New Jersey Home Energy Programs

Home Energy Assistance
Universal Service Fund
Weatherization Assistance

HOW TO APPLY FOR ENERGY ASSISTANCE:

1. Find out if you are eligible for the program. Review the Energy Assistance Program Fact Sheet and Income Guidelines.
2. If you are eligible, fill out an application.
3. Submit a completed application to your Local Community Action Agency.
   Choose from the list of Local Application Agency's contact information at the end of this application.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

UNIVERSAL SERVICE FUND

FFY 2021 FACT SHEET

The Low-Income Home Energy Assistance Program (LIHEAP) is designed to help low-income families and individuals meet home heating and medically necessary cooling costs. This year, the application period is October 1, 2020 to June 30, 2021. To apply for LIHEAP, you can apply online at www.energyassistance.nj.gov or contact an authorized local community action agency or community-based organization in your area for assistance. For persons age 60 or over, or who are disabled, applications may be received and returned by mail. Other households may apply by mail at the discretion of the local agency.

To be eligible for LIHEAP benefits, the applicant household must be responsible for home heating or cooling costs, either directly or included in the rent; and have gross income at or below 200% of the federal poverty level. The chart below gives specific monthly gross income maximums for FFY 2021. Persons who live in public housing and/or receive rental assistance are not eligible for assistance, unless they pay for their own heating costs directly to the fuel supplier. The amount of the LIHEAP heating benefit is determined by income, household size, fuel type, and heating region.

The medically necessary cooling assistance benefit amount will be $200, which will be issued as a direct credit to an active electric account in our system, otherwise they will be issued as one-party check to the eligible applicant.

An eligible household that heats with natural gas or electricity may have its benefits directly forwarded to its utility company. Otherwise, in most cases eligible households directly responsible to a fuel supplier for payment of home heating costs receive a two-party check in the name of the applicant and "the fuel supplier". Households whose heating costs are included in their rent receive a single party check made out to the eligible applicant.

Please Note: The FFY 2021 LIHEAP application is also an application for the Universal Service Fund Program (USF).

The USF is a program created by the State of New Jersey to help make natural gas and electric bills more affordable for low-income households. If you are eligible, USF can lower the amount you pay for gas and electricity. To be eligible, a household gross income must be at or below 185% of the Federal Poverty Level, (please refer to income guidelines listed below), and pay more than 3% of its annual income for electric, or more than 3% for natural gas. If a household has electric heat, it must spend more than 6% of its annual income on electricity to be eligible. For more information about USF, call: 1-800-510-3102.

For further information on LIHEAP or to locate the nearest application agency, call 1-800-510-3102. Additional information about LIHEAP and USF, including an application, is also
available at www.energyassistance.nj.gov.

The 2021 Maximum Income Limits		
Household Size	**HEA Monthly Gross Income**	**USF Monthly Gross Income**
1	2127	1967
2	2873	2658
3	3620	3349
4	4367	4039
5	5113	4730
6	5860	5421
7	6607	6111
8	7353	6802
9	8100	7493
10	8847	8183
11	9072	8874
12	9257	9565
Amount for each additional member for households greater than 12	185	691

Federal Poverty Guidelines for 2021	
First Person	**Each Additional Person**
12760	4480

Home Energy Assistance (HEA) /Universal Service Fund (USF) and Weatherization Program Application

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, CALL 1-800-510-3102
or visit www.energyassistance.nj.gov for your local participating agency.

Program Definitions

Low Income Home Energy Assistance Program

The Low Income Home Energy Assistance Program (LIHEAP) is designed to help low-income families and individuals meet home heating and medically necessary cooling costs. To be eligible, a household must have a gross income at or below 200% of the Federal Poverty Level and be responsible for the cost of heating. Please refer to the program web page above to verify income guidelines.

Universal Service Fund

USF is a program created by the State of New Jersey to help make natural gas and electric bills more affordable for low-income households. If you are eligible, USF can lower the amount you pay for gas and electricity. To be eligible, a household must have a gross income at or below 175% of the Federal Poverty Level and pay more than 3% of its annual income for electric, or more than 3% for natural gas. If a household has electric heat, it must spend more than 6% of its annual income on electricity to be eligible. Please refer to the program web page above to verify income guidelines.

