



Income-Qualified Enhanced Benefits Customer Certification and Application.

Participation in this program is not required for you to participate in rebate and loan program.

If you are installing qualifying energy-efficient equipment and believe you are entitled to the enhanced benefits for low- to moderate-income customers (an additional \$200 per piece of qualifying equipment and an extended 10-year on-bill repayment), please complete this **OPTIONAL** form. These enhanced incentives do not apply to washers and dryers. This must be submitted with the required documentation **IN ADDITION TO** your [residential On-Bill Repayment Program \(OBRP\) application and/or NJNG rebate application](#). **If you live in an eligible census tract and answer YES to Question 1, you will not be required to supply any supporting documentation other than a copy of your government-issued photo ID. Documentation is required for all others.**

PARTICIPATING CUSTOMER

Name:

Number of full-time household members:

Household address:

1. I / we live within a low- to moderate-income census tract: Yes No

(You can reference <https://geomap.ffiec.gov/ffiecgeomap/>)

If you select YES, you can check the self-certification box and provide your signature on the next page. You will still need to provide the names and birth dates of all full-time household members on the following page.

I certify that I reside at the above address, which falls within a low- to 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 included in my household at this address (shown below). **If NO, go to Question 2.**

2. I / we have received benefits from an automatic qualifying program within 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 your 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 with your application and sign. If NO, go to Question 3.

Universal Service Fund (USF)*

Pharmaceutical Assistance to the Aged and Disabled (PAAD)

New Jersey SHARES*

Section 8 Housing Assistance

Low Income Home Energy Assistance (LIHEAP)*

Supplemental Security Income (SSI)

New Jersey Lifeline Credit Program*

Supplemental Nutrition Assistance Program (SNAP)

*Participation in these programs is indicated on customers' NJNG account.

3. I do not live in a low- to moderate-income census tract or participate in an automatic qualifying program; but my/our total annual income based on household size falls within the limits provided below. (Please provide income for four (4) consecutive weeks for all household members age 18 and over.)

Yes No

Household Size	1	2	3	4	5	6	7	8	9	10
Maximum Annual Income	\$60,240	\$81,760	\$103,280	\$124,800	\$146,320	\$167,840	\$189,360	\$210,880	\$244,320	\$264,880

If you select NO for Questions 1, 2 and 3, you acknowledge that you do not qualify for the program and will only receive the rebate.

Applicant signature: _____ Date: _____

NUMBER / AGE OF HOUSEHOLD MEMBERS	
Member 1:	Member 4:
Relationship to applicant:	Relationship to applicant:
Date of birth:	Date of birth:
Member 2:	Member 5:
Relationship to applicant:	Relationship to applicant:
Date of birth:	Date of birth:
Member 3:	Member 6:
Relationship to applicant:	Relationship to applicant:
Date of birth:	Date of birth:

CONTINUE TO NEXT PAGE.

Proof of Income

All earned income information for everyone 18 years and older who resides in the household. Please include all documentation that 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. First two (2) pages of your latest 1040 tax form.
- B. If paid weekly, paystubs for last four (4) consecutive weeks within eight (8) weeks of the application submission date. If paid twice a month or every two (2) weeks, submit two (2) consecutive paystubs.
- C. If self-employed, provide a copy of latest federal income tax statement with supporting documentation.
- D. Pension, veteran and disability, Social Security or SSI benefits (including children benefits): Copy of member of household checks or benefit award letter.
- E. If a full-time student, a letter must be provided on school letterhead.
- F. Unemployment benefits: Copy of award statement or 2 benefit paystubs.
- G. Child support/Alimony: Statement of total monthly support.
- H. Rental income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.
- I. Interest or dividends: Bank statement, Investment company statement.

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 by the law.

Customer name (print): _____

Customer signature: _____ **Date:** _____



For assistance completing your application, contact 877-455-NJNG (6564) or savegreen@njng.com.
For application updates and questions post-submission, contact savegreenrepayment@njng.com.