



New Jersey Home Energy Programs

Home Energy Assistance Universal Service Fund Weatherization Assistance



HOW TO APPLY FOR ENERGY ASSISTANCE

1. Find out if you are eligible for the Programs by using the self-screening tool for these and other programs at: www.nj.gov/dca/dcaid or call 800-510-3102
2. If you are eligible, fill out this application or go to www.nj.gov/dca/dcaid to apply Online.
3. If using this application, submit with all required documents to your Local Community Action Agency. Find your Local Community Action Agency at: www.energyassistance.nj.gov or call 800-510-3102

Home Energy Assistance (HEA) /Universal Service Fund (USF) and Weatherization Program Application

*IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, CALL 1-800-510-3102
or visit www.energyassistance.nj.gov for your local participating agency.*

Program Definitions

Low Income Home Energy Assistance Program

The Low Income Home Energy Assistance Program (LIHEAP) is designed to help low-income families and individuals meet home heating and medically necessary cooling costs. To be eligible, a household must have a gross income at or below 60% of the State Median Income and be responsible for the cost of heating. Please refer to the program web page above to verify income guidelines.

Universal Service Fund

USF is a program created by the State of New Jersey to help make natural gas and electric bills more affordable for low-income households. If you are eligible, USF can lower the amount you pay for gas and electricity. To be eligible, a household must have a gross income at or below 400% of the Federal Poverty Level and pay more than 2% of its annual income for electric, or more than 2% for natural gas. If a household has electric heat, it must spend more than 4% of its annual income on electricity to be eligible. Please refer to the program web page above to verify income guidelines.

Weatherization

New Jersey's Weatherization Assistance Programs will help reduce energy bills and keep your home warm by providing you with: 1) A home energy audit to see how much money you can save on energy bills by weatherizing; and 2) Installation of energy efficient measures which may include air sealing, insulation, heating system repair and/or replacement of refrigerators and heating systems if necessary. To be eligible, a household must have a gross income at or below 60% of the State Median Income.

LIHEAP and USF Recertification

If you received USF or HEA benefits during the previous season and did not move, you will receive a Recertification form in the mail instead of a full application. Contact your local participating agency for the recertification form if you do not receive one. If you now have a new address you must submit a complete application with all the required documentation.

SNAP (Food Stamp) and PAAD Automatic Enrollments

Food Stamp recipients and Lifeline/PAAD recipients are automatically screened for USF and HEA and only need to fill out a full USF/HEA application if it is requested by the county USF/HEA agency or more information is needed.

NJ FamilyCare

Beginning January 2014 NJ FamilyCare will include CHIP, Medicaid and Medicaid Expansion population. This means documented New Jersey residents who are low income may be eligible for free or low cost health insurance that covers doctor visits, prescription, vision, dental care, and even hospitalization. For more information, call 1-800-701-0710.

Instructions for Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

Please notice that there is a number next to every question or field in this application. These numbers will serve as a guide for filling out this application.

01. Last Name – Print the last name of the Applicant.
02. First name – Print the first name of the Applicant.
03. Middle Initial (MI) – Print the middle initial of the Applicant.
04. Street Address – Print the full street number and name of your primary residence.
05. City – Print the name of the municipality where the primary residence of your household (family) is located.
06. State – Print the name of the state where the primary residence of the household (family) is located.
07. Zip Code – Enter zip code of household's (family) primary residence.
08. Telephone number – Enter household's (family) primary telephone number (include area code).
09. Housing Type – Indicate in what type of housing unit you reside.
10. Mailing Address – Enter your full mailing address if different from primary residence.
11. List of all household members – In this section, please write/print the names and gender of all household members residing in the unit, starting with the head of household; dates of birth for every member of the household; relationship to the head of the household; social security numbers for all the members of the household and declaration of US citizenship. Please also indicate household members who are disabled.
12. What are you applying for? – Check for which of the following programs you are applying for: Heating/USF, Cooling or Weatherization.
13. In this section answer every question to the best of your knowledge.
14. Primary Heating Fuel Type – Please indicate your primary heating fuel (example: if you pay for natural gas to heat your house, but have to use an electric heater to heat any specific room of your unit, your primary heating fuel type will be natural gas).
15. Heating Fuel Supplier Name – Print the name of the company that supplies your heating fuel (Example: PSEG Co., Scott Oil Co. etc.).
16. Natural Gas Account Number – Enter your gas utility account number. You can find this number on your gas and electric bill.
17. Natural Gas Company Name – Please indicate the name of the company that supplies your natural gas.
18. Electric Account Number – Enter your electric account number if different from your gas account. You can find this number on your electric bill.
19. Electric Company Name – Indicate the name of the company that supplies your electricity.
20. Authorized Representative – Print the Name and Address of the person who is submitting this application on your behalf. This person's name will appear on all Home Energy Assistance benefit checks that you will receive. If you are completing your own application leave this space blank.
21. Main Language spoken in your household – Enter main language used in your household (English, Spanish, French, etc.).
22. Household Income – Indicate the income and pay cycle of all members of your household (age 18 and over) using the list of possible income sources found on the right side of income block.
23. Weatherization – Check 'yes' or 'no' to indicate if your unit has been weatherized. If 'yes' enter the month and the year (if known).
24. Applicant Certification – Please read, sign and date Applicant Certification (You must sign this certification otherwise your application will not be processed).
25. Race – Please indicate your race (optional).

