liheap@norwescap.org or housing@norwescap.org

Drop box only: Monday-Friday 8:30-4:30 350 Marshall St. Phillipsburg, NJ 0886

MAIL: Norwescap-LIHEAP

350 Marshall St

Phillipsburg, NJ 08865

Fax: 908-454-3768

PLEASE EMAIL FOR UPDATED OFFICE HOURS AND LOCATIONS

Please email for appointments to speak to representative for review of application and documents



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 051
TRENTON, NJ 08625-0051

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUAREZ
Acting Commissioner

PHYSICIAN'S CERTIFICATION FOR COOLING BENEFIT

NJDCA processes applications for cooling assistance to income-eligible households for which there is medical evidence that the health of at least one household member will be seriously endangered unless the household's living quarters are cooled.

Physician section with instructions: Please complete and return this form to your patient. Complete all necessary information, sign, and provide medical office stamp. Medical Office Stamp ->

Head of Household/ Applicant's Name: _____

Last four digits Head of Household/ Applicant's SSN: _____

Address: _____

City, State, Zip Code: _____ - _____

Telephone #: () _____ - _____

Patient's Name: _____

The last four digits of the Patient's SSN: _____

Name of Physician: _____

Address: _____

Telephone: _____

Physician's Signature: _____ Date: _____





State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO Box 811
 TRENTON, NJ 08625-0811

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

Tenant Lease Verification Form

(This form is to be filled out only by the landlord and /or superintendent)

This is to verify that (tenant's name) _____ is residing at:

Street Address: _____ Apt. Number: _____

City, State, Zip Code _____

The number of occupants in this residence is: _____

Names of ALL members of the family living in the unit:

Rent payment amount: _____

Please verify heating arrangement:

- () Heat is including in rent, which is subsidized.
- () Heat is including in rent, which is not subsidized.
- () Tenant pays separate charge for heat.
- () Tenant is responsible for paying his/her own heating expenses.
- () Tenant pays separate charge for air conditioning.

Landlord's information:

First Name: _____ Last Name: _____

Address: _____

City, State, Zip code: _____

Phone Number: _____

 Landlord/Representative Signature

 Date



LIHEAP Zero Child Support Statement

I, _____ certify that,

I do **not** receive child support for the following child (ren):

I certify the information given is true and complete to the best of my knowledge.

Signature:

Date:

*If you have an open child support case, please write your case number and attach a copy of the child support printout from the website even if it shows a 0 balance.

CS: _____



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ZERO INCOME STATEMENT

*For each individual household member(s) age 18 or over who are unemployed; not full-time students.**

Head of Household / Applicant's Name _____

Head of Household / Applicant's last four of Social Security# _____

Address _____

City _____ State _____ Phone# _____

MEMBER STATEMENT

I, _____ Social Security# _____ - _____ - _____

Age _____, Date of Birth _____ certify that I am a member of the above household which applied for USF/LIHEAP benefits, and at the present time do not have any income from any source(s). The last time I had income was on (Date) _____, in the amount of \$_____.

This is to certify that the above information is true to the best of my knowledge. I am aware that I may be penalized for making false statements.

 Zero Income Claimant Signature

 Date

*All income for head of household that is also a full-time student is counted.



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUND PROGRAMS

HOUSEHOLD MONTHLY EXPENSES
HOUSEHOLD CLAIMING ZERO OR VERY LOW MONTHLY INCOME

Dear _____ SS# (last 4 #) _____ Date _____

As a program funded by the Federal Government we are obligated to verify all information provided, including Household income. You have indicated on your USF/LIHEAP application that neither you nor any member of your household has any source of income at this time. Per program regulation we are permitted to ask how your household pays for the normal monthly expenses incurred. Please indicate an average or a close estimate amount of the following monthly expenses incurred by your household, indicate only what applies:

Mortgage or Rent: \$ _____ Are you in arrears? Yes or No

If Yes, How many months are you in arrears? _____ How much? \$ _____

If No, please explain how you are able to pay _____

Monthly "common household expenses":

Heating: \$ _____; Telephone: \$ _____; Natural Gas: \$ _____; Cell Phone: \$ _____

Electric: \$ _____; Cable TV: \$ _____; Car Payment: \$ _____; Car Insurance: \$ _____

Groceries: \$ _____; Other: \$ _____

If any of these bills are being paid for and are not found to be in arrears you must explain the source(s) of income used to pay for these costs.

Are you currently receiving assistance from a family member and/or friends? Yes ___ No ___

If yes, how much do they contribute monthly? \$ _____

Do you currently have a checking and/or savings account? Yes ___ No ___

If yes, please submit a copy of your most recent bank statement.

Signature: _____ Date: _____

I certify the information provided is true and accurate and that if I provide false information it may result in the denial of my application to receive USF or LIHEAP benefits.