



NEED ASSISTANCE WITH YOUR UTILITIES!

You can:

- Get an application at: www.bccap.org
 - Click on Home Energy
 - Scroll down and click on the Home Energy Application
- Email your application to: Homeenergy@bccap.org
- Drop off application & documents at the address below in the MAIL SLOT
- (1st Door facing the parking lot).
- Mail in your application to: Burlington Community Action Partnership
1 Van Sciver Parkway, Willingboro, N.J. 08046

Return the Following Documents with Your Application:

1. Social Security Cards for all household members
2. ALL Income Verification (last 30 days): Weekly, Biweekly, Semi-Monthly, Monthly
3. Lease: First page, Utility Paragraph & Signature page; Homeowner: current taxbill or mortgage statement (Mobile Home: Title & Lot Lease)
4. All pages of your current utility and/or fossil fuel bill

The 2024 Maximum Income Limits		
Household Size	HEA Monthly Gross Income	USF Monthly Gross Income
1	3676	3676
2	4807	4807
3	5938	5938
4	7069	7069
5	8200	8200
6	9331	9331
7	9543	9543
8	9755	9755
9	9968	9968
10	10180	10180
11	10392	10392
12	10604	10604
Amount for each additional member for households greater than 12	213	213

Federal Poverty Guidelines for 2024	
First Person	Each Additional Person
14580	5140

CALL US @ 609.835.4329



New Jersey Home Energy Programs

Burlington Community
Action Partnership
1 Van Sciver Parkway
Willingboro, NJ 08046
HEA Department

Home Energy Assistance Universal Service Fund Weatherization Assistance



HOW TO APPLY FOR ENERGY ASSISTANCE:

1. Find out if you are eligible for the Programs by using the self-screening tool for these and other programs at: www.nj.gov/dca/dcaid or call 800-510-3102
2. If you are eligible, fill out this application or go to www.nj.gov/dca/dcaid to apply Online.
3. If using this application, submit with all required documents to your Local Community Action Agency. Find your Local Community Action Agency at: www.energyassistance.nj.gov or call 800-510-3102

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

*IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, CALL 1-800-510-3102
or visit www.energyassistance.nj.gov for your local participating agency.*

Program Definitions

Low Income Home Energy Assistance Program

The Low Income Home Energy Assistance Program (LIHEAP) is designed to help low-income families and individuals meet home heating and medically necessary cooling costs. To be eligible, a household must have a gross income at or below 60% of the State Median Income and be responsible for the cost of heating. Please refer to the program web page above to verify income guidelines.

Universal Service Fund

USF is a program created by the State of New Jersey to help make natural gas and electric bills more affordable for low-income households. If you are eligible, USF can lower the amount you pay for gas and electricity. To be eligible, a household must have a gross income at or below 400% of the Federal Poverty Level and pay more than 2% of its annual income for electric, or more than 2% for natural gas. If a household has electric heat, it must spend more than 4% of its annual income on electricity to be eligible. Please refer to the program web page above to verify income guidelines.

Weatherization

New Jersey's Weatherization Assistance Programs will help reduce energy bills and keep your home warm by providing you with: 1) A home energy audit to see how much money you can save on energy bills by weatherizing; and 2) Installation of energy efficient measures which may include air sealing, insulation, heating system repair and/or replacement of refrigerators and heating systems if necessary. To be eligible, a household must have a gross income at or below 60% of the State Median Income.

LIHEAP and USF Recertification

If you received USF or HEA benefits during the previous season and did not move, you will receive a Recertification form in the mail instead of a full application. Contact your local participating agency for the recertification form if you do not receive one. If you now have a new address you must submit a complete application with all the required documentation.

SNAP (Food Stamp) and PAAD Automatic Enrollments

Food Stamp recipients and Lifeline/PAAD recipients are automatically screened for USF and HEA and only need to fill out a full USF/HEA application if it is requested by the county USF/HEA agency or more information is needed.

NJ FamilyCare

Beginning January 2014 NJ FamilyCare will include CHIP, Medicaid and Medicaid Expansion population. This means documented New Jersey residents who are low income may be eligible for free or low cost health insurance that covers doctor visits, prescription, vision, dental care, and even hospitalization. For more information, call 1-800-701-0710.

Required Application Documents

The following are documents you **must include** with your application for the Low Income Home Energy Assistance Program and Universal Service Fund. Please read the list carefully. If you do not include all required documents, you will delay the processing of your application. Please send copies not original documents.

