



NEW JERSEY COMFORT PARTNERS Application Requirements

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

To be eligible:

- Your income must be at or below 250% of the Federal Poverty Guidelines (attached).
- You may qualify if you participate in one of the federal/safety net partnership programs listed below. (Income verification may be required.)
- 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.
- You may qualify if you live in a designated pre-qualified census tract neighborhood.

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:

- Home Energy Assistance Program (HEAP)
- Lifeline
- Pharmaceutical Assistance to Aged & Disabled (PAAD)
- Section 8 Housing
- Federal Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- Universal Service Fund (USF)
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- General Assistance (GA)

Homeowners must own their home for a minimum of one year. Homes that are 0 to 5 years old or under builder's warranty are excluded.

Comfort Partners reserves the right to verify income.

Please complete the required information on the attached form and return it in the enclosed postage-paid envelope. Upon receipt, you will be contacted to schedule your energy audit, if eligible.

Application Form is attached to this cover page.

PLEASE MAIL OR EMAIL TO:

New Jersey's Clean Energy Program™ c/o TRC

ATTN: Comfort Partners Program • 317 George Street, Suite 520 • New Brunswick, NJ 08901

contactus@njcleanenergy.com • Phone: 866-378-4345





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: _____

Location Based Eligibility

Household Gross Yearly Income is at or below:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$36,450 with 1 occupant | <input type="checkbox"/> \$49,300 with 2 occupants | <input type="checkbox"/> \$62,150 with 3 occupants | <input type="checkbox"/> \$75,000 with 4 occupants |
| <input type="checkbox"/> \$87,850 with 5 occupants | <input type="checkbox"/> \$100,700 with 6 occupants | <input type="checkbox"/> \$113,550 with 7 occupants | <input type="checkbox"/> \$126,400 with 8 occupants |
| <input type="checkbox"/> \$ _____ with _____ occupants | | | |

Check if you participate in: HEAP LIFELINE PAAD SECTION 8 SSI TANF USF Medicaid 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 provided above is correct to the best of my knowledge, and I 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) share the information I have provided above with all parties planning to do work on my home or evaluate my energy usage; 2) use, at no charge, any description or pictures relating to the work performed at my home for the purposes of program administration, training and presentations; and 3) 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: _____

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UTILITY/CONTRACTOR USE ONLY

Enrollment Representative Signature: _____ Date: _____

Tracking Number: _____ Referred to USF