



Details for New Jersey Board of Public Utilities (NJ BPU) Payment Assistance for Gas and Electric (PAGE) Program

New Jersey Board of Public Utilities (NJ BPU) Payment Assistance for Gas and Electric (PAGE) program administered by New Jersey SHARES (NJ SHARES), provides energy (gas and electric) assistance grants to income qualified households experiencing a temporary financial crisis. Eligibility is based on household size and income. Households who have income at or below State Median Income (SMI) guidelines can receive up to \$700 for heating source (natural gas - including cooking gas and electric heat) and/or up to \$700 for electric service once per calendar year. Grants will be used for energy consumption only – not for deposits, reconnection fees, repairs, etc. All grant payments are issued directly to the utility company on the customer’s behalf and no customer will receive a credit balance.

PAGE program grants are available to New Jersey customers of the following utilities: Atlantic City Electric, Elizabethtown Gas, JCP&L, New Jersey Natural Gas, PSE&G, Rockland Electric and South Jersey Gas. Customers must have an active residential account and reside at the service address listed on the utility bill. The customer must be “at risk” of service termination, such as receiving written notice of arrears, shut-off notice or has been shut-off.

A household may apply through NJ SHARES for multiple energy assistance programs at the same time (except Low-Income Home Energy Assistance Program (LIHEAP) and/or Universal Service Fund (USF)) if all requirements for each program are met. See income chart below to determine what program(s) the household may be eligible for. **If gross monthly household income is at or below LIHEAP/USF guidelines shown on this chart, the household must apply and receive a determination letter for those programs first. To apply for LIHEAP and/or USF, please go to www.energyassistance.nj.gov or call 800-510-3102.**

Additionally, a household may apply through NJ SHARES for water and housing assistance at the same time, if needed. Details for these programs can be obtained by calling 866-657-4273 or by visiting www.njshares.org/programs.

Gross Monthly Income Limits (Maximum per Household Size)								
Household Size	1	2	3	4	5	6	7	8
LIHEAP & USF	\$3,676	\$4,807	\$5,938	\$7,069	\$8,200	\$9,331	\$9,543	\$9,755
NJ SHARES Energy Assistance	\$4,860	\$6,573	\$8,287	\$10,000	\$11,713	\$13,427	\$15,140	\$16,853
PAGE & NJ SHARES SMART Utility Assistance	\$6,127	\$8,012	\$9,897	\$11,782	\$13,667	\$15,552	\$15,906	\$16,259

Required Documentation

NJ SHARES must receive these required documents within **ten business days** of the application date.

Assistance Received

If a household has received assistance from any of the programs listed on page 2 of the application, they may provide the current year's benefit/determination letter instead of providing income and ID for the household.

Personal ID for the Applicant and All Household Members (Applicable only if no other assistance has been received.)

Any unexpired government issued ID for the applicant and all household members.

Income Information (Applicable only if no other assistance has been received.)

Proof of the last four consecutive weeks of income from the date of the application for all household members ages 18+. Any household members ages 18+ without income should be listed on the Zero Income Affirmation form. Proof of income includes:

Paystubs If paystubs cannot be produced: A letter signed and dated by the employer verifying paid in cash and the total gross monthly income.	Self-employed: Letter confirming the total gross income for 30 consecutive days.	Unemployment: Determination letter along with proof of receipt of last 30 days of unemployment benefit.
Rental Income: Current lease and rental payment receipt.	Social Security Income: Award letter for current year.	Pension Income: Most recent check or letter verifying lifetime receipt of benefits.
Workers' Compensation: Current bank statements showing identified direct deposits with recipient's name and address.	Alimony and/or Child Support: Proof of payment and frequency.	

Good Faith Payment

Depending upon household size, income and receipt of certain assistance programs, a good faith payment of \$25 may be required to be made within 90 days prior to the application date.

Medical Equipment

If anyone in the household has a medical condition and relies on electric-powered medical equipment, please provide a note from the medical provider, or confirm this note is on file with the utility company.

