



# 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**



An Exelon Company

800-915-8309



800-915-8309



A FirstEnergy Company

800-207-9276



800-915-8309



800-915-8309



800-648-0138



# 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: \_\_\_\_\_

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## UTILITY/CONTRACTOR USE ONLY

Enrollment Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tracking Number: \_\_\_\_\_  Referred to USF



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