



AFFORDABLE HOUSING ALLIANCE

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(732) 389 – 2204 or (732) 982 – 8710

UTILITY ASSISTANCE CLAIM OF ZERO INCOME IN HOUSEHOLD

Must be completed and signed by the applicant whose household has had no income for the past 30 days.

I, _____, state that no adult member of my household has received any source of income. I am aware income is any monetary payment received. Income includes but is not limited to employment, unemployment, social security, pension, TANF/GA, WFJNG, and real estate during the past 30 days.

During the past 30 days, describe how your household has met the following basic needs for:

Mortgage/Property Taxes: _____ **OR** Rent: _____

Food: _____

Cell phone: _____

Car Payment(s)/insurance: _____

If these bills are being paid and are not behind, you must explain the source(s) of income used to pay for the basic expenses. If you're behind in rent /mortgage, documentation must be provided. If receiving monetary help from family or friends, a contribution letter must be submitted with the amount they are helping you. If receiving rental assistance, a voucher must be provided.

I am aware I may be penalized for making false statements on the application.

Applicant's signature: _____ Date: _____

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"The Alliance mission is to improve the quality of life for all new Jersey Residents by developing and preserving affordable housing, by providing services to maintain housing affordability, by providing housing education, and by helping communities meet their legal and moral housing obligations.

