



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 811
TRENTON, NJ 08625-0811

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
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 is 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 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 that 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

Fax 732-440-4765

MAIL: AHA 59 Broad St, Eatontown NJ 07724