Required Application Documents

The following are documents you **must include** with your application for the Low Income Home Energy Assistance Program and Universal Service Fund. Please read the list carefully. If you do not include all required documents, you will delay the processing of your application. Please send copies not original documents.

<p>1. Proof of Identification: Social Security cards for all members in the household and: Birth certificates for infants under the age of 12 months. Custody papers for minors not living with parents. Documentation for all foster children in the household. (A letter from DYFS or other social service agency)</p>	
<p>2. Proof of Income: All earned income information for everyone 18 years and older who resides in the household: (Please include all documentation which apply to members of your household) All documentation below if applicable. Unearned income is counted for every member of the household.</p>	
<p>Earned and Unearned Income</p> <ul style="list-style-type: none"> a. If paid weekly submit paystubs for last 4 consecutive weeks within 8 weeks of the application submission date. If paid twice a month or every two weeks include 2 consecutive paystubs. b. If self-employed: Copy of latest federal income tax statement with supporting documentation. c. Pension, veteran and disability, Soc. Sec. or SSI benefits (including children benefits): Copy of checks or benefit award letter. d. Unemployment benefits: Copy of award statement or 2 benefit pay stubs. e. Child support/Alimony: Statement of total monthly support. f. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter. g. TANF or General Assistance (welfare): Award Letter or printout. h. Interest or Dividends: Bank statement, Investment company statement. 	<p>Unemployed household members age 18 and over must have the following:</p> <ul style="list-style-type: none"> a. Zero Income Statement (Applicant) (Not Notarized) b. Zero Income Statement for other member of household (Not Notarized) c. If a full time student (other than applicant), a letter which must be on school letterhead.
<p>3. If you own your home: (All documentation below, if applicable)</p> <ul style="list-style-type: none"> a. Proof of ownership: Copy of mortgage, tax bill, or deed. b. If a Multi-unit building: document rental income from all tenants (lease, or rent receipts from all tenants, or notarized vacancy letter for vacant units only). c. Probate sale contract. d. Lease agreement indicating heating arrangements. 	<p>4. If you rent: Copy of current lease agreement.</p>
<p>5. Current energy bills: (Please include all that apply)</p> <ul style="list-style-type: none"> a. Gas and electric bill. b. If your primary source of heat is other fuels such as oil or propane, provide a copy of your bill. 	<p>6. Proof of U.S. Citizenship or Legal Residency Status: (Please provide one of the following)</p> <ul style="list-style-type: none"> a. Social Security card. b. Copy of Medicaid/Medicare card. c. Documentation from U.S. Department of Citizenship and Immigration Services. d. USCIS Temporary Work Permit.
<p>7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.</p>	
<p>8. Cooling applicants only: Submit doctor's note stating the need for cooling, plus all other documentation above, if applicable. (Original doctor's letterhead only; NO copies will be accepted)</p>	

** Please Note: In certain cases, additional documentation may be required. If you cannot provide a required document, please call your LIHEAP/USF application agency. In some cases, you may be able to substitute it with a different document.*

