# NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
# HOME ENERGY ASSISTANCE/UNIVERSAL SERVICE FUND RECERTIFICATION FORM

Please be sure to fill out this form to ensure that you continue to receive your Home Energy Assistance (HEA) and Universal Service Fund (USF) benefits. If you have moved to a new address since you last applied for assistance, you must complete a new application, which is available by calling the agency listed below or the USF/HEA hotline at: 800-510-3102. If you have not moved you can complete this recertification form instead of a new application.

CURRENT HOUSEHOLD INFORMATION: _____

(Address) _____ Social Security number: _____-_____-_____

Phone Number: _____-_____-_____

Number of people living in your household: _____ Email Address: _____

My annual cost of heating fuel is: $ _____

SINCE YOUR LAST APPLICATION, HAVE THERE BEEN ANY CHANGES IN YOUR HOUSEHOLD MEMBERS (Check YES or NO)

NO ____ The same people are living in my household.

YES ____ Please list below the name (s) of any new household member (s) or the name (s) of any member who no longer resides with you since your last USFHEA application. A copy of the social security card for any new household must be provided. If you need more space you may add an additional sheet.

| Last Name | First Name | Date of Birth | Social Security Number | Moved In? | Moved Out? |
|---|---|---|---|---|---|
| | | | | | |

The following documentation most be provided with this recertification: 1) Current income information (pay stubs for las 4 consecutive weeks) for all members over 18 years of age, unless household member is a full time student; 2) A recent heating bill from your primary heating supplier; 3) A recent bill from your electric and natural gas utility; 4) Current Lease Agreement.
Please ensure that all required documentation is included with this form to avoid delays in the processing of your benefits. Changes in household size, income or primary heat source may result in changes in eligibility and the amount of benefits received from the USF/HEA program. In addition, please be aware that your USF benefit amount may change during your enrolment in the program.
Please sign and date the bottom of this form and return it to the agency listed below.

Agency Information:

I certify that the information given in this application is true, complete and correct to the best of my knowledge and ability. I further hereby declare that I am aware of the eligibility requirements for the Home Energy Assistance and USF programs. I understand that I must provide verification or proof of income. I also give permission to verify my income.
I understand that I may request an administrative review if I am not satisfied with any action taken on this application.
I understand that all payments through the HEA program must be used towards the purchase of heating/cooling energy. I understand that information concerning my eligibility for HEA may be shared with my fuel supplier as a condition of service under the Winter Termination Program. I hereby certify that I have read and understand the recertification above.

_____ _____

Signature of applicant or authorized representative Date