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

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Acting 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 not, 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? $_____

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.

Return this form to the following address: