



NEW JERSEY COMFORT PARTNERS Application Requirements

The New Jersey Comfort Partners program provides free energy conservation measures to income-qualified households living in the state of New Jersey.

To be income qualified:

- Your income must be at or below 250% of the Federal Poverty Guidelines (attached), or
- You participate in one of the federal/safety net partnership programs listed below. (Income verification may be required.), or
- Your primary residence is located within a pre-qualified low-income census tract. Census tract confirmation can be verified at <https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>.

When a Comfort Partners representative first comes to your home, you may need to provide verification of income or proof of assistance, if deemed necessary. Income verification includes documentation of all sources of income for every member who is counted as living within the household. Documentation may include tax filings, benefit statements, or other verifiable records.

If you participate in one of the federal/safety net partnership programs as listed below, provide proof of participation:

- Temporary Assistance to Needy Families (TANF)
- Section 8 Housing
- Supplemental Nutrition Assistance Program (SNAP)
- Federal Supplemental Security Income (SSI)
- General Assistance (GA)

Comfort Partners reserves the right to verify income.

For the property to be eligible:

- You must have an electric or gas account in your name serving your primary residence, which is only for your unit and not shared with any other residence.
- You must be living in a building (apartment, townhouse, etc.) with 1 – 14 residential units.
- Homes that are 0 to 5 years old or under builder's warranty are excluded.

Please complete the required information on the attached form and return it in the enclosed postage-paid envelope. Landlord or property management consent required for renter-occupied dwellings. Upon receipt, you will be contacted to schedule your energy audit, if eligible.

PLEASE MAIL, FAX OR EMAIL TO:





NEW JERSEY COMFORT PARTNERS Application Form

Last Name: _____ First Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: **NJ** Zip Code: _____

Directions or nearest cross streets to the home: _____

Email: _____

Phone – Day: (_____) _____ Evening: (_____) _____ Cell: (_____) _____

Best Time to Call: _____ Primary Language Spoken in Home: _____

Ethnic Origin: Caucasian/White African American Hispanic
 Asian/Pacific Is. Native American Middle Eastern Multi-Racial: _____

Additional Contact

Name: _____ Phone: (_____) _____ Relationship: _____

ELIGIBILITY QUALIFICATION

Income Guidelines (see cover page) as established by Federal Government (for all household residents)

Gross Monthly Income: \$ _____ Number in Household: _____

Low Income Census Tract

Household Gross Yearly Income is at or below:

- \$39,900 with 1 occupant \$54,100 with 2 occupants \$68,300 with 3 occupants \$82,500 with 4 occupants
 \$96,700 with 5 occupants \$110,900 with 6 occupants \$125,100 with 7 occupants \$139,300 with 8 occupants
 \$ _____ with _____ occupants

Check if you participate in: SECTION 8 SSI TANF SNAP GA

Name of Electric Company: _____ Acct #: _____

Type of Heating Fuel: Natural Gas Utility: _____ Acct #: _____

Electricity

Oil

Supplier Name: _____

Other Fuel

Type: _____ Supplier Name: _____

Type of Dwelling: 1 – 14 Unit Dwelling 15+ Unit Dwelling (not eligible)

Landlord Name Own Rent (Landlord consent will be necessary)

(if renting): _____ Phone: (_____) _____ Cell: (_____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Landlord Email: _____

Do you pay directly for your heating? Yes No Type of Account: Residential Commercial (not eligible)

Do you own your refrigerator? Yes No

Is your utility service currently active? Yes No (Site visit cannot be scheduled until activated)

I certify that all information provide above is correct to the best of my knowledge, and give the New Jersey Board of Public Utilities, NJ's Clean Energy Program, and participating New Jersey Comfort Partners utilities and contractors permission to: 1) determine qualification for this program or, if applicable, provide a referral to other programs that best align with the information provided; 2) share the information I have provided above with all parties who may perform work on my home or evaluate my energy usage; 3) use, at no charge, any description or pictures relating to the work performed at my home for purposes of program administration, training and presentations; and 4) have reasonable access to my home to inspect the work performed. I understand that all work is guaranteed for a period of one year.

Customer Signature: _____ Date: _____

Authorized Agency Signature: _____ Agency: _____

PLEASE SEE PAGE 1 FOR INSTRUCTIONS ON WHERE TO SUBMIT THIS APPLICATION FORM.

UTILITY/CONTRACTOR USE ONLY

Enrollment Representative Signature: _____ Date: _____

Tracking Number: _____ Referred to USF



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