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

Applicant Address	Last Name 01 _____	First Name 02 _____	MI 03 _____
	Street Address 04 _____		Apt. # _____
	State 06 <u>NJ</u> _____		City 05 _____
	Zip Code 07 _____		Telephone _____
(_____) _____		Number 08 _____	

09 Housing Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Semi Detach <input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Multi Dwelling <input type="checkbox"/> Mobile Home <input type="checkbox"/> Board/Room <input type="checkbox"/> Group Home
------------------------	---

10 Mailing Address	Street Address _____ Apt. # _____
	City _____
	State _____ Zip Code _____
	Alt. phone number: _____
	Email Address: _____

11 List all household members including applicant (Please Print)

1	Names	M/F	Date of Birth	Relationship	Social Security Number	US Citizen?	Disabled?
1				Applicant			
2							
3							
4							
5							
6							
7							
8							
9							
10							

<p>12 Are you applying for: <input type="checkbox"/> HEA <input type="checkbox"/> USF <input type="checkbox"/> *COOLING <input type="checkbox"/> WEATHERIZATION <i>*When applying for cooling benefits, you must attach a doctor's note to prove medical need.</i></p> <p>13 Please answer the following questions:</p> <p>1. Do you own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you pay for your own heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>*If no, check the alternative that best describes your heating arrangement:</i></p> <p><input type="checkbox"/> A. My heat is paid by others.</p> <p><input type="checkbox"/> B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.</p> <p><input type="checkbox"/> C. I pay only for a secondary source of heat (circle one - wood stove, a kerosene stove, electric heater, etc.)</p> <p><input type="checkbox"/> D. My heat is included in my rent, which is not subsidized.</p> <p><input type="checkbox"/> E. I pay a separate charge to my landlord for heat.</p> <p>3. Do you live in subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you receive rental assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you live in a Residential Health Care Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Is anyone in your household receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Does anyone in your home have life-sustaining equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If yes, what type? _____</p> <p>8. My annual cost of heating fuel is \$ _____</p>	FOR OFFICE USE ONLY Verification Included? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>14 Primary Heating Fuel Type <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Natural Gas</p> <p>15 Heating Fuel Supplier Name _____</p> <p>16 Natural Gas Account # _____</p> <p>17 Natural Gas Supplier Name _____</p> <p>18 Electric Account # _____</p> <p>19 Electric Supplier Name _____</p>
--	--	--

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

20 Authorized Representative

Last Name _____ First Name _____ MI _____ Street Address _____ Apt. # _____
 (_____) _____ City _____ State _____ Zip Code _____
 Telephone Number _____

21 Main language spoken in your household:
22 Income - List the income for all household members 18 and over (Please Print)

UNEARNED income (SSI, SSD) for household members 18 years and under is counted as household income.

	Names	*Pay Cycle	Amount	Income Source
Household Income	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

- | | |
|--|---|
| Income Source(s)
Wages
Unemployment
Workers Comp
Social Sec. Benefits
SSI Benefits
Pension
Veteran's Benefits
TANF
Alimony
Child Support
Interest/Investment
Family Contributions
Gifts
Rental Income | *Pay cycle
Weekly
Bi-Weekly
Monthly
Bi-Monthly
Annual |
|--|---|

23 Weatherization
 To your knowledge has your current residence been weatherized? Yes No
 If yes, please complete: Year _____ COMFORT PARTNERS or LOCAL WEATHERIZATION PROGRAM

FOR WEATHERIZATION OFFICE USE ONLY	Total Monthly Household Income: \$ _____	Total Annual Household Income: \$ _____
	AGENCY NAME: _____	COMMENTS: _____
	INTERVIEWER: _____	
	CERTIFICATION: <input type="checkbox"/> APPROVED - WAP <input type="checkbox"/> INCOME ELIGIBLE	
	<input type="checkbox"/> APPROVED - MULTI-DWELLING UNIT <input type="checkbox"/> NON INCOME ELIGIBLE	
	<input type="checkbox"/> NOT APPROVED	
	DATE HOME AUDIT WAS CONDUCTED: / /	<input type="checkbox"/> LANDLORD CONTRIBUTION \$ _____
	DATE APPLICATION WAS RECEIVED: / /	<input type="checkbox"/> DOE \$ _____
	ADJUSTED APPLICATION DATE: / /	<input type="checkbox"/> UTILITY FUNDS \$ _____
	ACTUAL COST: \$ _____	<input type="checkbox"/> DHS \$ _____
PRO-RATED COST: \$ _____	<input type="checkbox"/> OTHER \$ _____	
By: _____ Weatherization Manager	Date _____	