1. Proof of Identification: Social Security cards for all members in the household and: Birth certificates for infants under the age of 12 months. Custody papers for minors not living with parents. Documentation for all foster children in the household. (A letter from DYFS or other social service agency)	
2. Proof of Income: All earned income information for everyone 18 years and older who resides in the household: (Please include all documentation which apply to members of your household) All documentation below if applicable. Unearned income is counted for every member of the household. <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> Earned and Unearned Income a. If paid weekly submit paystubs for last 4 consecutive weeks within 8 weeks of the application submission date. If paid twice a month or every two weeks include 2 consecutive paystubs. b. If self-employed: Copy of latest federal income tax statement with supporting documentation. c. Pension, veteran and disability, Soc. Sec. or SSI benefits (including children benefits): Copy of checks or benefit award letter. d. Unemployment benefits: Copy of award statement or 2 benefit pay stubs. e. Child support/Alimony: Statement of total monthly support. f. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter. g. TANF or General Assistance (welfare): Award Letter or printout. h. Interest or Dividends: Bank statement, Investment company statement. </div> <div style="width: 30%; border-left: 1px solid black; padding-left: 10px;"> Unemployed household members age 18 and over must have the following: a. Zero Income Statement (Applicant) (Not Notarized) b. Zero Income Statement for other member of household (Not Notarized) c. If a full time student (other than applicant), a letter which must be on school letterhead. </div> </div>	
3. If you own your home: (All documentation below, if applicable) a. Proof of ownership: Copy of mortgage, tax bill, or deed. b. If a Multi-unit building: document rental income from all tenants (lease, or rent receipts from all tenants, or notarized vacancy letter for vacant units only). c. Probate sale contract. d. Lease agreement indicating heating arrangements.	4. If you rent: Copy of current lease agreement.
5. Current energy bills: (Please include all that apply) a. Gas and electric bill. b. If your primary source of heat is other fuels such as oil or propane, provide a copy of your bill.	6. Proof of U.S. Citizenship or Legal Residency Status: (Please provide one of the following) a. Social Security card. b. Copy of Medicaid/Medicare card. c. Documentation from U.S. Department of Citizenship and Immigration Services. d. USCIS Temporary Work Permit.
7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.	
8. Cooling applicants only: Submit doctor's note stating the need for cooling, plus all other documentation above, if applicable. (Original doctor's letterhead only; NO copies will be accepted)	

** Please Note: In certain cases, additional documentation may be required. If you cannot provide a required document, please call your LIHEAP/USF application agency. In some cases, you may be able to substitute it with a different document.*

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

Applicant Address

Last Name 01 First Name 02 MI 03
Street Address 04 Apt. #
NJ State 06 Zip Code 07 City 05
() 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
 If yes, what type? _____
8. My annual cost of heating fuel is \$ _____

FOR OFFICE USE ONLY

Verification Included?
☐ Yes ☐ No
☐ 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

Last Name _____ First Name _____ MI _____
 Telephone Number () _____

Street Address _____ Apt. # _____
 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.

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

FOR WEATHERIZATION OFFICE USE ONLY	Total Monthly Household Income: \$ _____		Total Annual Household Income: \$ _____	
	AGENCY NAME: _____		COMMENTS: _____	
	INTERVIEWER: _____			
	CERTIFICATION: <input type="checkbox"/> APPROVED - WAP <input type="checkbox"/> INCOME ELIGIBLE			
	<input type="checkbox"/> APPROVED - MULTI-DWELLING UNIT <input type="checkbox"/> NON INCOME ELIGIBLE			
	<input type="checkbox"/> NOT APPROVED			
	DATE HOME AUDIT WAS CONDUCTED: / /		<input type="checkbox"/> LANDLORD CONTRIBUTION \$ _____	
	DATE APPLICATION WAS RECEIVED: / /		<input type="checkbox"/> DOE \$ _____	
	ADJUSTED APPLICATION DATE: / /		<input type="checkbox"/> UTILITY FUNDS \$ _____	
	ACTUAL COST: \$ _____		<input type="checkbox"/> DHS \$ _____	
PRO-RATED COST: \$ _____		<input type="checkbox"/> OTHER \$ _____		
By: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Weatherization Manager Date </div>				

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

24. Applicant Certification

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. The Department of Community Affairs (DCA) may use my Social Security Number to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. As part of the eligibility verification process DCA has my permission to contact other agencies on my behalf to establish eligibility. I understand that I may request an administrative review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

I grant permission to the (administering agency) or its designee and to a representative of the state Weatherization Program to inspect heating fuel and utility billing records for (applicant address) _____ for not more than five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done. The information on this application will also be used to determine eligibility for the Universal Service Fund (USF) and other government related programs for which I may be eligible. I direct the appropriate utility and fuel companies to make such records available to (the administering agency) or its designee.

By signing below I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

SIGN FULL NAME BELOW

SIGNATURE: _____		DATE: _____	
<i>Signature of Applicant (must be same as person listed in #1)</i>			
If someone helped the applicant complete this application, such person must sign below.			
SIGNATURE: _____		DATE: _____	
<i>Signature of Helper / Authorized Representative</i>		<i>Month-Day-Year</i>	

25. Race*

- ☐ White/Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ American Indian or Alaskan Native and Asian
- ☐ American Indian or Alaskan Native and Black or African American
- ☐ American
- ☐ American Indian or Alaskan Native and Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaskan Native and White
- ☐ Asian and Black or African American
- ☐ Asian and Native Hawaiian or Other Pacific Islander

- ☐ Asian and White
- ☐ Black or African American and Native Hawaiian or Other Pacific Islander
- ☐ Black or African American and White
- ☐ Hispanic-Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White and Native Hawaiian or Other Pacific Islander

* This is voluntary information. It is compiled and recorded for statistical purposes only. The HEAP/USF and Weatherization programs cannot discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.