Weatherization

New Jersey's Weatherization Assistance Programs will help reduce energy bills and keep your home warm by providing you with: 1) A home energy audit to see how much money you can save on energy bills by weatherizing; and 2) Installation of energy efficient measures which may include air sealing, insulation, heating system repair and/or replacement of refrigerators and heating systems if necessary. To be eligible, a household must have a gross income at or below 200% of the Federal Poverty Level.

LIHEAP and USF Recertification

If you received USF or HEA benefits during the previous season and did not move, you will receive a Recertification form in the mail instead of a full application. Contact your local participating agency for the recertification form if you do not receive one. If you now have a new address you must submit a complete application with all the required documentation.

SNAP (Food Stamp) and PAAD Automatic Enrollments

Food Stamp recipients and Lifeline/PAAD recipients are automatically screened for USF and HEA and only need to fill out a full USF/HEA application if it is requested by the county USF/HEA agency or more information is needed.

NJ FamilyCare

Beginning January 2014 NJ FamilyCare will include CHIP, Medicaid and Medicaid Expansion population. This means documented New jersey residents who are low income may be eligible for free or low cost health insurance that covers doctor visits, prescription, vision, dental care, and even hospitalization. For more information, call 1-800-701-0710.

Instructions for Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

Please notice that there is a number next to every question or field in this application. These numbers will serve as a guide for filling out this application.

01. Last Name – Print the last name of the Applicant.
02. First name – Print the first name of the Applicant.
03. Middle Initial (MI) – Print the middle initial of the Applicant.
04. Street Address – Print the full street number and name of your primary residence.
05. City – Print the name of the municipality where the primary residence of your household (family) is located.
06. State – Print the name of the state where the primary residence of the household (family) is located.
07. Zip Code – Enter zip code of household's (family) primary residence.
08. Telephone number – Enter household's (family) primary telephone number (include area code).
09. Housing Type – Indicate in what type of housing unit you reside.
10. Mailing Address – Enter your full mailing address if different from primary residence.
11. List of all household members – In this section, please write/print the names and gender of all household members residing in the unit, starting with the head of household; dates of birth for every member of the household; relationship to the head of the household; social security numbers for all the members of the household and declaration of US citizenship. Please also indicate household members who are disabled.
12. What are you applying for? – Check for which of the following programs you are applying for: Heating/USF, Cooling or Weatherization.
13. In this section answer every question to the best of your knowledge.
14. Primary Heating Fuel Type – Please indicate your primary heating fuel (example: if you pay for natural gas to heat your house, but have to use an electric heater to heat any specific room of your unit, your primary heating fuel type will be natural gas).
15. Heating Fuel Supplier Name – Print the name of the company that supplies your heating fuel (Example: PSEG Co., Scott Oil Co. etc.).
16. Natural Gas Account Number – Enter your gas utility account number. You can find this number on your gas and electric bill.
17. Natural Gas Company Name – Please indicate the name of the company that supplies your natural gas.
18. Electric Account Number – Enter your electric account number if different from your gas account. You can find this number on your electric bill.
19. Electric Company Name – Indicate the name of the company that supplies your electricity.
20. Authorized Representative – Print the Name and Address of the person who is submitting this application on your behalf. This person's name will appear on all Home Energy Assistance benefit checks that you will receive. If you are completing your own application leave this space blank.
21. Main Language spoken in your household – Enter main language used in your household (English, Spanish, French, etc.).
22. Household Income – Indicate the income and pay cycle of all members of your household (age 18 and over) using the list of possible income sources found on the right side of income block.
23. Weatherization – Check 'yes' or 'no' to indicate if your unit has been weatherized. If 'yes' enter the month and the year (if known).
24. Applicant Certification – Please read, sign and date Applicant Certification (You must sign this certification otherwise your application will not be processed).
25. Race – Please indicate your race (optional).

Required Application Documents

*The following are documents you **must include** with your application for the Low Income Home Energy Assistance Program and Universal Service Fund. Please read the list carefully. If you do not include all required documents, you will delay the processing of your application. Please send copies not original documents.*

1. **Proof of Identification:** Social Security cards for all members in the household and: Birth certificates for infants under the age of 12 months. Custody papers for minors not living with parents. Documentation for all foster children in the household. (A letter from DYFS or other social service agency)

2. **Proof of Income:** All earned income information for everyone 18 years and older who resides in the household: (Please include all documentation which apply to members of your household) All documentation below if applicable. Unearned income is counted for every member of the household.