Home Energy Assistance (HEA)/Universal Service Fund (USF) and Weatherization Application

24. Applicant Certification

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. The Department of Community Affairs (DCA) may use my Social Security Number to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. As part of the eligibility verification process DCA has my permission to contact other agencies on my behalf to establish eligibility. I understand that I may request an administrative review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

I grant permission to the (administering agency) or its designee and to a representative of the state Weatherization Program to inspect heating fuel and utility billing records for (applicant address) for not more than five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done. The information on this application will also be used to determine eligibility for the Universal Service Fund (USF) and other government related programs for which I may be eligible. I direct the appropriate utility and fuel companies to make such records available to (the administering agency) or its designee.

By signing below I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

SIGN FULL NAME BELOW

SIGNATURE: <i>Signature of Applicant (must be same as person listed in #1)</i>	DATE:
If someone helped the applicant complete this application, such person must sign below.	
SIGNATURE: <i>Signature of Helper / Authorized Representative</i>	DATE: <i>Month-Day-Year</i>

25. Race*

- White/Caucasian
- Black or African American
- American Indian or Alaskan Native
- Asian
- American Indian or Alaskan Native and Asian
- American Indian or Alaskan Native and Black or African American
- American
- American Indian or Alaskan Native and Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native and White
- Asian and Black or African American
- Asian and Native Hawaiian or Other Pacific Islander

- Asian and White
- Black or African American and Native Hawaiian or Other Pacific Islander
- Black or African American and White
- Hispanic-Latino
- Native Hawaiian or other Pacific Islander
- White and Native Hawaiian or Other Pacific Islander

** This is voluntary information. It is compiled and recorded for statistical purposes only. The HEAP/USF and Weatherization programs cannot discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.*

Information on Other Energy Assistance Programs

You can learn more about other energy assistance programs by calling the toll-free numbers below:

NJ Lifeline

1-800-792-9745

Helps with gas and electric bills for disabled or senior homeowners and renters with limited incomes.

NJ

SHARES

1-866-NJSHARES

(1-866-657-4273)

Helps with gas and electric bills for people facing a temporary financial crisis.

New Jersey Comfort Partners

1-800-915-8309

Helps qualified low-income households lower natural gas and electric bills through energy education, the installation of energy efficiency measures, and repairing or replacing heating and cooling equipment

PAGE PROGRAMS

1-732-982-8710

Provides gas and electric grants to low to moderate income households with overdue utility balances.



**LIVES
CHANGED
HERE.**

**Low Income Home Energy
Assistance Program
Greater Bergen Community Action**
294 Union Street
Hackensack, NJ 07601
201-488-5100
www.GreaterBergen.org

Dear Applicant:

Greater Bergen Community Action, Inc. is pleased to advise you that the Home Energy Assistance Program is now open for the 2024-2025 season. Starting October 1, 2024 through June 30, 2025 you can call, e-mail, or come into the office on designated in-person days for an application, or assistance with an application. We will review and determine your eligibility for the **HOME ENERGY ASSISTANCE PROGRAM** as well as any additional energy services such as **WEATHERIZATION, UNIVERSAL SERVICE FUND and the LEAD PROGRAM.**

To apply for **HOME ENERGY ASSISTANCE/USF**, please contact our office for an application packet which will have all necessary guidelines and forms that will be needed for processing before June 30, 2025. **Any applications received with incomplete documents will not be considered until complete.** If you are eligible for **WEATHERIZATION ASSISTANCE**, we will notify you at a later date as to when we will come to your home to complete an energy audit.

