



HOME ENERGY ASSISTANCE PROGRAM/UNIVERSAL SERVICE FUND

Dear Applicant:

Greater Bergen Community Action, Inc. is pleased to advise you that the Home Energy Assistance Program will be processing applications starting September 1, 2013, through April 30, 2014. However, the program deadline may change. ***(After that date, we will not accept any applications for LIHEAP.)*** The application will be reviewed to determine your eligibility for the **HOME ASSISTANCE PROGRAM** as well as any additional energy services such as **WEATHERIZATION** and **UNIVERSAL SERVICES FUND**. In order for us to review your application accurately, please advise all household members of your request for assistance. **(THIS WILL HELP TO PREVENT DUPLICATE APPLICATIONS.)**

To apply for **HOME ENERGY ASSISTANCE/USF**, please return a completed application and all required documentation in the enclosed envelope prior to April 30, 2014. **Any application received with incomplete documents will be denied automatically.** 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) 968-0200, ext. 7008 Monday – Friday, 9:00 AM – 3:00 PM. Intake office hours are Monday – Wednesday, 9:00 AM – 11:00 AM & 1:00 PM – 3:00 PM and Thursday 9:00 AM – 11:00 AM, 1:00 PM – 3:00 PM, & 5:00 PM – 7:30 PM. There will be no exceptions.

Sincerely,

Debra Nicholson
Utility Program Administrator

Enclosures
Program Introduction Letter
Warning Notification
Required Documents List
HEA/WAP/U.S.F. Application
Income Guidelines
Affidavit of No Income
Verification of Employment
Certification of No Income Tax Filing (**Form 4506-T**)
Tenant Verification Sheet
Doctor's Certification Form
Return Envelope

WARNING NOTICE

**PLEASE BE ADVISED THE LIST OF REQUIRED
DOCUMENTS (CANARY COLORED PAPER) IS ENCLOSED
WITH YOUR APPLICATION AS WELL AS THE
APPLICATION INSTRUCTIONS**

READ THEM CAREFULLY!

**NOT SUBMITTING ALL THE REQUIRED
DOCUMENTS**

**WILL RESULT IN THE IMMEDIATE DENIAL OF
YOUR APPLICATION!**

**MAKE CERTAIN TO SUBMIT A CURRENT COPY
OF ALL FUEL UTILITY BILLS YOU PAY.**

DOCUMENTS NEEDED TO COMPLETE APPLICATION **NEW**

Office Hours Monday, Tuesday, Wednesday & Thursday 9:00am–11:00am & 1:00pm – 3:00pm

Thursday night from 5:00pm to 7:30pm

(201) 968-0200 Ext: 7008

❖ Proof of income for all household members 18yrs or older

- (Weekly last 4 consecutive pay stubs/Bi-weekly last 2 consecutive pay stubs and the **Verification of Employment** form).
- (If you are unemployed, you must fill out **Affidavit of No Income** form).
- (If you are collecting unemployment, you must submit unemployment award letter).
- (If you are over 18 and attending school on a full time basis, you must submit school schedule with credits on it and/or letter from school indicating you're attending full time).
- (If your income isn't enough to cover your rent and there is someone helping out then we need a statement from them with an amount on it).
- (Current Income Tax Return for 1st time applicants & self employees. If don't file taxes, please sign the Certification of no Income Tax Filing & **4506-T** form).
- (If receiving any kind of governmental benefit (SSA, SSI, SSD) then submit current proof such as copy of the check, current award letter or bank statement if it's direct deposited only).

- **Social Security cards for all household members** (Copy of card will be accepted).

- (If you are a legal resident, submit copy of your Resident Card).
- (If you don't have a Resident Card, submit a copy of current passport).

❖ Most recent utility bill (all 3 pages) and last bill of fuel deliverables

❖ Proof of ownership or rent

- (Current lease or **Tenant Verification** form)
- (Housing letter if you receive section 8).
- (Mortgage statement and tax bill).
- (If you have more than one family house, you must complete a **Rental Income** form for each unit).