Earned and Unearned Income

a. If paid weekly submit paystubs for last 4 consecutive weeks within 8 weeks of the application submission date. If paid twice a month or every two weeks include 2 consecutive paystubs.

b. If **self-employed**: Copy of latest federal income tax statement with supporting documentation.

c. Pension, veteran and disability, Soc. Sec. or SSI benefits (including children benefits): Copy of checks or benefit award letter.

d. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.

e. Child support/Alimony: Statement of total monthly support.

f. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.

g. TANF or General Assistance (welfare): Award Letter or printout.

h. Interest or Dividends: Bank statement, Investment company statement.

Unemployed household members age 18 and over must have the following:

a. Zero Income Statement (Applicant) (Not Notarized)

b. Zero Income Statement for other member of household (Not Notarized)

c. If a full time student (other than applicant), a letter which must be on school letterhead.

3. If you own your home: (All documentation below, if applicable)

a. Proof of ownership: Copy of mortgage, tax bill, or deed.

b. If a Multi-unit building: document rental income from all tenants (lease, or rent receipts from all tenants, or notarized vacancy letter for vacant units only).

c. Probate sale contract.

d. Lease agreement indicating heating arrangements.

4. If you rent: Copy of current lease agreement.

5. Current energy bills: (Please include all that apply)

a. Gas and electric bill.

b. If your primary source of heat is other fuels such as oil or propane, provide a copy of your bill.

6. Proof of U.S. Citizenship or Legal Residency Status: (Please provide one of the following)

a. Social Security card.
b. Copy of Medicaid/Medicare card.
c. Documentation from U.S. Department of Citizenship and Immigration Services.
d. USCIS Temporary Work Permit.

7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.

8. Cooling applicants only: Submit doctor's note stating the need for cooling, plus all other documentation above, if applicable. (Original doctor's letterhead only; NO copies will be accepted)

**** Please Note: In certain cases, additional documentation may be required. If you cannot provide a required document, please call your LIHEAP/USF application agency. In some cases, you may be able to substitute it with a different document.***

Detach Here

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

Applicant Address

Last Name 01 _____ First Name 02 _____ MI 03 _____

Street Address 04 _____ Apt. # _____

_____ NJ _____ City 05
State 06 Zip Code 07

( ) _____ - _____ Telephone Number 08

09 Housing Type

- ☐ Single Family
- ☐ Semi Detach
- ☐ Row/Townhouse
- ☐ Multi Dwelling
- ☐ Mobile Home
- ☐ Board/Room
- ☐ Group Home

10 Mailing Address

Street Address _____ Apt. # _____

City _____

State _____ Zip Code _____

Alt. phone number:

Email Address: _____

11 List all household members including applicant (Please Print)

	Names	M/F	Date of Birth	Relationship	Social Security Number	US Citizen?	Disabled?
1				Applicant			
2							
3							
4							
5							
6							
7							
8							
9							
10							

12 Are you applying for:

☐ HEA ☐ USF ☐ *COOLING ☐ WEATHERIZATION

When applying for cooling benefits, you must attach a doctor's note to prove medical need.

13 Please answer the following questions:

1. Do you own a home? ☐ Yes ☐ No
2. Do you pay for your own heat? ☐ Yes ☐ No

If no, check the alternative that best describes your heating arrangement:

- ☐ A. My heat is paid by others.
- ☐ B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.
- ☐ C. I pay only for a secondary source of heat (circle one - wood stove, a kerosene stove, electric heater, etc.)
- ☐ D. My heat is included in my rent, which is not subsidized.
- ☐ E. I pay a separate charge to my landlord for heat.

3. Do you live in subsidized housing? ☐ Yes ☐ No
4. Do you receive rental assistance? ☐ Yes ☐ No
5. Do you live in a Residential Health Care Facility? ☐ Yes ☐ No
6. Is anyone in your household receiving TANF? ☐ Yes ☐ No
7. Does anyone in your home have life-sustaining equipment? ☐ Yes ☐ No

   If yes, what type? _____

8. My annual cost of heating fuel is $_____

FOR OFFICE USE ONLY

Verification Included?