If you are **disabled or home-bound** and need assistance in completing your application, please call our office to arrange for our outreach representatives to meet with you. **Please have all required documents ready for the representatives when they arrive.**

We look forward to assisting you with all your energy efficiency needs. **Please contact our office by phone at (201) 488-5100, press 2 for energy assistance, Monday – Friday, 9:00 AM – 5:00 PM;** or email LIHEAP@greaterbergen.org.

Downloadable applications can be found at <https://www.greaterbergen.org/liheap>

Applications can be submitted several ways: 1.) Drop it into a drop box location at 294 Union Street in Hackensack; mail it to 294 Union Street, Hackensack, NJ 07601; e-mail it to LIHEAP@greaterbergen.org; or fax it to 201-342-7452. In-person application assistance is on a first-come, first-serve basis on Mondays, Wednesdays, and Thursdays from 9 a.m.-3 p.m. at 294 Union Street in Hackensack. PSE&G (Outreach Office) 214 Hudson Street, Hackensack, on Thursdays 9 a.m.-3p.m.

Sincerely,

Mike Lamendola

Mike Lamendola
Vice President, Community Development and Real Estate
Greater Bergen Community Action, Inc.

Enclosures:

Program Introduction Letter
Required Documents List
HEA/WAP/U.S.F Application
Income Guidelines
Affidavit of No Income
Certification of No Income Tax Filing, (Form- 4506T)
Tenant Verification Form
Doctor's Certification Form
Fair Hearing Form
Return Envelope

FY2025 USFHEA Income Limits
Low-Income Home Energy Assistance Program (LIHEAP)
and the Universal Service Fund (USF)

Household Size	Monthly Income	Annual Income
1	\$3,991	\$47,896
2	\$5,219	\$62,633
3	\$6,448	\$77,370
4	\$7,676	\$92,108
5	\$8,904	\$106,845
6	\$10,132	\$121,582
7	\$10,362	\$124,345
8	\$10,592	\$127,109
9	\$10,823	\$129,872
10	\$11,053	\$132,635
11	\$11,283	\$135,398
12	\$11,514	\$138,162

Household Member After 12:

Add \$231 to the monthly income for both LIHEAP and USF

NOTICE

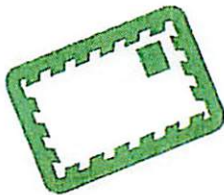


**GBCA LIHEAP OFFICES ARE LOCATED AT
294 UNION STREET, HACKENSACK , NJ 07601**

LIHEAP APPLICATIONS CAN BE SUBMITTED IN ONE OF THE FOLLOWING 3 WAYS:



**EMAIL APPLICATIONS TO:
LIHEAP@GreaterBergen.org**



**MAIL APPLICATIONS TO:
Greater Bergen LIHEAP
294 Union Street
Hackensack, NJ 07601**

**OR DELIVER APPLICATIONS IN PERSON
AT THE FOLLOWING DROP BOX LOCATION:**



**294 Union Street
Hackensack, NJ 07601**

**QUESTIONS? CALL 201-488-5100, press 2, for
Energy Assistance.**

REQUIRED DOCUMENTS TO COMPLETE APPLICATION

COMPLETED & SIGNED APPLICATION AND FAIR HEARING FORM

IDENTIFICATION

- SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS AND BIRTH CERTIFICATE OR FOOT PRINTS FOR NEW BORN CHILDREN
 - CUSTODY PAPERS FOR MINORS NOT LIVING WITH PARENTS.
 - LEGAL RESIDENT: SUBMIT CURRENT RESIDENT CARD, IF IT IS EXPIRED OR DON'T HAVE ONE SUBMIT CURRENT PASSPORT & COMPLETE CERTIFICATION OF NO SOCIAL SECURITY NUMBER FORM
 - NON-RESIDENT: SUBMIT CURRENT WORK PERMIT, CURRENT PASSPORT OR BIRTH CERTIFICATE AND COMPLETE CERTIFICATION OF NO SOCIAL SECURITY NUMBER FORM
-

RESIDENCY VERIFICATION

- HOME OWNER: IF YOU OWN THE PROPERTY SUBMIT A CURRENT COPY OF THE TAX BILL OR MORTGAGE STATEMENT
 - RENTER: COPY OF CURRENT LEASE OR TENANT VERIFICATION FORM (MUST BE COMPLETED BY LANDLORD)
 - SUBSIDIZED HOUSING: IF RESIDING IN HOUSING (SECTION 8, HUD, OR TRA) SUBMIT AN "ASSISTANCE LETTER" / HOUSING VOUCHER
-

