Winter Termination Program Self-Certification

As an alternative to verbally advising their utility company of their eligibility to receive protection under the Winter Termination Program, customers may complete this Self-Certification form and submit the form to their utility company(ies). It is recommended that a copy of this form be retained by the customer for their records. **Please note that completion and submission of the Self-Certification form to your utility company is NOT required in order to receive protection under the Winter Termination Program. Protection under the Winter Termination Program can be obtained by verbally advising your utility company(ies) of your eligibility or by submitting this Self-Certification form to the utility company. Please contact your utility company's customer service number to learn how it wishes to receive this form.**

Head of Household's Name: _____

Address: _____

I certify that I am receiving assistance from one or more of the below programs and am requesting protection under the NJ Department of Community Affairs' Winter Termination Program:

- ☐ Federal Home Energy Assistance Program (HEAP)
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Federal Supplemental Security Income (SSI)
- ☐ Pharmaceutical Assistance to the Aged and Disabled (PAAD)
- ☐ General Assistance (GA) benefits
- ☐ Universal Service Fund (USF)
- ☐ Low-income Household Water Assistance Program
- ☐ Lifeline Credit Program

OR

I certify that I am unable to pay my local authority and/or municipal utility bill due to circumstances beyond my control and am requesting protection under the NJ Department of Community Affairs' Winter Termination Program.

Please select the circumstances under which you are requesting protection under the Program:

- ☐ Laid off/unemployed
- ☐ Illness
- ☐ Medically related expenses
- ☐ Recent death of an immediate family member
- ☐ Other: _____

I certify the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment in accordance with law

Signature: _____

Date: _____