LOW INCOME ENERGY ASSISTANCE PROGRAM

2013 – 2014 FACT SHEET

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. This year the application period is September 1, 2013 to April 30, 2014. To apply for LIHEAP, contact 241 Moore Street, Hackensack, New Jersey, 07601 or call (201) 968-0200 ext. 7008. Home visits are available to assist **disabled** and **home bound** individuals filing for LIHEAP.

To be eligible for LIHEAP benefits, the applicant household must be responsible for home heating or cooling costs, either directly or included in the rent; and have gross income below 200% of the federal poverty level. The chart below gives specific monthly gross income maximums for FFY 2013. Persons who live in public housing and/or receive rental assistance **ARE NOT ELIGIBLE** unless they pay for their own heating/cooling costs directly to the fuel supplier. The amount of the LIHEAP heating benefit is determined by income, household size, fuel type, and heating region. This year, the medically necessary cooling assistance benefit is set at \$200.

An eligible household that heats with natural gas or electricity may have its benefits directly forwarded to its utility company. Otherwise, in most cases eligible households directly responsible to a fuel supplier for payment of home heating costs receive a two-party check in the name of the applicant and the fuel supplier. Households whose heating costs are included in their rent receive a single party check made out to the eligible applicant. A household receiving medically necessary cooling benefits also receives a single party check.

Please Note: The FFY 2013 LIHEAP application is also an application for the Universal Service Fund (USF). You apply for two benefit programs at the same time. 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 be below 175% of the federal poverty level (income guidelines listed below), **and** pay more than 3% of its annual income for electricity or more than 3% for natural gas. If a household has electric heat, it must spend more than 6% of its annual income on electricity to be eligible. For more information about USF, call: 1-866-240-1347.

Additional information about LIHEAP and USF, including applications, is available at: www.energyassistance.nj.gov

MAXIMUM MONTHLY GROSS INCOME ELIGIBILITY LEVELS FFY 2013

Household Size	USF Income Guidelines	LIHEAP Income Guidelines
1	\$1,629	\$1,862
2	\$2,207	\$2,522
3	\$2,784	\$3,182
4	\$3,362	\$3,842
5	\$3,939	\$4,502
6	\$4,517	\$5,162
7	\$5,094	\$5,822
8	\$5,672	\$6,482
9	\$6,249	\$7,142
10	\$6,827	\$7,384
11	\$7,404	\$7,538
12	\$7,982	\$7,692

Note: To determine eligibility for household sizes great than 12, add \$578 (USF) and \$154 (LIHEAP) for each additional member.

NEW JERSEY HOME ENERGY PROGRAMS

Home Energy Assistance
Universal Service Fund
Weatherization Assistance



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 200% of the Federal Poverty Level and be responsible for the cost of heating.

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 175% of the Federal Poverty Level and pay more than 3% of its annual income for electric, or more than 3% for natural gas. If a household has electric heat, it must spend more than 6% of its annual income on electricity to be eligible.

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 200% of the Federal Poverty Level.

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.

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

NJ FamilyCare is publicly funded health insurance for uninsured children 18 and under and certain low income parents. It is free for most children or very low cost. The family can choose from several HMOs which will cover services such as doctor visits, prescriptions, vision, and dental care for most kids, and even hospitalization. Eligibility is based on family size (parents/guardian and children) and monthly income. Most immigrants whose documents allow them to live here permanently are eligible. For undocumented residents, their children may be eligible if born in the U.S. For more information call 1-800-701-0710 or visit www.njfamilycare.org where you can apply online or check yes to the NJ FamilyCare question on this application and a NJ FamilyCare application will be sent to you. If you have a child 18 or under who does not have Medicaid (either through the County, SSI or DYFS), NJ FamilyCare or other healthcare insurance, check the box (page 4 question 13-8) and you will be sent an application in the mail.

