



# State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS  
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Governor

TAHESHA L. WAY  
Lieutenant Governor

JACQUELYN A. SUÁREZ  
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 must 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 usual monthly expenses incurred. Please indicate an average or close estimate amount of the following monthly expenses incurred by your household; indicate only what applies. Rest assured, all information provided will be treated with the utmost confidentiality:

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:

**Email [HEAdocs@housingall.org](mailto:HEAdocs@housingall.org)**  
**Fax 732-440-4765**  
**MAIL: AHA 59 Broad St, Eatontown NJ 07724**

