ELIZABETHTOWN GAS

elizabethtowngas.com/energyassistance

Need help paying your energy bill?

Financial Assistance Programs Available:

Low Income Home Energy Assistance Program (LIHEAP) -Online Applications Now Available!

Customers with a household income at or below specific income limits can apply. Utility heating customers typically receive an average of $300 toward their electric or gas bill.

LIHEAP Emergency

Recipients of LIHEAP may be eligible to receive an additional grant of up to $700 in LIHEAP Emergency funding. To be eligible, you must be a LIHEAP recipient and have received a shut off notice. You may apply for a LIHEAP Emergency grant at your local agency from March 16 through June 30 each year.

Call: **1.800.510.3102** Apply Online: **energyassistance.nj.gov**

Universal Service Fund (USF)

If you apply for LIHEAP, you are also applying for USF. Electric or gas utility customers can receive from $5 to $180 per month toward their utility bills. USF accepts applications year round.

USF Fresh Start

USF customers are automatically enrolled in the USF Fresh Start program if their natural gas bill is in arrears of more than $60. Participants are required to pay their current bill on-time, every month, for 12 months, to have a past due balance erased. 1/12th of a participant's overdue balance will be waived each month their current bill is paid.

Call: **1.800.510.3102** Apply Online: **energyassistance.nj.gov**

Payment Assistance for Gas and Electric (PAGE)

PAGE is a state-funded utility assistance program that helps low to moderate-income families in New Jersey pay their utility bills. The PAGE grant is administered by the Affordable Housing Alliance and is funded by the Board of Public Utilities (BPU). It is a financial assistance program designed to help households across the state of New Jersey who are experiencing economic hardship and struggling to pay their electric and natural gas bills. If you are a New Jersey resident who rents or owns a home and are facing a crisis situation that includes a documented notice of overdue payment for gas and/or electric service—you may qualify.

Call: **1.855.465.8783** Visit: **njpoweron.org**

Lifeline Assistance Program

Lifeline Assistance Program is a utility assistance program that offers $225 to individuals who meet the eligibility requirements of the Pharmaceutical Assistance to the Aged and Disabled program or who receive Supplemental Security Income.

Call: **1.800.792.9745** Visit: **state.nj.us/humanservices**

NJ SHARES

NJ SHARES assists income-eligible households in paying their energy, telephone and water bills. The program provides relief to people who are not eligible for other types of assistance.

Call: **1.866.657.4273** Visit: **njsharesgreen.org**

NJ Comfort Partners

NJ Comfort Partners is a free energy saving and energy education program for qualified low-income customers. The program helps you save energy and money while making your home more energy-efficient.

Call: **1.800.915.8309** Visit: **njcleanenergy.com/cp**

Customer Service: 1.800.242.5830 (Monday - Friday 7a.m. - 8p.m.)

CRANFORD
Family Care

Application for Assistance

Date: _____

Client #_____
(For Internal Use Only

Eligibility Criteria: Must have resided in Cranford for prior 12 months. Proof of income required.

Personal Information

Name:		Home Phone:	
Address:		Mobile Phone:	
Date of Birth:		Marital Status:	
Social Security #:		Medical Condition?	
Employer Name & Address		Position,Full Time/Part Time Length of Time	_____

Family Members

Spouse/Partner		Phone:	
Date of Birth:		Social Security #:	
Employer Name & Address		Position, Full Time/Part Time Length of Time	_____

Other Family Members in Household

Name	Date of Birth:	Year in School	Medical or Special Needs?

Do you own or rent residence?_____

FINANCIAL DATA

Documentation for income and expenses required. Other documents required include:drivers license, recent federal tax return, lease agreement or mortgage statement, bank statements for last 3 months

GRANFORD
Family Care

Monthly Income

	Applicant	Spouse/Partner	Other Household
Salary	$	$	$
Alimony	$	$	$
Child Support	$	$	$
Food Stamps	$	$	$
Disability	$	$	$
Social Security	$	$	$
SSI or TANF (supplemental)	$	$	$

Unemployment $

Total Monthly Income _$_____

Monthly Expenses

Mortgage/Rent	$	Credit Card(s)	$
Car Payment	$	Medical	$
Food	$	Entertainment	$
Gas/Oil	$	Clothing	$
Electric	$	Insurance - Car	$
Water	$	Insurance - Health	$
Phone Landline	$	Insurance - Home	$
Phone Cell	$	Other?	$
Property Tax	$	Other?	$

Total Monthly Expenses_____$_____

I certify that the information I have provided in support of this required for assistance is accurate and true. I understand my information will be verified.

Signature:_____ **Date**_____

Documentation for income and expenses required. Other documents required include:drivers license, recent federal tax return, lease agreement or mortgage statement, bank statements for last 3 months