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Education • Empowerment • Recognition

Morris County Organization for  
Hispanic Affairs



## TRUE Program Eligibility Requirements

Applicants for the TRUE Energy Assistance must meet all of the following criteria:  
Annual income per client household size must fall within the following range:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person
Minimum Annual Income	\$21,792	\$29,436	\$37,080	\$44,712	\$52,356	\$60,000	\$67,632	\$75,276	\$82,920
Maximum Annual Income	\$55,578	\$67,967	\$83,091	\$100,252	\$106,966	\$113,679	\$120,393	\$127,107	\$133,821

Income Guidelines as of November 1, 2011

- 1) Demonstrate that gas and/or electric account is currently 45 days or more past due and/or have received a disconnection notice.
- 2) Demonstrate that 4 payments of at least \$25 each have been made within the past 6 months onto the gas and electric account. At least 3 of those payments should have been made 30 days prior to the date of application.
- 3) **Must not currently be receiving or have received any benefit through the USF and/or HEA programs within the last twelve months before the date of submitting a TRUE application.**
- 4) Utility service must be connected.
- 5) **All required documentation must be provided with the completed application. Any applications that are missing any required documentation will NOT be processed.**



Morris County Organization for Hispanic Affairs



## Affordable Housing Alliance TRUE APPLICATION REQUIRED DOCUMENTS

Please complete this application in its entirety and provide **COPIES** of the following documentation:

- 1) Copies of the social security cards for members of your household 18 and older.
- 2) Copy of the driver's license of primary applicant **with current address**.
- 3) Copies of proof of gross income for **all members of your household age 18 and over for four consecutive weeks**. 4 consecutive paystubs if paid weekly, 2 if paid bi-weekly or bimonthly. For Social Security income of any kind you must provide a copy of the current awards letter. Pension, child support, family contribution, TANF and GA are all considered sources of income and documentation must be provided.

-For unemployment documentation, we can accept a print out from the unemployment office or unemployment website which shows a WBR (weekly benefit rate) and the current date. For any questions about how to retrieve this document, please call 732-982-8710.

-If a member of the household age 18 or over **does not have any income**, that household member must provide a statement claiming that they are not receiving any income which must be signed and dated.

\*Please note bank statements are not acceptable for proof of income\*

- 4) If you **own a home** please provide a copy of your deed, property tax statement or mortgage statement.
- 5) If you **rent**, please provide a copy of your lease. If you do not have one, a letter from the landlord indicating the address and occupancy status must be submitted
- 6) Copies of past 6 months of payment history from each utility (previous 6 months of bills or payment history statement from utility company showing a breakdown of payments made each month)
- 7) Copies of your **most recent electric bill and gas bill with your current address**.

\*\*Please note that households who utilize municipal electric services will not be eligible for TRUE program benefits\*\*

**Please make sure the application is signed and completely filled out with all of the required documents attached. Applications can be mailed, scanned/mailed or dropped off in person. Faxed applications will not be accepted. Incomplete applications will NOT be processed.**

Morris County Organization for Hispanic affairs  
Phone: (973) 366-4770 Ext.11 Fax. (973) 361-7878  
[www.mcoha.org](http://www.mcoha.org)



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## TRUE PROGRAM AFFILIATE AGENCIES

A TRUE application can be submitted to the Affordable Housing Alliance or to one of the local affiliate agencies in your area, listed below:

<u>Agency Name</u>	<u>County Served</u>	<u>Phone Number</u>
Atlantic Human Resources	Atlantic	609-404-4801
Bergen County Cap	Bergen	201-968-0200 x7008
Bethel Development	Salem, Cumberland	856-327-9092
Camden County OEO	Camden, Gloucester	856-964-6887
Catholic Charities	Somerset	908-333-2271
La Casa de Don Pedro	Union, Essex	973-485-0769 x4415
Morris County Organization for Hispanic Affairs	Morris	973-366-4770
Mercer County Hispanic Association	Mercer, Hunterdon	609-587-8800
O.C.E.A.N Inc	Ocean	732-244-9041 x10 or x11
Puertorriquenos Asociados for Community Organization	Hudson	201-217-0583
Puerto Rican Action Board	Middlesex	732-828-4541
Paterson Task Force	Passaic	973-279-2333

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# TRUE ENERGY ASSISTANCE APPLICATION

**Last Name:** \_\_\_\_\_ **Soc. Sec. No:** \_\_\_\_--\_\_\_\_--\_\_\_\_  
**First Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_--\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_--\_\_\_\_  
**PO Box or Apt. No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Household Members: First Name, Middle Initial and Last Name of <b><i>everyone</i></b> who resides in household <b>including applicant</b>	Social Security # of <b><i>everyone</i></b> who resides in the household <b>including applicant</b>	Date of Birth	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Household Income: Name of Income Earner	Gross Amount	Pay Cycle (weekly, biweekly, etc.)
1.	\$	
2.	\$	
3.	\$	
4.	\$	

**Sources of Income:***(check all applicable)*

- Employment  Unemployment  Child Support  Alimony  Worker's Comp.  Disability  
 Social Security  Family Contributions  Other (specify): \_\_\_\_\_

Do you have any assets other than a home that totals more than \$10,000?

- Savings  CDs  Money Market  Stocks/Bonds

What is your temporary emergency?(check all applicable)

Job Loss Medical High Energy CostLoss of IncomeOther

(specify):\_\_\_\_\_

**Assistance Type:**

Natural GasElectric  Natural Gas and Electric

**Name of Electric Company**

JCP&L  PSE&GRockland Electric

Atlantic City ElectricSouth Jersey Gas

Other: \_\_\_\_\_

Account #: \_\_\_\_\_

**Name of Natural Gas Company:**

NJNGPSE&GElizabeth Gas

Other: \_\_\_\_\_

Account #: \_\_\_\_\_

Past Due Status: 45 days60 days90 days

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Disconnection notice

Disconnection notice

**Race:** \*This is voluntary information. It is compiled and recorded for statistical purposes only.

White/CaucasianBlack/African AmericanHispanic-Latino Asian

American Indian/Alaskan Native Pacific Islander More than one race Other\_\_\_\_\_

*By signing this application, I certify under oath 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 under N.J.S.A. Section 2C:28-2. I understand that I must provide the required documentation in order to proceed with the application process. I understand and acknowledge that additional documentation may be needed to determine or confirm my household's eligibility for assistance. I agree to cooperate with any reasonable requests to provide information and understand if such information is not provided it may result in the termination or suspension of my application. By signing this application, I authorize the Affordable Housing Alliance and/or its affiliate agencies to (1) contact my household's current utility provider on my behalf to arrange or attempt to arrange an assistance payment on my account, and (2) verify any information contained in or attached to this application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

**Document Checklist**

Social security cards

Proof of residence

Income documents

Gas bill

Electric bill

Drivers license

**Process Status**

Verified Non LIHEAP/USF Status (date: \_\_\_\_\_)

Verified Income Calculations (gross monthly amount \$ \_\_\_\_\_)

Verified Utility Bill Payments (4 of 6 months)

Applicant Account 45 days past due or shut off notice issued

Approved (Amount \$\_\_\_\_\_ GasElectric Both)

Denied (Reason: \_\_\_\_\_)

**Date Process Completed:** \_\_\_\_\_