UTILITIES

- MOST RECENT UTILITY BILL (ALL PAGES) (PSE&G/ ROCKLAND/ FUEL)
-

INCOME: SUBMIT VERIFICATION OF ALL EARNED INCOME FOR ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18

EMPLOYMENT:

- WEEKLY PAY 4 CONSECUTIVE PAYSTUBS
- BI-WEEKLY PAY 2 CONSECUTIVE PAYSTUBS

UNEMPLOYMENT

- PROOF OF CLAIM BENEFIT FROM MAIL/ EMAIL

SELF EMPLOYED

- COPY OF PREVIOUS YEARS INCOME TAX RETURN WITH ALL PAGES AND SCHEDULES

PENSION, VETERAN, DISABILITY, SOCIAL SECURITY, SSI BENEFITS, WORKERS COMPENSATION OR DYFS STIPEND

- CURRENT "AWARD LETTER" WITH THE MONTHLY GROSS AMOUNT

NO INCOME

- HOUSEHOLD MEMBERS OVER 18 WITH NO INCOME MUST COMPLETE AND SIGN "ZERO INCOME FORM"

SCHOOL

- IF YOU ARE OVER 18 AND ATTENDING SCHOOL ON A FULL-TIME BASIS YOU MUST SUBMIT SCHOOL SCHEDULE WITH CREDITS OR A LETTER FROM SCHOOL INDICATING YOU ARE A FULL-TIME STUDENT

TANF, GENERAL ASSISTANCE

- COPY OF YOUR RECENT "AWARD LETTER"

CHILD SUPPORT / ALIMONY

- COPY OF COURT ORDER / PRINT OUT FROM CHILD SUPPORT UNIT OR ONLINE SITE.
- NOT COURT ORDERED THE PAYER CAN FILL OUT VERIFICATION OF CHILD SUPPORT/ALIMONY FORM

RENTAL INCOME

- SUBMIT PREVIOUS YEARS TAX RETURN WITH SCHEDULE E, OR COMPLETE RENTAL INCOME FORM

MONTHLY INTEREST OR DIVIDENDS

- SUBMIT A COPY OF END OF YEAR BANK SUMMARY OR 1099

IF YOUR INCOME IS NOT ENOUGH TO COVER YOUR RENT/ MORTGAGE AND THERE IS ASSISTANCE FROM FRIENDS OR FAMILY THEY MUST PROVIDE A WRITTEN STATEMENT SHOWING THE MONTHLY AMOUNT (LETTER MUST HAVE THEIR NAME, DATE, ADDRESS, PHONE NUMBER & SIGNATURE) OR THEY CAN COMPLETE THE FAMILY CONTRIBUTIONS FORM.

DOCUMENTOS REQUERIDOS PARA COMPLETAR LA SOLICITUD

SOLICITUD COMPLETADA Y FIRMADA Y FORMULARIO DE AUDIENCIA IMPARCIAL

IDENTIFICACIÓN

- TARJETAS DE SEGURO SOCIAL PARA TODOS LOS MIEMBROS DE LA FAMILIA Y ACTA DE NACIMIENTO O HUELLAS DE PIES PARA NIÑOS RECIÉN NACIDOS
 - DOCUMENTOS DE CUSTODIA PARA MENORES QUE NO VIVEN CON SUS PADRES.
 - **RESIDENTE LEGAL:** PRESENTE LA TARJETA DE RESIDENTE ACTUAL, SI ESTÁ VENCIDA O NO TIENE UNA, PRESENTE EL PASAPORTE ACTUAL Y COMPLETE EL FORMULARIO DE CERTIFICACIÓN DE NO TENER NÚMERO DE SEGURO SOCIAL
 - **NO RESIDENTE:** PRESENTAR PERMISO DE TRABAJO ACTUAL, PASAPORTE ACTUAL O CERTIFICADO DE NACIMIENTO Y COMPLETAR EL FORMULARIO DE CERTIFICACIÓN DE NO NÚMERO DE SEGURO SOCIAL
-

