



JOHN O. WILSON
HAMILTON NEIGHBORHOOD CENTER, INC.

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UTILITY ASSISTANCE APPLICATION

Part 1. Required Personal Information

INTAKE DATE: ____/____/____

FIRST NAME: _____ M.I. _____ LAST NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE #: () _____

CELL #: () _____ EMAIL: _____

DOB: ____/____/____ SS#: ____-____-____ GENDER: M F OTHER

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

RACE: AMERICAN INDIAN/ALASKA NATIVE ASIAN BLACK/AFRICAN AMERICAN

HISPANIC NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE/CAUCASIAN OTHER

LEVEL OF EDUCATION: 0-8 9-12 DIPLOMA COLLEGE _____ VETERAN STATUS: YES NO

PRIMARY LANGUAGE: ENGLISH SPANISH OTHER

HOUSEHOLD INFORMATION:

DO YOU OWN? RENT? OTHER (Please explain): _____

HEAD OF HOUSEHOLD (NAME): _____ # OF PEOPLE IN HOUSEHOLD: _____

PLEASE LIST:

<u>NAME:</u>	<u>AGE:</u>	<u>SOCIAL SECURITY #:</u>	<u>DOB:</u>	<u>RELATIONSHIP TO CLIENT:</u>
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____

_____/_____/_____ _____/_____/_____
_____/_____/_____ _____/_____/_____
_____/_____/_____ _____/_____/_____
INCOME INFORMATION (MONTHLY):

ARE YOU EMPLOYED (Circle one)? YES OR NO

If Yes: FULL TIME PART TIME

No Income

Earned Wages: \$ _____

Veteran's Pension: \$ _____

Unemployment Benefits: \$ _____

Alimony/Other Spousal Support: \$ _____

SSI: \$ _____

Child Support: \$ _____

SSDI: \$ _____

Pension Previous Employment: \$ _____

TEFAP \$ _____

Private Disability Insurance: \$ _____

SNAP: \$ _____

Rental Income: \$ _____

TANF: \$ _____

Other (specify): _____ \$ _____

TOTAL MONTHLY INCOME: \$ _____ TOTAL ANNUAL INCOME: \$ _____

Part 2. Required Utility Assistance Information*

***FUNDING IS BASED ON THE AMOUNT OWED - UP TO A MAXIMUM OF \$250.**

TYPE OF ASSISTANCE:

Electric

Gas

Home Heating Oil

Water

SERVICE ADDRESS (if different than above): _____

CITY: _____ STATE: _____ ZIP CODE: _____

Amount due (to avoid shut-off or to re-instate service): \$ _____ Payment Due Date: ____/____/____

Date of client's last payment: ____/____/____ Amount paid by client: \$ _____

Amount being paid by agency (AGENCY TO COMPLETE): \$ _____ Customer Account #: _____

UTILITY COMPANY INFORMATION:

Company Name: _____

Verification Date: ____/____/____

Make check payable to:

Name of Utility Company: _____

Address: _____ CITY: _____

STATE: _____ ZIP CODE: _____ Phone: () _____

Part 3. Required Documents

You MUST INCLUDE the following additional document with this application

- ✓ Proof of income for ALL ADULTS in the house for the last 4 weeks of this application. Proof of income MUST BE (a) copies of your paycheck stubs for the last 4 weeks (either 4 weekly or 2 biweekly); or (b) copy of verification/determination letters such as Social Security, SSDI, TANF, Unemployment Insurance, etc.
- ✓ A copy of the NJ Driver's License or Photo ID with current address for ALL ADULTS in the household
- ✓ A copy of the Social Security Card for EVERYONE in the household (including children)
- ✓ A copy of the Birth Certificate for ALL children in the household

ARE COPIES OF ALL DOCUMENTS PROVIDED: YES OR NO

Part 4. Required Authorization/Release of Information Form

I, _____, certify that all supporting information is true and accurate. I give JOHN O. WILSON HAMILTON NEIGHBORHOOD CENTER, INC. authorization to obtain information and/or release information in order to evaluate my case and provide me with assistance. If eligible, the utility assistance will resolve my utility problem and stabilize my household.

If eligible, I will receive funding from JOHN O. WILSON HAMILTON NEIGHBORHOOD CENTER, INC.

I further agree that this one-time assistance will be used to pay my utility bill in order to prevent loss of utility service.

CLIENT'S SIGNATURE: _____ **DATE:** ____/____/____

CASE MANAGER'S SIGNATURE: _____ **DATE:** ____/____/____

Part 5. VOLUNTARY Photo Release Form

I hereby grant permission to JOHN O. WILSON HAMILTON NEIGHBORHOOD CENTER, INC. to use photograph(s) of myself and my child(ren) to promote the Center's programs and services. I understand that the images may be used in print and digital publications, presentations, website, and social media. I also understand this permission is completely voluntary, has no bearing on the outcome of this application, and is without compensation paid to me for the use of any photo(s).

CLIENT'S SIGNATURE: _____ **DATE:** ____/____/____