

Home Weatherization Program Application Instructions, Terms and Conditions.

Program period ending June 30, 2024.

TO BE ELIGIBLE

1. You must meet the moderate-income qualifications (refer to check boxes on the right).
2. You must be a residential customer, who resides in a single family or a multi-family dwelling with up to 3 units;
3. You must have an active New Jersey Natural Gas (NJNG) residential heating account in your name serving your primary residence, which is only for your unit and not shared with any other residence; and
4. If you are a homeowner, you must own your home for a minimum of one year. Homes that are 0 to 5 years old or under builder's warranty are excluded.

OR

5. If you are a renter, you must obtain consent of Landlord and your home must be located in an overburdened community.

NJNG's Home Weatherization Program for income-qualified customers reserves the right to verify Income, if deemed necessary. Please complete the required information on page 2 of this application and return it. Upon receipt, you will be contacted to schedule your energy audit, if eligible for the Moderate-income Weatherization Program. Application form follows on the next page.

Moderate-income Qualifications

Required – please check all boxes below that apply:

- Moderate-income Census Tract (<https://geomap.ffiec.gov/ffiecgeomap/>)
- Currently participating in New Jersey SHARES (NJSHARES)
- Customer's income is between 250-400% of the Federal Poverty Guidelines (reference 2024 chart below):

| 2024 | | |
|-------------|----------------------------------|-----------------------------|
| Family Size | NJNG Home Weatherization Program | |
| | Minimum Yearly Gross Income | Maximum Yearly Gross Income |
| 1 | \$37,651 | \$60,240 |
| 2 | \$51,101 | \$81,760 |
| 3 | \$64,551 | \$103,280 |
| 4 | \$78,001 | \$124,800 |
| 5 | \$91,451 | \$146,320 |
| 6 | \$104,901 | \$167,840 |
| 7 | \$118,351 | \$189,360 |
| 8 | \$131,801 | \$210,880 |

INCOME CERTIFICATION

By signing here, I certify under penalty of law that the information I have provided above in the income verification section is true and complete. I understand that I may be contacted by NJNG to confirm and verify proof of eligibility at a later date and I further understand that if I give false information or withhold information in order to make myself eligible for the program, I am subject to punishment.

Customer signature: _____ **Date:** _____

Questions? Call 877-455-NJNG (6564).

The Home Weatherization Program provides free energy-efficiency measures to income-eligible NJNG customers.

Home Weatherization Program Application

CUSTOMER INFORMATION

| | | | |
|---|--------|---|----------------------------------|
| Name of account holder on record: | | Electric utility: <input type="checkbox"/> Atlantic City Electric <input type="checkbox"/> PSE&G | |
| | | <input type="checkbox"/> Municipal <input type="checkbox"/> JCP&L | |
| Street address: | | Apt. number: | Electric utility account number: |
| City: | State: | ZIP code: | NJNG account number: |
| Directions or nearest cross street(s) to home: | | | |
| Email address: | | | |
| Phone (day): | | Phone (evening): | |
| Cell phone: | | Best time to call: | |
| Primary language spoken in home: | | | |
| Ethnic origin: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Non-Hispanic or Latino | | Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Prefer not to answer | |
| Additional contact name: | | Relationship: | Phone: |

ELIGIBILITY QUALIFICATION

Enrolling via full-income document verification process:

Household Gross Yearly Income _____ with _____ members of the household.

| | | |
|-----------|----------------------------|----------------|
| Member 1: | Relationship to applicant: | Date of birth: |
| Member 2: | Relationship to applicant: | Date of birth: |
| Member 3: | Relationship to applicant: | Date of birth: |
| Member 4: | Relationship to applicant: | Date of birth: |

Household Gross Yearly Income Guidelines (reference 2024 chart on cover page) as established by the Federal Government (for all household residents) is at or below:

Self-certification – Must meet the income guidelines and live in a moderate-income census tract.

- \$37,651 - \$60,240 with 1 occupant \$51,101 - \$81,760 with 2 occupants \$64,551 - \$103,280 with 3 occupants
 \$78,001 - \$124,800 with 4 occupants \$91,451 - \$146,320 with 5 occupants \$104,901 - \$167,840 with 6 occupants
 \$118,350 - \$189,360 with 7 occupants \$131,801 - \$210,880 with 8 occupants

Check if you are participating in: New Jersey SHARES (NJSHARES)

Type of dwelling: Single family Rent (landlord/manager consent will be necessary) Residence up to three-unit dwelling
 Own

| | | | |
|-----------------------------|--------|-------------|-----------|
| Landlord name (if renting): | Phone: | Cell phone: | |
| Landlord address: | City: | State: | ZIP code: |

Landlord email address:

I, (please print) Owner or Landlord/Manager of the property listed above ("Property"), agree to permit New Jersey Natural Gas Company Home Weatherization for Income-Qualified Customer Program's authorized subcontractor to perform an energy conservation survey, and install and inspect the energy conservation measures at the Property at NO COST to the participant, owner, or manager. By signing below, I hereby release from any and all liability and damage, NJNG and its agents and authorized subcontractors. I consent to replace the non-energy efficient devices FREE of charge and release all old devices to the installer(s). I authorize the Program installer(s) to enter individual apartment units, common areas, basements, or any area of the Property as needed.

Owner or landlord/manager signature: _____ Date: _____

Do you pay directly for your heating? Yes No

Type of account: Residential Commercial (not eligible)

Is your utility service currently active? Yes No (site visit cannot be scheduled until activated)

I certify that all information provided above is correct to the best of my knowledge, and I give the New Jersey Natural Gas Home Weatherization Program for Income-Qualified Customers and its subcontractors permission to: 1) share the information I have provided above with all parties planning to do work on my home and/or evaluate my energy usage; 2) use, at no charge, any description or pictures relating to the work performed at my home for the purposes of program administration, training, and presentations; and 3) provide reasonable access to my home to inspect the work performed. I understand and agree that all work is guaranteed for a period of one year. By participating in the NJNG's energy-efficiency and peak demand reduction programs, I agree my electric utility will maintain ownership of all Capacity Rights from electricity savings measures, which refers to the demand reduction associated with any energy-efficiency and peak demand reduction measure for which incentives were provided by NJNG. My electric utility will aggregate these energy-efficiency demand reduction attributes into the PJM capacity market as appropriate, with proceeds being used to reduce customers' costs for the programs. NJNG and/or its designees, including program administrators and evaluation contractors, reserve the right to review installations to verify completion and measure energy savings to ensure compliance with all program requirements. Such reviews will be made at a mutually agreeable time for the parties. Misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.

By signing here, I certify under penalties of law that the information I have provided as part of this application is true and complete. I understand that I may be contacted by NJNG to confirm and verify proof of eligibility at a later date, and I further understand that if I give false information or withhold information in order to make myself eligible for the program, I am subject to punishment.

Customer signature: _____ Date: _____

MAIL INSTRUCTIONS

New Jersey Natural Gas
SAVEGREEN
1415 Wyckoff Road, P.O. Box 1464
Wall, NJ 07719-9986

www.savegreen.com

For assistance completing your application, contact 877-455-NJNG (6564) or savegreen@njng.com.
For application updates and questions post-submission, contact savegreenrepayment@njng.com.

