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) benefit. If you have moved to a new address since you last applied for assistance, you must complete a new application, available by calling the agency listed below. If you have not moved you can complete this recertification form instead of a new application.

CURRENT HOUSEHOLD INFORMATION:

Please write your Social Security number here: _____

Please supply a phone number where you can be reached: ____ - ____ - ____

Number of people living in the household:

HAVE THERE BEEN ANY CHANGES IN YOUR HOUSEHOLD MEMBERS (Check "NO" or "YES")?

NO_____The same people are living in the household.

YES _____Please list below the name(s) of any new household member(s) or the name(s) of any member(s) who no longer resides with you since your last HEA/USF application. A copy of the social security card must be provided for all additional household members. If you need more space you can add an additional sheet.

Last Name	First Name	Birth Date	Social Security No	Moved In?	Moved Out?

Please sign and date the bottom of this form and return it to the agency listed below, along with copies of all of the following documentation: 1) Current income information for all household members 18 years of age or older; 2) A recent heating bill from your primary home heating supplier and 3) A recent bill from your electric utility and natural gas utility.

Changes in household size may result in changes in eligibility and the amount of benefits received from the HEA/USF program. In addition, please be aware that your USF benefit amount may change during your enrollment in the program. Please ensure that all required documentation is included with this form to avoid delays in the processing of your benefits.

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 from any of the sources. I understand that I may request an administrative review if I am not satisfied with any action taken in this application. I understand that all payments through the HEA Program must be used towards the purchase of heating/cooling energy. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application. 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