



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
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PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

HOUSEHOLD MONTHLY EXPENSES

HOUSEHOLD CLAIMING ZERO OR VERY LOW MONTHLY INCOME

Dear _____ SS# (last 4 #) _____ Date _____

As a program funded by the Federal Government, we are obligated to verify all information provided, including Household income. You have indicated on your USF/LIHEAP application that neither you nor any member of your household has any source of income or very low income at this time. Per program regulation we are permitted to ask how your household pays for the normal monthly expenses incurred. Please indicate an average or close estimate amount of the following monthly expenses incurred by your household, indicate only what applies:

Mortgage of Rent: \$ _____ Are you in arrears? Yes _____ or No _____

If yes, how many months are you in arrears? _____ How much? \$ _____

If no, please explain how you can pay _____

Common monthly household expenses:

Heating: \$ _____; Telephone: _____; Natural Gas: \$ _____;
Cell Phone: \$ _____ Electric: \$ _____; Cable TV: _____; Car Payment: \$ _____;
Car Insurance: \$ _____ Groceries: \$ _____; Other: \$ _____.

If any of these bills are being paid for and are not found to be in arrears you must explain the source(s) of income used to pay for these costs.

Are you currently receiving assistance from a family member and or friends? Yes _____ No _____

If yes, how much do they contribute monthly? \$ _____

Do you currently have a checking and /or savings account? Yes _____ No _____

If yes, please submit a copy of your most recent bank statement.

Signature: _____ **Date:** _____

I certify the information provided is true and accurate and that if I provide false information it may result in the denial of my application to receive USF or LIHEAP benefits.

Please upload this form to your LIHEAP application once it has been completed.

