



ENERGY BILL ASSISTANCE INTAKE FORM

Date:

APPLICANT INFORMATION

First Name: Last Name: Email Address:
Date of Birth: County:

SERVICE ADDRESS INFORMATION

Service Address: (Including apartment number and/or floor number if applicable)

MAILING ADDRESS INFORMATION

Mailing Address: (Including apartment number and/or floor number if applicable)

RESIDENCE INFORMATION

Number of people who live in the house by age group: (Please provide a number for each age group)
0-6 Years: 7-17 Years: 18-49 Years: 50-59 Years: 60-64 Years: 65+ Years
How is this residence heated? (circle one) Electric Gas Oil Propane Other (requires explanation)

Category of recipient (circle all that apply)
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?
Do all adult household members contribute to the income? (circle one) Y / N
What is your temporary financial crisis in addition to high utility costs? (circle all that apply) Medical/Health Unemployed
Reduced hours/change in employment Other (requires explanation)
Where does the income come from? (circle all that apply) Employment Social Security Disability
Unemployment Child Support Pension Other (requires explanation)

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 with custody of child/children Single Parent
Other (requires explanation)
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 all that apply)
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 all that apply) Referral from energy company Friend
Through your 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 Gas Electric/Gas
Utility type: Utility name: Account number: Bill balance: Last payment and Date made: Shut off date if any:

VERIFICATION OF INFORMATION/PRIVACY RELEASE VERIFICATION OF INFORMATION/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 NJ SHARES for the purpose of processing my NJ SHARES application and monitoring the progress of my energy account(s). 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.

Applicant signature & date Agency or NJ SHARES Rep signature & date