

## UTILITY ASSISTANCE APPLICATION

### APPLICANT INFORMATION

**First Name**
**Last Name**
**Email Address**
**Date of Birth**

### MAILING ADDRESS INFORMATION

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

### 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)**
**City**
**State**
**Zip Code**
**County**

### 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 Social Security Disability                       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**

**(This section is NOT required if only applying for Veolia Cares Program)**

- Has anyone in the household received assistance within the current benefit year.**     Yes     No
- If Yes, select all assistance received from the programs listed below.**
- Affordable Connectivity Program (ACP)     AQUA Aid Program
- Low Income Home Energy Assistance Program (LIHEAP)     Lifeline Communications Program
- Lifeline Utility Assistance Program     NJ American Water H2O Program     NJ FamilyCare/Medicaid
- NJ SHARES Energy Assistance Grant     NJ SMART Program     NJ SHARES SMART Utility Assistance Program
- Supplemental Security Income (SSI)     Universal Service Fund (USF)     Veterans Pension
- Veterans Survivors Pension     WorkFirst NJ - Temporary Assistance for Needy Families (TANF)

**INCOME INFORMATION**

**(This section is NOT required if only applying for Veolia Cares Program)**

**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 \_\_\_\_\_

**For each adult household member 18+ years, please complete the income section below. For adults without income, please complete the zero income affirmation on page 6.**

**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

I agree to receive SMS text messages related to my application or other assistance I may be eligible to receive.

**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 SHARES?**  Referral from Utility Company  Community Organization  Friend

Elected Official  SHARES Outreach  Other \_\_\_\_\_

**UTILITY  
 INFORMATION**

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

ENERGY				WATER							
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
<input type="checkbox"/>		<input type="checkbox"/>	Municipal Electric Utility _____			<input type="checkbox"/>	Municipal Water Utility _____				
						<input type="checkbox"/>	Municipal Sewer Utility _____				

If you are approved for the [New Jersey American Water Universal Affordability Discount Program](#), would you be interested in signing up to receive a water conservation kit?  Yes  No

Utility account holder name and utility account number	Utility account holder name and utility account number	Utility account holder name and utility account number	Utility account holder name and utility 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:**

1. Have you had an assessment by Atlantic City Electric to have your meter replaced?  Yes  No
2. If yes, do you have an invitation code?  Yes  No If yes, enter code here: \_\_\_\_\_

**If Jersey Central Power & Light was selected, please answer the below questions:**

1. Have you had an assessment by FirstEnergy to have your meter replaced?  Yes  No
2. 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**

*The personal information you provide when applying for an assistance program with SHARES is used to facilitate an assistance application. Submitting your information indicates that you have read and agree to the following:*

*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 SHARES for the purpose of processing my 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 SHARES application is signed.*

**RELEASE OF CLAIMS**

*I further understand that this application does NOT create a contract between myself and SHARES but is submitted in order to obtain financial assistance. I understand that assistance may not be awarded, or it may not be accepted by the recipient. I agree that I will not bring a claim against SHARES for any failure to provide assistance under any program administered by SHARES and hereby Release any claim against SHARES related in any way to the processing, verification, and administration of my application or the issuance of financial assistance.*

<b>Applicant Signature</b>	<b>Date</b>
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**FOR AGENCY USE ONLY**

<b>Date</b>	<b>Agent/Representative Name</b>	<b>Agency Name &amp; Location</b>

**(Additional Income, if applicable)**

**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 by the applicant when there are adult household members 18+ years without income. This is not required if only applying for Veolia Cares Program.

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

Applicant 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

Print First Name	Print Last Name



## SUBMITTING DOCUMENTATION

**For the security of personal information, we highly discourage emailing or faxing any personal documentation. The most effective method of submitting documentation is to upload it directly to your SHARES application as follows:**

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1. Go to <https://apply.sharesnation.org>.
  2. The login section is on the left side of the screen, enter your email address. (Be sure to use the same email address as you used to submit the application.) Click Login to receive an email from SHARES.
  3. Check your email (including your junk or spam folder if the email is not received within a couple of minutes) and click on the blue box "Login".
  4. Open the current application and upload documents by clicking on the buttons +Choose File or +Add Another File.
  5. Once all the required documentation is uploaded, a blue box labeled "**Finish Uploading Documents**" will start flashing and wiggling. Click on it to complete the upload. **\*\*VERY IMPORTANT\*\*** If it is not clicked, your documentation is considered incomplete, and your application may automatically get rejected.
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**For those who do not have access to a phone/computer and email, you can mail the documentation by sending it to the address below. Please note, mailing documents will cause a delay in the processing of your application.**

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**SHARES**  
203 Main St., Suite B  
PMB #396  
Flemington, NJ 08822

## CHECKING YOUR SHARES APPLICATION STATUS

**You do not have to call us to find out the application status. You can check the status of your application anytime which is updated in real time by following the below steps. We will contact you via phone, text, or email if any documents are required. Kindly reply appropriately.**

1. Go to <https://apply.sharesnation.org>.
2. In the login area on the left side of the screen, enter your email address. (Be sure to use the same email address as you used to submit the application.) Click Login to receive an email from SHARES.
3. Check your email (including your junk or spam folder if the email is not received within a couple of minutes) and click on the blue box “Login”.
4. Your application will have one of the following statuses before the final approval or rejection.

STATUS	MEANING
SUBMITTED	This is the initial status when an application is sent to SHARES and has not been reviewed by the processing team. When application volume is high it can take some time for applications to be reviewed.
CURRENTLY UNAVAILABLE	This status indicates the grant was not available at the time of submission. If applying for multiple grants, there may be different statuses depending on availability – grants available will show as “Submitted”, while grants not available will show as “Currently Unavailable.” We encourage you to keep trying as availability fluctuates throughout the day.
SUBMITTED - DOCS REQUESTED	The application and documentation have been reviewed, and further information/documentation is required for our staff to continue reviewing the application. The request is sent via email, text and/or phone.
SUBMITTED – CLIENT RESPONDED	The applicant has uploaded the requested documentation and clicked on the “ <b>Finish Uploading Documents</b> ” button. This is an indication to our staff that the required information/documentation has been uploaded and ready for review.

PENDING	All documentation has been received and needs to be reviewed by a second staff member before sending the account information to the utility company and/or creditor.
INFORMATION REQUESTED FROM UTILITY	Applicant has applied for utility assistance; the staff has sent the account information to the utility company to be verified.
INFORMATION REQUESTED FROM CREDITOR	Applicant has applied for rent, mortgage or property tax assistance; the staff has sent the account information to be verified by the landlord, mortgage company or property tax agency.
UTILITY REVIEW IS COMPLETED	The account information has been reviewed by the utility company and sent back to SHARES for next steps.
AWAITING MEDICAL NOTE	The utility company has verified that they do not have an active medical note on file. A doctor's note verifying electric-powered medical equipment is used in the household must be provided to the UTILITY COMPANY.
BALANCE UNDER \$100	The utility company has indicated that the balance due on the account is below \$100. A decision to accept the grant by the applicant is required to be made within three days of our request. If no response is received, we move forward with the grant as is.
BALANCE UNDER \$30	The utility company has indicated that the balance due on the account is below \$30. A decision to accept the grant by the applicant is required to be made within three days of our request. If no response is received, we move forward with the grant as is.
FINAL REVIEW	Applicant has applied for rent, mortgage or property tax assistance. All documentation has been received from all parties. Final housing information will be verified. A final review is the final step to determine if the application is approved or denied.