VERIFICACIÓN DE RESIDENCIA

- **PROPIETARIO DE LA VIVIENDA:** SI USTED ES DUEÑO DE LA PROPIEDAD, PRESENTE UNA COPIA ACTUAL DE LA FACTURA DE IMPUESTOS O EL ESTADO DE CUENTA DE LA HIPOTECA
 - **ARRENDATARIO:** COPIA DEL CONTRATO DE ARRENDAMIENTO ACTUAL O FORMULARIO DE VERIFICACIÓN DEL INQUILINO (DEBE SER COMPLETADO POR EL PROPIETARIO)
 - **VIVIENDA SUBSIDIADA:** SI RESIDE EN UNA VIVIENDA (SECCIÓN 8, HUD O TRA) PRESENTE UN "CARTA DE ASISTENCIA" / BONO DE VIVIENDA
-

UTILIDADES

- FACTURA DE SERVICIOS PÚBLICOS MÁS RECIENTE (TODAS LAS PÁGINAS) (PSE&G/ ROCKLAND/ OMBUSTIBLE
-

INGRESOS: PRESENTE LA VERIFICACIÓN DE TODOS LOS INGRESOS GANADOS PARA TODOS LOS MIEMBROS DEL HOGAR MAYORES DE 18 AÑOS.

EMPLEO:

- PAGO SEMANAL 4 RECIBOS DE PAGO CONSECUTIVOS
- PAGO QUINCENAL DE 2 RECIBOS DE PAGO CONSECUTIVOS

DESEMPLEO

- BENEFICIO DE PRUEBA DE RECLAMO POR CORREO POSTAL / CORREO ELECTRÓNICO

AUTÓNOMO

- COPIA DE LA DECLARACIÓN DE IMPUESTOS DE AÑOS ANTERIORES CON TODAS LAS PÁGINAS Y ANEXOS

PENSIÓN, VETERANO, DISCAPACIDAD, SEGURO SOCIAL, BENEFICIOS DE SSI, COMPENSACIÓN PARA TRABAJADORES O ESTIPENDIO DE DYFS

- U"CARTA DE ADJUDICACIÓN" ACTUAL CON EL MONTO BRUTO MENSUAL

SIN INGRESOS

- LOS MIEMBROS DEL HOGAR MAYORES DE 18 AÑOS SIN INGRESOS DEBEN COMPLETAR Y FIRMAR EL "FORMULARIO DE CERO INGRESOS"

ESCUELA

- SI TIENE MÁS DE 18 AÑOS Y ASISTE A LA ESCUELA A TIEMPO COMPLETO, DEBE PRESENTAR EL HORARIO ESCOLAR CON CRÉDITOS O UNA CARTA DE LA ESCUELA QUE INDIQUE QUE ES UN ESTUDIANTE DE TIEMPO COMPLETO

TANF, ASISTENCIA GENERAL

- COPIA DE SU RECIENTE "CARTA DE ADJUDICACIÓN"

MANUTENCIÓN DE LOS HIJOS / PENSIÓN ALIMENTICIA

- COPIA DE LA ORDEN JUDICIAL / IMPRESIÓN DE LA UNIDAD DE MANUTENCIÓN DE LOS HIJOS O DEL SITIO EN LÍNEA.
- NO ORDENADO POR LA CORTE: EL PAGADOR PUEDE LLENAR EL FORMULARIO DE VERIFICACIÓN DE MANUTENCIÓN DE LOS HIJOS/PENSIÓN ALIMENTICIA.

INGRESOS POR ALQUILER

- PRESENTAR LA DECLARACIÓN DE IMPUESTOS DE AÑOS ANTERIORES CON EL ANEXO E, O COMPLETAR EL FORMULARIO DE INGRESOS POR ALQUILER

INTERESES MENSUALES O DIVIDENDOS

- ENVÍE UNA COPIA DEL RESUMEN BANCARIO DE FIN DE AÑO O 1099



State of New Jersey

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

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Acting Commissioner

Fair Hearing Process

Any household is entitled to, and upon request will receive, an administrative review or a fair hearing if any of the following occurs:

- 1. The household's application is denied.
2. The household's application is neither approved nor denied within 60 days after application...
3. The benefit is less than the household believes it should be. Or
4. The benefit will be paid in a lesser amount than the household was notified.

