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) or you must participate in one of the federal/safety net partnership programs listed below, and

• You must be a customer of record with an individually metered* electric and/or gas account and using this home as your primary residence, and

• You must be living in a building with 1 – 14 units (apartment, townhouse, etc.), which are individually metered.

When a Comfort Partners representative first comes to your home, you will need to provide verification of income or proof of assistance. 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 has 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, your account information will be confirmed and, if eligible, you will be contacted to schedule your energy audit.

Application Form is attached to this cover page.

*Individually metered means your electric and/or gas meter(s) only service your residence.

PLEASE MAIL OR FAX TO:
CLEAResult Consulting Inc • 400 Morris Avenue, Suite 244 • Denville, NJ 07834
Phone: 800-915-8309 • Fax: 973-398-0090
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: ________________________________________________________________________

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: __________________

Check if you participate in:  
☐ HEAP  ☐ LIFELINE  ☐ PAAD  ☐ SECTION 8  ☐ SSI  ☐ TANF  ☐ USF

Name of Electric Company: ___________________________ Acct #: __________________________

Type of Heating Fuel:  
☐ Natural Gas  Utility: ___________________________ Acct #: __________________________

☐ Electricity  Utility: ___________________________ Acct #: __________________________

☐ Oil  Supplier Name: ___________________________

☐ Other Fuel  Type: ___________________________ Supplier Name: ___________________________

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

☐ Own  ☐ Rent (Landlord consent will be necessary)

Landlord Name: ___________________________________________ Phone: (______) __________________

Address: ______________________________________________________________________________________________________

City: ___________________________________________________________ State: _____ Zip Code: __________________________

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 my records 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; 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: __________________________

PLEASE MAIL OR FAX TO: CLEAResult Consulting Inc • 400 Morris Avenue, Suite 244 • Denville, NJ 07834
Phone: 800-915-8309 • Fax: 973-398-0090

UTILITY/CONTRACTOR USE ONLY

Enrollment Representative Signature: ___________________________________________ Date: __________________________

Tracking Number: ___________________________ ☐ Referred to USF

©New Jersey Board of Public Utilities. All Rights Reserved
Original – Utility Copy • Yellow – Contractor Copy • Pink – Customer Copy 1074-0319
NEW JERSEY COMFORT PARTNERS
Application Form

Last Name: ____________________________________________ First Name: ____________________________
Street Address: ______________________________________________________________________________
City: __________________ State: NJ Zip Code: __________________
Directions or nearest cross streets to the home: ______________________________________________________
Phone (Day): (______) ___________________ (Evening): (______) ___________________ (Cell): (______) ___________________
Best Time to Call: __________________ Primary Language Spoken in Home: ____________________________
Ethnic Origin: ____________________________

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: ____________
Check if you participate in: □ HEAP □ LIFELINE □ PAAD □ SECTION 8 □ SSI □ TANF □ USF
Name of Electric Company: ____________________________ Acct #: __________________
Type of Heating Fuel: □ Natural Gas Utility: ____________________________ Acct #: __________________
□ Electricity Utility: ____________________________ Acct #: __________________
□ Oil Supplier Name: ____________________________
□ Other Fuel Type: ____________________________ Supplier Name: ____________________________
Type of Dwelling: □ 1 – 14 Unit Dwelling □ 15+ Unit Dwelling (not eligible)
□ Own □ Rent (Landlord consent will be necessary)
Landlord Name: ____________________________________________ Phone: (______) __________
Address: ______________________________________________________________________________________
City: __________________ State: _______ Zip Code: __________________
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 my records 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; 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: ______________________

PLEASE MAIL OR FAX TO: CLEAResult Consulting Inc • 400 Morris Avenue, Suite 244 • Denville, NJ 07834
Phone: 800-915-8309 • Fax: 973-398-0090

UTILITY/CONTRACTOR USE ONLY

Enrollment Representative Signature: ____________________________________________ Date: ____________
Tracking Number: ____________________________________________ □ Referred to USF

©New Jersey Board of Public Utilities. All Rights Reserved
Original – Utility Copy • Yellow – Contractor Copy • Pink – Customer Copy