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

14 Primary Heating Fuel Type

☐ Oil ☐ Electricity
☐ Propane ☐ Kerosene
☐ Wood ☐ Coal
☐ Natural Gas

15 Heating Fuel Supplier Name

16 Natural Gas Account #

17 Natural Gas Supplier Name

18 Electric Account #

19 Electric Supplier Name

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

20 Authorized Representative

Last Name _____ First Name _____ MI _____

( ) _____ - _____
Telephone Number

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

21 Main language spoken in your household: _____

22 **Income - List the income for all household members 18 and over (Please Print)**

UNEARNED income (SSI, SSD) for household members 18 years and under is counted as household income.

Household Income	Names	*Pay Cycle	Amount	Income Source
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Income Source(s)

Wages
Unemployment
Workers Comp
Social Sec. Benefits
SSI Benefits
Pension
Veteran's Benefits
TANF
Alimony
Child Support
Interest/Investment
Family Contributions
Gifts
Rental Income

***Pay cycle**

Weekly
Bi-Weekly
Monthly
Bi-Monthly
Annual

23 **Weatherization**

To your knowledge has your current residence been weatherized? ☐Yes ☐No

If yes, please complete: Year _____ ☐ COMFORT PARTNERS o r LOCAL WEATHERIZATION PROGRAM

FOR WEATHERIZATION OFFICE USE ONLY

Total Monthly Household Income: $ _____

Total Annual Household Income: $ _____

AGENCY NAME: _____

COMMENTS:

INTERVIEWER: _____

CERTIFICATION: ☐APPROVED - WAP ☐INCOME ELIGIBLE
☐APPROVED - MULTI-DWELLING UNIT ☐NON INCOME ELIGIBLE
☐NOT APPROVED

DATE HOME AUDIT WAS CONDUCTED: ___/___/___

DATE APPLICATION WAS RECEIVED: ___/___/___

ADJUSTED APPLICATION DATE: ___/___/___

ACTUAL COST: $_____

PRO-RATED COST: $_____

☐LANDLORD CONTRIBUTION $_____

☐DOE $_____

☐UTILITY FUNDS $_____

☐DHS $_____

☐OTHER _____ $_____

By: _____
Weatherization Manager Date

Detach Here

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

24. Applicant Certification

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. The Department of Community Affairs (*DCA*) may use my Social Security Number to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. As part of the eligibility verification process DCA has my permission to contact other agencies on my behalf to establish eligibility. I understand that I may request an administrative review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

I grant permission to the (administering agency) or its designee and to a representative of the state Weatherization Program to inspect heating fuel and utility billing records for (applicant address) _____ for not more than five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done. The information on this application will also be used to determine eligibility for the Universal Service Fund (USF) and other government related programs for which I may be eligible. I direct the appropriate utility and fuel companies to make such records available to (the administering agency) or its designee.

By signing below I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

SIGN FULL NAME BELOW

SIGNATURE: _____ DATE: _____

Signature of Applicant (must be same as person listed in #1)

If someone helped the applicant complete this application, such person must sign below.

SIGNATURE: _____ DATE: _____

Signature of Helper / Authorized Representative *Month-Day-Year*

25. Race*

___ White/Caucasian
___ Black or African American
___ American Indian or Alaskan Native
___ Asian
___ American Indian or Alaskan Native and Asian
___ American Indian or Alaskan Native and Black or African American
___ American Indian or Alaskan Native and Hawaiian or Other Pacific Islander
___ American Indian or Alaskan Native and White
___ Asian and Black or African American
___ Asian and Native Hawaiian or Other Pacific Islander
___ Asian and White
___ Black or African American and Native Hawaiian or Other Pacific Islander
___ Black or African American and White
___ Hispanic-Latino
___ Native Hawaiian or other Pacific Islander
___ White and Native Hawaiian or Other Pacific Islander

** This is voluntary information. It is compiled and recorded for statistical purposes only. The HEAP/USF and Weatherization programs cannot discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.*

Information on Other Energy Assistance Programs

You can learn more about other energy assistance programs by calling the toll-free numbers below:

NJ Lifeline
1-800-792-9745

Helps with gas and electric bills for disabled or senior homeowners and renters with limited incomes.

NJ
SHARES
1-866-NJSHARES
(1-866-657-4273)

Helps with gas and electric bills for people facing a temporary financial crisis.

New Jersey Comfort Partners
1-800-915-8309

Helps qualified low-income households lower natural gas and electric bills through energy education, the installation of energy efficiency measures, and repairing or replacing heating and cooling equipment

PAGE PROGRAMS
1-732-982-8710

Provides gas and electric grants to low to moderate income households with overdue utility balances.

