



## Details for New Jersey Board of Public Utilities Payment Assistance for Gas and Electric (NJBPU PAGE) Program

New Jersey Board of Public Utilities Payment Assistance for Gas and Electric (NJBPU PAGE) Program administered by New Jersey SHARES (NJ SHARES), provides energy (gas and electric) assistance grants to income qualified households experiencing a temporary financial crisis. Eligibility is based on household size and income. Households who have income at or below State Median Income (SMI) guidelines can receive up to \$700 for natural gas (including cooking gas) and/or up to \$700 for electric once per calendar year. Grants will be used for energy consumption only – not for deposits, reconnection fees, repairs, etc. All grant payments are issued directly to the utility company on the customer’s behalf and no customer will receive a credit balance.

NJBPU PAGE Program grants are available to New Jersey customers of the following utilities: Atlantic City Electric, Elizabethtown Gas, JCP&L, New Jersey Natural Gas, PSE&G, Rockland Electric and South Jersey Gas. Customers must have an active residential account and reside at the service address listed on the utility bill. The customer must be “at risk” of service termination, such as receiving written notice of arrears, shut-off notice or has been shut-off.

A household may apply through NJ SHARES for multiple energy assistance programs at the same time (except Low-Income Home Energy Assistance Program (LIHEAP) and/or Universal Service Fund (USF)) if all requirements for each program are met. See income chart below to determine what program(s) the household may be eligible for. **If gross monthly household income is at or below LIHEAP/USF guidelines shown on this chart, the household must apply and receive a determination letter for those programs first. To apply for LIHEAP and/or USF, please go to [www.energyassistance.nj.gov](http://www.energyassistance.nj.gov) or call 800-510-3102.**

Additionally, a household may apply through NJ SHARES for water and housing assistance at the same time, if needed. Details for these programs can be obtained by calling 866-657-4273 or by visiting [www.njshares.org/programs](http://www.njshares.org/programs).

Gross Monthly Income Limits (Maximum per Household Size)								
Household Size	1	2	3	4	5	6	7	8
LIHEAP & USF	\$3,677	\$4,808	\$5,939	\$7,070	\$8,201	\$9,332	\$9,544	\$9,756
NJ SHARES Energy Assistance Grant	\$5,020	\$6,813	\$8,607	\$10,400	\$12,193	\$13,987	\$15,780	\$17,573
NJBPU PAGE Program & NJ SHARES SMART Utility Assistance Program	\$6,127	\$8,012	\$9,897	\$11,782	\$13,667	\$15,552	\$15,906	\$16,259

## Required Documentation

NJ SHARES must receive these required documents within **ten business days** of the application date.

### **Assistance Received**

If a household has received assistance from any of the programs listed on page 2 of the application, they may provide the current year's benefit/determination letter instead of providing income and ID for the household.

### **Personal ID for the Applicant and All Household Members (Applicable only if no other assistance has been received.)**

Any unexpired government issued ID for the applicant and all household members.

### **Income Information (Applicable only if no other assistance has been received.)**

Proof of the last four consecutive weeks of income from the date of the application for all household members ages 18+. Any household members ages 18+ without income should be listed on the Zero Income Affirmation form. Proof of income includes:

<b>Paystubs</b> If paystubs cannot be produced: A letter signed and dated by the employer verifying paid in cash and the total gross monthly income.	<b>Self-employed:</b> Letter confirming the total gross income for 30 consecutive days.	<b>Unemployment:</b> Determination letter along with proof of receipt of last 30 days of unemployment benefit.
<b>Rental Income:</b> Current lease and rental payment receipt.	<b>Social Security Income:</b> Award letter for current year.	<b>Pension Income:</b> Most recent check or letter verifying lifetime receipt of benefits.
<b>Workers' Compensation:</b> Current bank statements showing identified direct deposits with recipient's name and address.	<b>Alimony and/or Child Support:</b> Proof of payment and frequency.	

### **Good Faith Payment**

Depending upon household size, income and receipt of certain assistance programs, a good faith payment of \$25 may be required to be made within 90 days prior to the application date.

### **Medical Equipment**

If anyone in the household has a medical condition and relies on electric-powered medical equipment, please provide a note from the medical provider, or confirm this note is on file with the utility company.

### **Most Recent Energy Provider Bill**

Provide the most current bill in its entirety. This information is verified with the designated energy provider.

