



# NEW JERSEY COMFORT PARTNERS Application Requirements

The New Jersey Comfort Partners program provides free energy conservation measures to income-eligible households living in the state of New Jersey.

To be eligible:

- Your income must be at or below 250% of the Federal Poverty Guidelines (attached).
- You may qualify if you participate in one of the federal/safety net partnership programs listed below. (Income verification may be required.)
- You must have an electric or gas account in your name serving your primary residence, which is only for your unit and not shared with any other residence.
- You must be living in a building (apartment, townhouse, etc.) with 1 – 14 residential units.
- You may qualify if you live in a designated pre-qualified census tract neighborhood.

When a Comfort Partners representative first comes to your home, you may need to provide verification of income or proof of assistance, if deemed necessary. Income verification includes documentation of all sources of income for every member who is counted as living within the household. Documentation may include tax filings, benefit statements, or other verifiable records.

If you participate in one of the federal/safety net partnership programs as listed below, provide proof of participation:

- Home Energy Assistance Program (HEAP)
- Lifeline
- Pharmaceutical Assistance to Aged & Disabled (PAAD)
- Section 8 Housing
- Federal Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- Universal Service Fund (USF)
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- General Assistance (GA)

Homeowners must own their home for a minimum of one year. Homes that are 0 to 5 years old or under builder's warranty are excluded.

Comfort Partners reserves the right to verify income.

Please complete the required information on the attached form and return it in the enclosed postage-paid envelope. Upon receipt, you will be contacted to schedule your energy audit, if eligible.

Application Form is attached to this cover page.

PLEASE MAIL, FAX OR EMAIL TO:

Divine Energy Solutions, Inc. • 200 Richards Avenue • Dover, NJ 07801

Phone: 800-934-3102 • Fax: 973-361-5155 • Email: [office@divineenergysolutions.com](mailto:office@divineenergysolutions.com)





# NEW JERSEY COMFORT PARTNERS Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: **NJ** Zip Code: \_\_\_\_\_

Directions or nearest cross streets to the home: \_\_\_\_\_

Email: \_\_\_\_\_

Phone – Day: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Primary Language Spoken in Home: \_\_\_\_\_

Ethnic Origin:  Caucasian/White  African American  Hispanic  
 Asian/Pacific Is.  Native American  Middle Eastern  Multi-Racial: \_\_\_\_\_

### Additional Contact

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## ELIGIBILITY QUALIFICATION

Income Guidelines (see cover page) as established by Federal Government (for all household residents)

Gross Monthly Income: \$ \_\_\_\_\_ Number in Household: \_\_\_\_\_

Location Based Eligibility

Household Gross Yearly Income is at or below:

- \$33,975 with 1 occupant   
  \$45,775 with 2 occupants   
  \$57,575 with 3 occupants   
  \$69,375 with 4 occupants  
 \$81,175 with 5 occupants   
  \$92,975 with 6 occupants   
  \$104,775 with 7 occupants   
  \$116,575 with 8 occupants  
 \$ \_\_\_\_\_ with \_\_\_\_\_ occupants

Check if you participate in:  HEAP  LIFELINE  PAAD  SECTION 8  SSI  TANF  USF  Medicaid  SNAP  GA

Name of Electric Company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Type of Heating Fuel:  Natural Gas    Utility: \_\_\_\_\_ Acct #: \_\_\_\_\_

Electricity

Oil

Supplier Name: \_\_\_\_\_

Other Fuel

Type: \_\_\_\_\_ Supplier Name: \_\_\_\_\_

Type of Dwelling:  1 – 14 Unit Dwelling  15+ Unit Dwelling (not eligible)

Landlord Name  Own  Rent (Landlord consent will be necessary)

(if renting): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

Do you pay directly for your heating?  Yes  No    Type of Account:  Residential  Commercial (not eligible)

Do you own your refrigerator?  Yes  No

Is your utility service currently active?  Yes  No (Site visit cannot be scheduled until activated)

I certify that all information provided above is correct to the best of my knowledge, and I give the New Jersey Board of Public Utilities, NJ's Clean Energy Program and participating New Jersey Comfort Partners utilities and contractors permission to: 1) share the information I have provided above with all parties planning to do work on my home or evaluate my energy usage; 2) use, at no charge, any description or pictures relating to the work performed at my home for the purposes of program administration, training and presentations; and 3) have reasonable access to my home to inspect the work performed. I understand that all work is guaranteed for a period of one year.

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

Authorized Agency Signature: \_\_\_\_\_ Agency: \_\_\_\_\_

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## UTILITY/CONTRACTOR USE ONLY

Enrollment Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tracking Number: \_\_\_\_\_  Referred to USF