

## **Reduce Your Energy Bills Through the FREE New Jersey Comfort Partners Program**

If you are an income-eligible customer who heats with natural gas, New Jersey Comfort Partners Program will conduct a free evaluation of your home and provide free installation of energy conservation measures. This statewide initiative is administered by the New Jersey Board of Public Utilities, Office of Clean Energy.

You may qualify automatically if you receive benefits from any of the following programs:

**Low Income Home Energy Assistance Program (LIHEAP)**

**Lifeline Credit Program**

**Pharmaceutical Assistance to the Aged and Disabled (PAAD)**

**Supplemental Security Income (SSI)**

**Universal Service Fund (USF)**

**Work First New Jersey/General Assistance (GA)**

**Work First New Jersey/Temporary Assistance to Needy Families (TANF)**

You may also qualify if your income does not exceed the following guidelines:

### **Income Eligibility Limits for New Jersey Comfort Partners Program\***

<b>Family Size</b>	<b>Annual Income</b>	<b>Family Size</b>	<b>Annual Income</b>
1	\$25,853	5	\$62,033
2	\$34,898	6	\$71,078
3	\$43,943	7	\$80,123
4	\$52,988	8	\$89,168

\*Income guidelines subject to change

*(Please see reverse side for New Jersey Comfort Partners Program inquiry form.)*

For more information, visit the Save Energy & Money section of [njng.com](http://njng.com) and click on Residential Programs, or call 800-221-0051.



If you qualify for this free home energy improvement program (see income eligibility limits), please complete and mail the form below. **DO NOT include with payment of your natural gas bill.** If you do not heat with natural gas, we will forward your application to the appropriate energy provider.

## New Jersey Comfort Partners Program Inquiry Form

**Yes! I would like to apply for the  
free home energy improvement program.**

Name \_\_\_\_\_

Service Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

Cell Phone Number (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

I receive benefits or financial assistance from  
the following programs (please list all programs  
that apply) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I meet the income limits on the previous page  
I  own or  rent my home

**My heating fuel is:**

natural gas    electric    oil    other

**My NJNG account number is:**  
\_\_\_\_\_

Customer Signature \_\_\_\_\_

**Mail to: New Jersey Natural Gas**

**Energy Assistance**

**P.O. Box 1464, Wall, NJ 07719**

Para hablar con un representante del servicio de  
cliente en el español acerca de este programa, llame  
800-221-0051.