Please submit completed, signed application along with all required documentation to NJ SHARES by:

- Mail: 4 Walter E. Foran Blvd., Suite 105, Flemington, NJ 08822
- Fax: 609-883-6364
- Email: [info@njshares.org](mailto:info@njshares.org)

## UTILITY ASSISTANCE APPLICATION

### APPLICANT INFORMATION

<b>First Name</b>	<b>Last Name</b>	<b>Email Address</b>
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**Date of Birth**

### MAILING ADDRESS INFORMATION

<b>Street Address</b>	<b>Apartment/Unit #/Floor (if applicable)</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
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### SERVICE ADDRESS INFORMATION

Check here if the service address is the same as the mailing address above. If the same, do not fill below.

<b>Street Address</b>	<b>Apartment/Unit #/Floor (if applicable)</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
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### DEMOGRAPHICS HEAD OF HOUSEHOLD INFORMATION

**Is applicant the head of household?** (This is the person responsible for the household bills)  Yes  No

**Head of household marital status**     Married     Single     Separated/ Divorced     Widow/Widower

**Head of household age**     18-49     50-59     60+

**Is head of household a U.S. Veteran?**     Yes     No

**Head of household gender**     Male     Female     Other     Decline to answer

**Head of household race**     Alaska Native     American Indian     Asian     Black or African American  
 Mixed Race     Native Hawaiian     Other Pacific Islander     White     Decline to answer

**Head of household ethnicity**     Hispanic or Latino     Not Hispanic or Latino     Other     Decline to answer

**Head of household other characteristics**     None     Single Parent     Grandparent with child  
 Widow/Widower     Other \_\_\_\_\_

**DEMOGRAPHICS**

**APPLICANT INFORMATION (Fill out only if Applicant is not Head of Household)**

- Marital status of applicant**       Married     Single     Separated/ Divorced     Widow/Widower
- Age of applicant**                       18-49     50-59     60+
- Is applicant a U.S. Veteran?**                       Yes     No
- Applicant gender**                       Male     Female     Other     Decline to answer
- Applicant race**     Alaska Native     American Indian     Asian     Black or African American     Mixed Race  
 Native Hawaiian     Other Pacific Islander     White     Decline to answer
- Applicant ethnicity**     Hispanic or Latino     Not Hispanic or Latino     Other     Decline to answer
- Applicant other characteristics**     None     Single Parent     Grandparent with child     Widow/Widower  
 Other \_\_\_\_\_

**RESIDENCE INFORMATION**

- Applicant Age 65+                       Applicant Receives SSD                       Rent     Own
- Has anyone in the household applied for unemployment or temporary disability?**     Yes     No
- Does anyone in the household have a medical condition and relies on electric-powered medical equipment?**     Yes     No
- How long have you lived at current residence?** \_\_\_\_\_
- How is the residence heated?**     Gas     Electric     Oil     Propane     Other \_\_\_\_\_
- Number of people who live in the household (by age)**
- 0-6 Years \_\_\_\_\_    7-17 Years \_\_\_\_\_    18-49 \_\_\_\_\_    50-59 Years \_\_\_\_\_    60+ Years \_\_\_\_\_

**ASSISTANCE RECEIVED**

- Has anyone in the household received assistance within the current year.**     Yes     No
- If Yes, select all assistance received from the programs listed below and skip the Income Information section.**
- If No, skip this section and complete Income Information section for the household.**
- Affordable Connectivity Program (ACP)     AQUA Aid Grant     Low Income Home Energy Assistance Program (LIHEAP)
- Lifeline     Medicaid     New Jersey American Water H2O Program     NJ SHARES Energy Assistance Grant
- NJ SMART (Housing)     NJ SMART Utility Assistance Program     Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI).     Temporary Assistance for Needy Families (TANF)
- Universal Service Fund (USF)     Veteran's Pension     Veteran's Survivor's Pension

**INCOME INFORMATION**

**Total Adults (18+ years) in the household** \_\_\_\_\_ **How many adults have income in the household** \_\_\_\_\_

**Number of adults that do not have income** \_\_\_\_\_ **(Complete form on last page for adults with no income.)**

**Income Source**  Employment  Pension  Social Security with Medicare  Social Security without Medicare  
 Disability  Unemployment  Child Support  Rental Income  Other \_\_\_\_\_