New Jersey Low Income Home Energy Assistance Program (LIHEAP) and Universal Service Fund (USF) Application Agencies by County

Atlantic County	Contact Information	Hours of Operation
Ocean Inc. Atlantic County Division 76 W. Jimmie Leeds Road Suite 103 Galloway, NJ 08205	Maria Pagan HEA Manager Email-mpagan@oceaninc.org Phone 609-677-6801 Fax 609-677-6805	Mon.-Fri. 8:30AM-4:30PM
2 West Glendale Ave. Pleasantville, NJ 08232	Liana Mason HEA Manager Email-lmason@oceaninc.org Phone 609-677-8202 Fax 609-677-8206	Mon.-Fri. 8:30AM-4:30PM
1125 Atlantic Ave. Room 624 Atlantic City, NJ 08401	Shantele Pollock HEA Manager Email-Spollock@oceaninc.org Phone 609-345-1359	Mon.-Fri. 8:30AM-4:30PM
Bergen County		
Greater Bergen Community Action Inc. 392 Main Street Hackensack, NJ 07601	Alison Dubois HEA Director Email-Adubois@greaterbergen.org Phone 201-968-0200 201-488-5100 Fax 201-342-7452	Mon., Wed. and Thurs 9AM-11AM & 1PM-3PM Thursday 5PM-7:30PM
PSE&G (CSC) 214 Hudson Street Hackensack, NJ 07601		Mon., Wed. and Thurs 10AM-12PM & 1PM-3:30PM
Burlington County		
Burlington County CAP 1 Van Sciver Parkway Willingboro, NJ 08046	Rovenna Overton HEA Manager Email-Roverton@bccap.org Phone 609-239-4013 609-386-5800 Fax 609-835-9607	Mon.-Fri. 9AM-5PM

Camden County

Camden County Council on Economic Opportunity 5287 Route 70 Pennsauken, NJ 08109	Beverly Coleman HEA Manager Email-Bcoleman@cccoeo.com Phone 856-910-1180 856-910-1185 Fax 856-910-1186	Mon.-Fri. 9AM-5PM
Camden County Council On Economic Opportunity 538 Broadway Camden, NJ 08103	Pick up and Drop Off Only Phone 856-964-6887	Mon.-Fri. 9AM-5PM
Hispanic Family Center Of Southern NJ 2700 Westfield Ave. Camden, NJ 08105	Florencia Delvalle HEA Manager Email-Fdelvalle@hispanicfamilycenter.com Phone 856-541-2717 Fax 856-365-1862	Mon.-Fri. 8:30AM-4:30PM

Cape May County

Puerto Rican Action Committee of Southern New Jersey 604 Franklin Street Woodbine, NJ 08270	Carmen Arocho-Gonzalez HEA Manager Email-Cgonzalez@pracnj.com Phone 609-861-5800 Fax 609-861-1239	Mon.-Fri. 8:30AM-4:30PM

Cumberland County

Gateway CAP 110 Cohansey Street Bridgeton, NJ 08302	Ebony Everett HEA Manager Email-Eeverett@gatewaycap.org Phone 856-451-6330 Fax 856-455-7288	Mon.-Fri. 8:30AM-4:30PM
One Stop Career Center 275 N. Delsea Dr. 2nd Fl. Vineland, NJ 08360	Vineland Residents Only	Mon., Tues., Thurs., and Fri. 9AM-3:30PM

Essex County

La Casa De Don Pedro 317 Roseville Ave. Newark, NJ 07107	CeCelia Aiken HEA Manager Email-Caiken@lacasanwk.org Phone 973-485-0795 Fax 973-485-9984	Mon., Tues., and Thurs. 9AM-4PM Wednesday 9AM-6PM DROPBOX Mon.-Fri. 9AM-5PM
80 Park Place Newark, NJ 07102	Pick up and Drop Off Only	Mon., Wed., and Fri. 8AM-4PM
59 Main Street West Orange, NJ 07052	Pick Up and Drop Off Only	Mon., Wed., and Fri. 8AM-4PM
United Community Corp. Emergency Shelter 31 Fulton Street Newark, NJ 07103	Email for info-liheapucc@uccnewark.org Email docs-liheapdocs@uccnewark.org Phone 973-621-8295 ext. 5709,5710	Mon.-Fri. 9AM-5PM
NanTech World 400 Hawthorne Ave. Newark, NJ 07108	Phone 973-642-0181 ext. 5708,5648	Mon.-Fri. 9AM-5PM
West Side Park Community Center 600 South 17th Street Newark, NJ 07103	Phone 973-642-0181 ext.5648,5703	Mon.-Fri. 9AM-5PM
Champion's House 933 South 17th Street Newark, NJ 07103	Phone 973-642-0181 ext.5711,5648	Mon.-Fri. 9AM-5PM
The Village Complex 332 S. 8th Street Newark, NJ 07103	Phone 973-642-0181 ext.3173	Mon.-Fri. 9AM-5PM