Most Recent Energy Provider Bill

Provide the most current bill in its entirety. This information is verified with the designated energy provider.

Please submit completed, signed application along with all required documentation to NJ SHARES by:

- Mail: 4 Walter E. Foran Blvd., Suite 105, Flemington, NJ 08822
- Fax: 609-883-6364
- Email: info@njshares.org

UTILITY ASSISTANCE APPLICATION

APPLICANT INFORMATION

First Name	Last Name	Email Address
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Date of Birth

MAILING ADDRESS INFORMATION

Street Address	Apartment/Unit #/Floor (if applicable)
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City	State	Zip Code	County
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SERVICE ADDRESS INFORMATION

Check here if the service address is the same as the mailing address above. If the same, do not fill below.

Street Address	Apartment/Unit #/Floor (if applicable)
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City	State	Zip Code	County
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DEMOGRAPHICS HEAD OF HOUSEHOLD INFORMATION

Is applicant the head of household? (This is the person responsible for the household bills) Yes No

Head of household marital status Married Single Separated/ Divorced Widow/Widower

Head of household age 18-49 50-59 60+

Is head of household a U.S. Veteran? Yes No

Head of household gender Male Female Other Decline to answer

Head of household race Alaska Native American Indian Asian Black or African American
 Mixed Race Native Hawaiian Other Pacific Islander White Decline to answer

Head of household ethnicity Hispanic or Latino Not Hispanic or Latino Other Decline to answer

Head of household other characteristics None Single Parent Grandparent with child
 Widow/Widower Other _____

DEMOGRAPHICS

APPLICANT INFORMATION (Fill out only if Applicant is not Head of Household)

- Marital status of applicant** Married Single Separated/ Divorced Widow/Widower
- Age of applicant** 18-49 50-59 60+
- Is applicant a U.S. Veteran?** Yes No
- Applicant gender** Male Female Other Decline to answer
- Applicant race** Alaska Native American Indian Asian Black or African American Mixed Race
 Native Hawaiian Other Pacific Islander White Decline to answer
- Applicant ethnicity** Hispanic or Latino Not Hispanic or Latino Other Decline to answer
- Applicant other characteristics** None Single Parent Grandparent with child Widow/Widower
 Other _____

RESIDENCE INFORMATION

- Applicant Age 65+ Applicant Receives SSD Rent Own
- Has anyone in the household applied for unemployment or temporary disability?** Yes No
- Does anyone in the household have a medical condition and relies on electric-powered medical equipment?** Yes No
- How long have you lived at current residence?** _____
- How is the residence heated?** Gas Electric Oil Propane Other _____
- Number of people who live in the household (by age)**
- 0-6 Years _____ 7-17 Years _____ 18-49 _____ 50-59 Years _____ 60+ Years _____

ASSISTANCE RECEIVED

- Has anyone in the household received assistance within the current year.** Yes No
- If Yes, select all assistance received from the programs listed below and skip the Income Information section.**
- If No, skip this section and complete Income Information section for the household.**
- Affordable Connectivity Program (ACP) AQUA Aid Grant Low Income Home Energy Assistance Program (LIHEAP)
- Lifeline Medicaid New Jersey American Water H2O Program NJ SHARES Energy Assistance Grant
- NJ SMART (Housing) NJ SMART Utility Assistance Program Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI). Temporary Assistance for Needy Families (TANF)
- Universal Service Fund (USF) Veteran’s Pension Veteran’s Survivor’s Pension

INCOME INFORMATION

Total Adults (18+ years) in the household _____ How many adults have income in the household _____

Number of adults that do not have income _____ (Complete form on last page for adults with no income.)