Each household requesting a hearing will receive an initial review on the documentation available to the Department of Community Affairs' (DCA's) Division of Housing and Community Resources (DH&CR). The results of this administrative review will be conveyed to the household in writing, whereupon the household may either accept the findings of the DH&CR as the final decision or indicate its desire to proceed with a fair hearing.

The fair hearings process will be in accordance with established Work First New Jersey (WFNJ) program fair hearings procedures contained in N.J.A.C. 10:90-9

This is to confirm that I have received the Leaflet on Fair Hearing process from

GBCA on this day 20

Name Last 4 of SS#:

Signature

Date

Greater Bergen Community Action, Inc.

LIHEAP DEPARTMENT
294 Union Street
Hackensack, NJ 07601





**LIVES
CHANGED
HERE.**

Greater Bergen Community Action

294 Union Street
Hackensack, NJ 07601

201-488-5100

www.GreaterBergen.org

ZERO INCOME STATEMENT

(For each individual household member(s) age 18 or over who are unemployed, not full time students.*)

Head of Household/Applicant's Name _____

Head of Household/Applicant's Social Security# _____

City: _____ State: _____ Phone #: _____

MEMBER STATEMENT

I, _____ Social Security# _____

Age _____ Date of Birth _____, certify that I am a member of the above

household that applied for USF/LIHEAP benefits, and at the present time do not have any income from any source(s). The last time I had income was (Date) _____, in the amount of \$ _____.

This is to certify that the above information is true to the best of my knowledge. I am aware that I may be penalized for making false statements.

Zero Income Claimant Signature

Date

*All income for head of household that is also a full time student is counted.



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

Tenant Lease Verification Form

(This form is to be filled out only by the landlord and /or superintendent)

This is to verify that (tenant's name) _____ is residing at:

Street Address: _____ Apt. Number: _____

City, State, Zip Code _____ - _____

The number of occupants in this residence is: _____

Names of ALL members of the family living in the unit:

Rent payment amount: _____

Please verify heating arrangement:

- () Heat is including in rent, which is subsidized.
- () Heat is including in rent, which is not subsidized.
- () Tenant pays separate charge for heat.
- () Tenant is responsible for paying his/her own heating expenses.
- () Tenant pays separate charge for air conditioning.

Landlord's information:

First Name: _____ Last Name: _____

Address: _____

City, State, Zip code: _____

Phone Number: _____

 Landlord/Representative Signature

 Date





State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 051
TRENTON, NJ 08625-0051

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Acting Commissioner

PHYSICIAN'S CERTIFICATION FOR COOLING BENEFIT

NJDCA processes applications for cooling assistance to income-eligible households for which there is medical evidence that the health of at least one household member will be seriously endangered unless the household's living quarters are cooled.

Physician

Please complete and return this form to your patient. Complete all necessary information, sign, and provide medical office stamp.

Medical Office Stamp ->

Medical Office Stamp

Head of Household/ Applicant's Name: _____

Last four digits Head of Household/ Applicant's SSN: _____

Address: _____

City, State, Zip Code: _____ - _____

Telephone #: () _____ - _____

Patient's Name: _____

The last four digits of the Patient's SSN: _____

Name of Physician: _____

Address: _____

Telephone: _____

Physician's Signature: _____ Date: _____



Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 / 2023	12 / 31 / 2024	/ /	/ /
----------------	----------------	-----	-----

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____
Signature (see instructions) Date

▶ _____
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
Spouse's signature Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see **Chart for Individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Got a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for Individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than Individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.



**LIVES
CHANGED
HERE.**

Greater Bergen Community Action
294 Union Street
Hackensack, NJ 07601
201-488-5100
www.GreaterBergen.org

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LIHEAP/USF & WEATHERIZATION ASSISTANCE PROGRAM**

CERTIFICATION OF NO INCOME TAX FILING

I certify that I did not/ have not filed a Federal or State Income Tax Return for the calendar year 20__.

Name of Head of Household or Member

Signature

Date of Signature

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A
CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR
MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE
U.S. TO ANY MATTER WITHIN ITS JURISDICTION.**