Gloucester County

Gateway CAP 901 N. Delaware Street Paulsboro, NJ 08066	Keeshia Ferrell HEA Manager Email-Kferrell@gatewaycap.org Phone 856-423-0040 Fax 856-423-3876	Mon.-Fri. 8:30AM-4:30PM
Hispanic Family Center Of Southern NJ 21 Delaware Street Woodbury, NJ 08096	Vilma Cortijo HEA Manager Email- Vcortijo@hispanicfamilycenter.com Phone 856-848-7150 Fax 856-848-7152	Mon., Wed. and Fri. 9AM-5PM Tues., and Thurs. 10AM-6PM

Hudson County

PACO 346 Central Ave. Jersey City, NJ 07307	Lilia Diaz HEA Manager Email-Ldiaz@pacoagency.org Phone 201-217-0583 Fax 201-653-5229	Mon. and Thurs. 9AM-7PM Tues., Wed., and Fri. 9AM-4PM
Bayonne Economic Opportunity Org. 555 Kennedy Blvd. Bayonne, NJ 07002	Susan Tierney HEA Manager Email-stierney@beof.org Phone 201-217-0583 Fax 201-437-7220	Mon.-Fri. 8:30AM-4:30PM

Hunterdon County

NORWESCAP, Inc. 63 Main Street Flemington, NJ 08822	Tracy O'Connor HEA Manager Email-Oconnort@norwescap.org Phone 908-454-7000 Fax 908-454-1800	Mon.-Fri. 8AM-4PM

Mercer County

Mercer County Admin. 640 South Broad Street Room 106 Trenton, NJ 08650	Cathy Paoline HEA Manager Email-crue@mercercounty.org Phone 609-989-6739 609-989-6065 Fax 609-278-2758	Mon.-Fri 8:30AM-4:30PM

MECHA 231 Bakers Basin Rd Unit 5 Lawrenceville, NJ 08648	SamTayebi HEA Manager Email-stayebi@njmecha.org Luisa (Lisa) Torres HEA Supervisor Email-ltorres@njmecha.org Phone 609-578-4246 609-207-3843 Fax 609-578-4249	Mon.-Fri. 9AM-4:30PM

PSEG Customer Service Center 28 W. State Street Trenton, NJ 08618		Mon.-Fri 9AM-3PM

Middlesex County

PRAB 90 Jersey Ave. New Brunswick, NJ 08903	Shaniqua McClenton HEA Manager Email-smcclenton@prab.org Phone 732-828-4510 Fax 732-214-1005	Mon., Tues., Thurs. and Fri 9AM-5PM Wednesday 9AM-5PM
313 State Street Perth Amboy, NJ 08861	Phone 732-324-1300	Mon.-Fri. 9AM-5PM
100 Cooke Ave. Carteret, NJ 07008	Phone 732-324-1300	Monday 9AM-5PM Friday 9AM-5PM

Monmouth County

Affordable Housing Alliance 59 Broad Street Eatontown, NJ 07724	Paula Tintinago HEA Manager Email-utilityinfo@housingall.org Phone 732-389-2204 732-982-8710 Fax 732-440-4765	Mon.-Fri. 8AM-4PM
20 Gibson Place Suite 200 Freehold, NJ 07728	Email-utilityinfo@housingall.org Phone 732-389-2204 Fax 732-414-6607	Mon.-Fri. 8AM-4PM