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

Instructions for LIHEAP/USF/WX 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., Connectiv, 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.*

<input type="checkbox"/> 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)	
<input type="checkbox"/> 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.	
<div style="background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">Earned and Unearned Income</div> <input type="checkbox"/> 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. <input type="checkbox"/> b. If self employed: Copy of latest federal income tax statement with supporting documentation. <input type="checkbox"/> c. Pension, veteran and disability, Soc. Sec. or SSI benefits (including children benefits): Copy of checks or benefit award letter. <input type="checkbox"/> d. Unemployment benefits: Copy of award statement or 2 benefit pay stubs. <input type="checkbox"/> e. Child support/Alimony: Statement of total monthly support. <input type="checkbox"/> f. Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter. <input type="checkbox"/> g. TANF or General Assistance (welfare): Award Letter or printout. <input type="checkbox"/> h. Interest or Dividends: Bank statement, Investment company statement.	<div style="background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">Unemployed household members age 18 and over must have the following:</div> <input type="checkbox"/> a. Zero Income Statement (Applicant) (Not Notarized) <input type="checkbox"/> b. Zero Income Statement for other member of household (Not Notarized) <input type="checkbox"/> c. If a full time student (other than applicant), a letter which must be on school letterhead.
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 3. If you own your home: (All documentation below, if applicable) </div> <div> <input type="checkbox"/> 4. If you rent: Current rent receipt and/or current lease agreement. </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> a. Proof of ownership: Copy of mortgage, tax bill, or deed. <input type="checkbox"/> 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). <input type="checkbox"/> c. Probate sale contract. <input type="checkbox"/> d. Lease agreement indicating heating arrangements. </div> <div style="width: 48%;"> <input type="checkbox"/> 6. Proof of U.S. Citizenship or Legal Residency Status: (Please provide one of the following) <input type="checkbox"/> a. Social Security card. <input type="checkbox"/> b. Copy of Medicaid/Medicare card. <input type="checkbox"/> c. Documentation from U.S. Department of Citizenship and Immigration Services. <input type="checkbox"/> d. USCIS Temporary Work Permit. </div> </div>	
<input type="checkbox"/> 5. Current energy bills: (Please include all that apply) <input type="checkbox"/> a. Gas and electric bill. <input type="checkbox"/> b. If your primary source of heat is other fuels, such as oil or propane, provide a copy of your bill.	
<input type="checkbox"/> 7. Public Housing/Rental Assistance: Your Housing Authority proof of residence letter or lease agreement.	
<input type="checkbox"/> 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)	

** 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. #

City 05

State 06

Zip Code 07

Telephone Number 08

09 Housing Type

☐ Single Family

☐ Semi Detach

☐ Row/Townhouse

☐ Multi Dwelling

☐ Mobile Home

☐ Board/Room

☐ Group Home

10 Mailing Address

Street Address

Apt. #

City

State

Zip Code

Alternate Telephone Number

11 List all household members including applicant (Please Print)

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

12 Are you applying for:

☐ HEA

☐ USF

☐ *COOLING

☐ WEATHERIZATION

**When applying for cooling benefits, you must attach a doctor's note to prove medical need.*

13 Please answer the following questions:

1. Do you own a home?

☐ Yes

☐ No

2. Do you pay for your own heat?

**If no, check the alternative that best describes your heating arrangement:*

☐ A. My heat is paid by others.

☐ B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.

☐ C. I pay only for a secondary source of heat (such as a wood stove, a kerosene stove, electric heater, etc.)

☐ D. My heat is included in my rent, which is not subsidized.

☐ E. I pay a separate charge to my landlord for heat.

3. Do you live in subsidized housing?

☐ Yes

☐ No

4. Do you receive rental assistance?

☐ Yes

☐ No

5. Do you live in a Residential Health Care Facility?

☐ Yes

☐ No

6. Is anyone in your household receiving TANF?

☐ Yes

☐ No

7. Is anyone in your household receiving Food Stamps?

☐ Yes

☐ No

8. Do you want a NJ FamilyCare health insurance application mailed to you?

☐ Yes

☐ No

FOR OFFICE USE ONLY

Verification Included?

