



**State of New Jersey**  
**DEPARTMENT OF COMMUNITY AFFAIRS**  
**101 SOUTH BROAD STREET**  
**PO Box 811**  
**TRENTON, NJ 08625-0811**

**PHILIP D. MURPHY**  
*Governor*

**LT. GOVERNOR SHEILA Y. OLIVER**  
*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 are obligated to 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 normal monthly expenses incurred. Please indicate an average or close estimate amount of the following monthly expenses incurred by your household, indicate only what applies:

Mortgage of Rent: \$ \_\_\_\_\_ Are you in arrears? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, how many months are you in arrears? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If no, 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? \$ \_\_\_\_\_

Do you currently have a checking and /or savings account? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please submit a copy of your most recent bank statement.

**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.

Please upload this form to your LIHEAP application once it has been completed.