Morris County

Morris County Org. For Hispanic Affairs 95 Basset Hwy. Suite 97 Dover, NJ 07801	Rosa Soto HEA Manager Email-rsoto@mcoha.org Phone 973-366-4770 ext.26 Fax 973-361-7878	Mon.-Fri 9AM-5PM
Morristown Office 45 Clyde Potts Court Morristown, NJ 07960	Sara Rivera HEA Email-srivers@mcoha.org Phone 973-366-4770 ext.22 Fax 973-644-4878	Mon.-Fri. 9AM-4PM

Ocean County

Ocean Inc. Central Office 1256 Indianhead Road Suite 32 Toms River, NJ 08754	Debralynn Keefer HEA Manager Email-dkeefer@oceaninc.org Phone 732=244-9041 ext.103 Fax 732-244-3962	Mon.-Fri. 9AM-4:30PM
Lakewood Office 507 River Ave. Lakewood, NJ 08701	Martha Matos HEA Manager Email-mmatos@oceaninc.org Phone 732-942-3405 ext.223 Fax 732-942-3409	Mon.- Fri. 8:30AM-4:30PM
304 Route 9 Waretown, NJ 08758	Tim McDaniel HEA Manager Email-tmcdaniel@oceaninc.org Phone 609-549-5822 Fax 609-549-5788	Mon.-Fri. 8:30AM-4:30PM

Passaic County

Passaic County Weatherization 930 Riverview Drive Suite 250 Totowa, NJ 07512	Kevin Batacchi HEA Manager Email-kevinba@passaiccountynj.org Phone 973-569-4032 Fax 973-256-2067	Mon., Tues. and Thurs 10:30AM-3:30PM
Paterson HEA Office 301 Main Street Paterson, NJ 07505	Phone 973-569-4032 Fax 973-812-3160	Mon., Tues. and Thurs. 10:30AM-3:30PM
Passaic City HEA Office 330 Passaic Street Human Services1st fl. Passaic, NJ 07055	Phone 973-569-4032 Fax 973-81203160	Mon., Tues. and Thurs 10:30AM-3:30PM
Paterson Task Force 109 Washington Street Paterson, NJ 07505	Lana Stokes Email-lstokes@patersontaskforce.com Roberta Farber Email-rfarber@patersontaskforce.com Phone 973-279-2333 Fax 973-279-2334	Open 7days a week 24 hours a day
Paterson Task Force Hilltop Haven Emergency Shelter 34 Circle Avenue Paterson, NJ	Email-eperez@patersontaskforce.com Phone 973-279-2333	Open 7 days a week 24 hours a day
Paterson Task Force Hilltop Heights Emergency Shelter 213 Broadway Paterson, NJ	Phone 973-279-2333	Open 7 days a week 24 hours a day

Salem County

Gateway CAP 14 New Market Street Salem, NJ 08097	Marisol De Jesus HEA Manager Email-mdejesus@gatewaycap.org Phone 856-935-0944 Fax 856-935-0920	Mon.-Fri. 8:30AM-4:30PM

Somerset County

NORWESCAP, Inc. 120 Finderne Ave. Bridgewater, NJ 08807	Tracy O'Connor HEA Manager Email-oconnort@norwescap.org Phone 908-454-7000 Fax 908-454-1800	Mon.-Fri. 8AM-4PM

Sussex County

NORWESCAP, Inc. 15 Cork Hill Franklin, NJ 07416	Tracy O'Connor HEA Manager Email-oconnort@norwescap.org Phone 908-454-7000 Fax 908-454-1800	Mon.-Fri. 8:30AM-3:00PM

Union County

PROCEED 1122 E. Grand Street Elizabeth, NJ 07060	Dee Perez HEA Manager Email-dperez@proceedinc.com Phone 908-351-7727 ext.239 Fax 908-393-7620	Mon.-Fri. 8:30AM-3:00PM Dropbox 8:30AM-4:00PM

120 W7th Street
Suite 217
Plainfield, NJ 07060

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Application Mailing Address Only

HOPES CAP, Inc. (specifically Plainfield) Mailing Address 1201 E. 7th Street Plainfield, NJ 07062 Attn: Community Programs	Email-energyassistance@hopes.org Phone 1-855654-6737 ext. 1016 Fax 201-855-5238	

Warren County

NORWESCAP, Inc. 350 Marshall Street Phillipsburg, NJ 08865	Tracy O'Connor HEA Manager Email-occonnort@norwescap.org Phone 908-454-4778 Fax 908-454-1800	Mon.-Fri- 8AM-4PM