☐ Yes

☐ No

14 Primary Heating Fuel Type

☐ Oil

☐ Propane

☐ Wood

☐ Natural Gas

☐ Electricity

☐ Kerosene

☐ Coal

15 Heating Fuel Supplier Name

16 Natural Gas Account #

17 Natural Gas Supplier Name

18 Electric Account #

19 Electric Supplier Name

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

20 Authorized Representative

Last Name _____ First Name _____ MI _____

Street Address _____

Apt. # _____

Telephone Number (_____) _____ - _____

City _____

State _____

Zip Code _____

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.*

Household Income			
	Names	*Pay Cycle	Income Source
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

Total Monthly Household Income: \$ _____ Total Annual Household Income: \$ _____

AGENCY NAME: _____

COMMENTS: _____

INTERVIEWER: _____

CERTIFICATION: ☐ APPROVED - WAP ☐ INCOME ELIGIBLE

☐ APPROVED - MULTI-DWELLING UNIT ☐ NON INCOME ELIGIBLE

☐ NOT APPROVED

DATE HOME AUDIT WAS CONDUCTED: ____/____/____

☐ LANDLORD CONTRIBUTION \$ _____

DATE APPLICATION WAS RECEIVED: ____/____/____

☐ DOE \$ _____

ADJUSTED APPLICATION DATE: ____/____/____

☐ UTILITY FUNDS \$ _____

ACTUAL COST: \$ _____

☐ DHS \$ _____

PRO-RATED COST: \$ _____

☐ OTHER \$ _____

By: _____

Weatherization Manager _____ Date _____

FOR WEATHERIZATION OFFICE USE ONLY

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: DATE:

Signature of Applicant (must be same as person listed in #1)

If someone helped the applicant complete this application, such person must sign below.

SIGNATURE: DATE:

Signature of Helper / Authorized Representative
Month-Day-Year

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 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.*
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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

1-888-773-8326

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.



VERIFICATION OF EMPLOYMENT

To Employer	
Name	
Address	
Contact	
Fax	

From Agency	
Name	Greater Bergen Community Action
Address	241 Moore Street Hackensack, NJ 07601
Contact	
Phone	201-698-0200 Ext _____

Social Security Number _____

Applicant Name	
----------------	--

I hereby authorize the release of my employment information.

Applicant Signature

Date



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

CERTIFICATION OF NO INCOME TAX FILING

I certify that my household did not file a Federal or State Income Tax Return for the calendar year 20__.

Name of the Head of Household

Signature

Date

**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.**

Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

[Greater Bergen Community Action, Inc. 241 Moore Street Hackensack, N.J. 07601](#)

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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 1120A, Form 1120H, Form 1120L, 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 30 calendar 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 30 calendar 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 2010, filed in 2011, will not be available from the IRS until 2012. 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 45 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. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

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, **either** husband or wife must sign. If signed by a corporate officer, partner, 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.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	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.

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

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. You can also designate (on line 5) a third party to receive the 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.

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

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 below shows two different addresses, send your request to the address based on the address of your most recent return.

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 "Order a Transcript" or call 1-800-908-9946.

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 the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, 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	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	512-460-2272
	559-456-5876
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
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, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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. If you completed line 5 requesting the information be sent to a third party, 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.

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.

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.

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 Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.



TENANT VERIFICATION FORM

THIS FORM IS TO BE FILLED OUT ONLY BY THE LANDLORD AND/OR SUPERINTENDENT

Date: _____

File #: _____

This is to verify that _____ is residing at:

TENANT'S NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

Please verify heating arrangements (ONLY CHECK ONE)

- A _____ Heat is included in rent, which is subsidized.
B _____ Heat is included in rent, which is **not** subsidized.
B1 _____ Tenant only pays for basic electric.
B2 _____ Tenant only pays for cooking gas.
C _____ Tenant is responsible for paying their heating expenses: Type: ____ GAS ____ ELECT ____ OIL
D _____ Tenant pays separate charge of \$ _____ towards heating or cooling costs
E _____ All utilities are included in tenants rent.

Amount of monthly rent **client** pays: \$ _____ Amount of rent **subsidy** pays: \$ _____ Total \$ _____

Number of Occupants in apartment: _____ Adults: _____ Children: _____

Landlord's Name (Please Print) _____

Landlord's Signature _____

Address _____

Phone #: () _____ **Date:** _____

***Client:** I certify that the information given is true which may be verified to determine my eligibility and benefits for the Weatherization Assistance Program.

Phone #: () _____ **Date:** _____

Client's Signature _____