Income Source Employment Pension Social Security with Medicare Social Security without Medicare
 Disability Unemployment Child Support Rental Income Other _____

Income for each adult household member (Adult #1)

Weekly – Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____ Amount 4: \$ _____
 Every 2 Weeks – Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____
 Twice a Month – Amount 1: \$ _____ Amount 2: \$ _____
 Monthly – Amount 1: \$ _____

Income for each adult household member (Adult #2, if needed)

Weekly – Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____ Amount 4: \$ _____
 Every 2 Weeks – Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____
 Twice a Month – Amount 1: \$ _____ Amount 2: \$ _____
 Monthly – Amount 1: \$ _____

If additional household members have income, please use page 5 of the application.

MISCELLANEOUS INFORMATION

Phone number _____ Cell Home Phone number _____ Cell Home





















Why do you need help? Medical/Health Unemployed Reduced Hours/Change in employment
 Other _____

Primary language (if other than English) _____

How did you hear about NJ SHARES? Referral from Utility Company Community Organization Friend
 Elected Official NJS Outreach Other _____

UTILITY INFORMATION

What type of assistance are you applying for? Select all that apply

ENERGY				WATER							
<input type="checkbox"/>		<input type="checkbox"/>	 Butler	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	 Lavallette	<input type="checkbox"/>							
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Municipal Water Utility					
<input type="checkbox"/>		<input type="checkbox"/>	 Pemberton	<input type="checkbox"/>		<input type="checkbox"/> Municipal Sewer Utility					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
<input type="checkbox"/>		<input type="checkbox"/>									
Utility service account number			Utility service account number			Utility service account number		Utility service account number			
Utility bill balance			Utility bill balance			Utility bill balance		Utility bill balance			
Date & amount of last payment			Date & amount of last payment			Date & amount of last payment		Date & amount of last payment			
Shut off date (if applicable)			Shut off date (if applicable)			Shut off date (if applicable)		Shut off date (if applicable)			

If Atlantic City Electric was selected, please answer the below questions:

- Have you had an assessment by Atlantic City Electric to have your meter replaced?
 Yes No
- If yes, do you have an invitation code? Yes No
 If yes, enter code here: _____

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ASSISTANCE. EVEN IF ASSISTANCE IS PROVIDED IT IS VERY IMPORTANT YOU KEEP MAKING PAYMENTS.

VERIFICATION OF INFORMATION/PRIVACY RELEASE

By signing, I certify that the information given in and attached to this application is true, complete and correct. I am aware and understand that if any information contained in or attached to this application is willfully false, that I am subject to criminal prosecution. I understand that I must provide the required documentation and any additional requested documentation within 10 business days in order to proceed with the application process. I hereby authorize my utility provider(s) to release my customer account information, including usage, payment history, and participation in other utility grant programs to NJ SHARES for the purpose of processing my NJ SHARES application and monitoring the progress of my utility account(s). I understand that the information in this application may be shared to ensure access to all assistance programs for which I may be eligible. This authorization shall expire one year from the date the NJ SHARES grant is credited to my account(s).

Applicant Signature

Date

FOR AGENCY USE ONLY

FOR AGENCY USE ONLY		
Date	Agent/Representative Name	Agency Name & Location

Income for each adult household member (Adult #3, if needed)

- Weekly – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____ Amount 4: \$_____
- Every 2 Weeks – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____
- Twice a Month – Amount 1: \$_____ Amount 2: \$_____
- Monthly – Amount 1: \$_____

Income for each adult household member (Adult #4, if needed)

- Weekly – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____ Amount 4: \$_____
- Every 2 Weeks – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____
- Twice a Month – Amount 1: \$_____ Amount 2: \$_____
- Monthly – Amount 1: \$_____

Income for each adult household member (Adult #5, if needed)

- Weekly – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____ Amount 4: \$_____
- Every 2 Weeks – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____
- Twice a Month – Amount 1: \$_____ Amount 2: \$_____
- Monthly – Amount 1: \$_____

Zero Income Affirmation

This page is to be completed and signed by the applicant when there are adult household members without income.

I affirm that the following adult household members have zero income and do not contribute to my household expenses:

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Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

Applicant Signature: _____

Date: _____