

New Jersey Natural Gas

Income Qualified Enhanced Benefits Customer Certification and Application

If you are installing qualifying energy-efficiency equipment and believe you are entitled to the enhanced benefits for Low to Moderate Income customers, please complete this form. This must be submitted with the required documentation and the [Residential Bill Repayment Program application and/or NJNG Rebate Application Form](#). If you live in an eligible Census Tract and answer yes to question 1, you will not be required to supply any supporting documentation. Documentation is required for all others.

PARTICIPATING CUSTOMER (PRINTED)

Name:

Household Address:

of people in the household (full time residents)

1. I/we live within a low- or moderate-income census tract YES NO
<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>

You can find Instructions on The SAVEGREEN Project® microsite

If you select YES, you can check the self-certification box and provide your signature on the next page.

I certify that I reside at the above address, which falls within a low or moderate income census tract per the tool above, and based on the below chart, my income falls at or below the stated maximum income for the number of people that are included in my household at this address (shown below). **If NO, go to Step 2.**

2. I/we have received benefits from an automatic qualifying program with the past 12 months. Please check all that apply. If your participation is based on any of the categories shown in green, NJNG will verify such participation in its system. If your participation is for any of the other programs, you must provide supporting documentation.
- YES NO

If YES, please provide proof of enrollment:

Universal Service Fund (USF)

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NJ Shares

Lifeline

Low Income Home Energy Assistance (LIHEAP)

Temporary Assistance to Needy Families (TANF)

Supplemental Security Income (SSI)

Supplemental Nutrition Assistance Program (SNAP)

Section 8 Housing Assistance

Pharmaceutical Assistance to the Aged and Disabled (PAAD)

If you selected YES, please submit proof of enrollment with your application, and sign . If NO, go to Step 3

3. I do not live in a low- or moderate-income census tract or participate in a automatic qualifying program but my/our total household income based on the size of my household falls within the limits provided below. (Please provide income for all household members age 18 and over, for 4 consecutive weeks) YES NO

Household Size	1	2	3	4	5	6	7	8	9	10
Maximum Annual Income	\$51,040	\$68,960	\$86,880	\$104,800	\$122,720	\$140,640	\$158,560	\$176,480	\$194,400	\$212,320

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. Provide all applicable documentation listed below (A-I). Unearned income is counted for every member of the household.

- 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, submit 2 consecutive paystubs.
- B. If self-employed, provide a 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 member of household checks or benefit award letter.
- D. If a full time student, a letter must be provided on school letterhead.
- E. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.
- F. Child support/Alimony: Statement of total monthly support.
- G. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.
- H. TANF or General Assistance (welfare): Award Letter or printout.
- I. Interest or Dividends: Bank statement, Investment company statement.

This is voluntary information. It is compiled and recorded for statistical purposes only.

White/Caucasian Black/African-American Hispanic-Latino Asian American-Indian/Alaskan Native
Pacific Islander More than one race Other_____

By signing, I certify that the information and supporting documentation provided to NJNG is accurate. I understand that I may be contacted by NJNG to confirm and verify proof of eligibility at a later date, and understand that if I give false information or withhold information to make myself eligible for benefits that I am not entitled to, I can be fully prosecuted of the law.

Customer Name (Please Print) _____

Customer Signature _____ Date: _____