**Income for each adult household member (Adult #1)**

Weekly – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_ Amount 4: \$ \_\_\_\_\_  
 Every 2 Weeks – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_  
 Twice a Month – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_  
 Monthly – Amount 1: \$ \_\_\_\_\_

**Income for each adult household member (Adult #2, if needed)**

Weekly – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_ Amount 4: \$ \_\_\_\_\_  
 Every 2 Weeks – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_  
 Twice a Month – Amount 1: \$ \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_  
 Monthly – Amount 1: \$ \_\_\_\_\_

**If additional household members have income, please use page 5 of the application.**

**MISCELLANEOUS INFORMATION**

**Phone number** \_\_\_\_\_  Cell  Home **Phone number** \_\_\_\_\_  Cell  Home





















**Why do you need help?**  Medical/Health  Unemployed  Reduced Hours/Change in employment  
 Other \_\_\_\_\_

**Primary language (if other than English)** \_\_\_\_\_

**How did you hear about NJ SHARES?**  Referral from Utility Company  Community Organization  Friend  
 Elected Official  NJS Outreach  Other \_\_\_\_\_

**UTILITY INFORMATION**

**What type of assistance are you applying for? Select all that apply**

ENERGY				WATER							
<input type="checkbox"/>		<input type="checkbox"/>	 Butler	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	 Lavallette	<input type="checkbox"/>							
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Municipal Water Utility					
<input type="checkbox"/>		<input type="checkbox"/>	 Pemberton	<input type="checkbox"/>		<input type="checkbox"/> Municipal Sewer Utility					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
<input type="checkbox"/>		<input type="checkbox"/>									
Utility service account number			Utility service account number			Utility service account number		Utility service account number			
Utility bill balance			Utility bill balance			Utility bill balance		Utility bill balance			
Date & amount of last payment			Date & amount of last payment			Date & amount of last payment		Date & amount of last payment			
Shut off date (if applicable)			Shut off date (if applicable)			Shut off date (if applicable)		Shut off date (if applicable)			

**If Atlantic City Electric was selected, please answer the below questions:**

- Have you had an assessment by Atlantic City Electric to have your meter replaced?  
 Yes  No
- If yes, do you have an invitation code?  Yes  No  
If yes, enter code here: \_\_\_\_\_

**SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ASSISTANCE. EVEN IF ASSISTANCE IS PROVIDED IT IS VERY IMPORTANT YOU KEEP MAKING PAYMENTS.**

**VERIFICATION OF INFORMATION/PRIVACY RELEASE**

*By signing, I certify that the information given in and attached to this application is true, complete and correct. I am aware and understand that if any information contained in or attached to this application is willfully false, that I am subject to criminal prosecution. I understand that I must provide the required documentation and any additional requested documentation within 10 business days in order to proceed with the application process. I hereby authorize my utility provider(s) to release my customer account information, including usage, payment history, and participation in other utility grant programs to NJ SHARES for the purpose of processing my NJ SHARES application and monitoring the progress of my utility account(s). I understand that the information in this application may be shared to ensure access to all assistance programs for which I may be eligible. This authorization shall expire one year from the date the NJ SHARES grant is credited to my account(s).*

**Applicant Signature**

**Date**

FOR AGENCY USE ONLY		
<b>Date</b>	<b>Agent/Representative Name</b>	<b>Agency Name &amp; Location</b>

**Income for each adult household member (Adult #3, if needed)**

- Weekly – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_ Amount 4: \$\_\_\_\_\_
- Every 2 Weeks – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_
- Twice a Month – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_
- Monthly – Amount 1: \$\_\_\_\_\_

**Income for each adult household member (Adult #4, if needed)**

- Weekly – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_ Amount 4: \$\_\_\_\_\_
- Every 2 Weeks – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_
- Twice a Month – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_
- Monthly – Amount 1: \$\_\_\_\_\_

**Income for each adult household member (Adult #5, if needed)**

- Weekly – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_ Amount 4: \$\_\_\_\_\_
- Every 2 Weeks – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_ Amount 3: \$\_\_\_\_\_
- Twice a Month – Amount 1: \$\_\_\_\_\_ Amount 2: \$\_\_\_\_\_
- Monthly – Amount 1: \$\_\_\_\_\_

### Zero Income Affirmation

This page is to be completed and signed by the applicant when there are adult household members without income.

I affirm that the following adult household members have zero income and do not contribute to my household expenses:

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Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_