NJ DEPARTMENT OF Community Affairs

Winter Termination Program

If you are having trouble paying your residential electric, sewer and water service bills this winter, the NJ Department of Community Affairs has a program to protect you from having these utilities turned off from

November 15 through March 15

Who is Eligible?

You qualify for protection during this period if you are being helped by one of the programs listed below:

- Federal Home Energy Assistance Program (HEAP)
- Temporary Assistance to Needy Families (TANF)
- Federal Supplemental Security Income (SSI)
- Pharmaceutical Assistance to the Aged and Disabled (PAAD)
- General Assistance (GA) benefits
- Universal Service Fund (USF)
- Low-income Household Water Assistance Program
- Lifeline Credit Program

OR

You are unable to pay your utility bills because of circumstances beyond your control such as unemployment, illness, medically related expenses, recent death of an immediate family member, and any other circumstances, which might cause financial hardship.

What do you have to do?

1. If you qualify for protection from shut-off during this period, you should contact your utility company to advise the company that you are eligible for coverage under the State's Winter Termination Program. You should also pay as much as you can on your bill(s) during the winter.
2. Customers also have the option to complete the following Self-Certification form and provide this form to their utility company as a way of notifying the company of their eligibility for protection. When using the Self-Certification form it is recommended that a copy of the form be retained for one's personal records. **Click here for the Self-Certification Form**

Please note that completion and submission of the Self-Certification form to your utility company is NOT required in order to receive protection under the Winter Termination Program. Protection under the Winter Termination Program can be obtained by verbally advising your utility company(ies) of your eligibility or by submitting this Self-Certification form to the utility company. In either case, please contact your utility company's customer service number to report your eligibility and/or learn how it wishes to receive the Self-Certification form. You should also log onto DCAid: https://dcaid.dca.nj.gov/en-US/are-you-eligible or contact **NJ211 at 211** or 1-877-652-1148 for possible assistance with your utilities.

Winter Termination Program

Dear Customer:

Are you having trouble paying your electric, sewer and/or water bills?

If the answer is yes, you may be able to temporarily stop your service from being disconnected through the State's Winter Termination Program.

The Winter Termination Program prevents service discontinuation for eligible households from November 15th through March 15th.

Your service cannot be disconnected from November 15th through March 15th if you are receiving benefits from one of the below programs:

1. Federal Home Energy Assistance Program (HEAP).
2. Temporary Assistance to Needy Families (TANF).
3. Federal Supplemental Security Income (SSI).
4. Pharmaceutical Assistance to the Aged and Disabled (PAAD).
5. General Assistance (GA) benefits.
6. Universal Service Fund (USF).
7. Low-Income Household Water Assistance Program.
8. Lifeline Credit Program
9. State or local program that provides assistance, specifically, to help eligible customers pay electric, sewer, or water bills.

You may also be eligible if you are unable to pay your utility bills because of circumstances beyond your control, such as being unemployed, illness, medical-related expenses, recent death of an immediate family member, or any other circumstances that might cause financial hardship.

To qualify for the Winter Termination Program, you can either send the attached Self-Certification Form to the following address and/or email _____. OR call us at _____.

Please be advised that this debt does not go away, all of the money that you owe must be repaid after March 15, 2024 or your services may be disconnected.

Please visit the DCAid website https://dcaid.dca.nj.gov/en-US/are-you-eligible/ OR call NJ211 (dial 2-1-1) for possible assistance with your past-due bills.

Attached is a copy of the Self-Certification Form.

Winter Termination Program Self-Certification

As an alternative to verbally advising their utility company of their eligibility to receive protection under the Winter Termination Program, customers may complete this Self-Certification form and submit the form to their utility company(ies). It is recommended that a copy of this form be retained by the customer for their records. ***Please note that completion and submission of the Self-Certification form to your utility company is NOT required in order to receive protection under the Winter Termination Program. Protection under the Winter Termination Program can be obtained by verbally advising your utility company(ies) of your eligibility or by submitting this Self-Certification form to the utility company. Please contact your utility company's customer service number to learn how it wishes to receive this form.***

Head of Household's Name: _____

Address: _____

I certify that I am receiving assistance from one or more of the below programs and am requesting protection under the NJ Department of Community Affairs' Winter Termination Program:

- ☐ Federal Home Energy Assistance Program (HEAP)
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Federal Supplemental Security Income (SSI)
- ☐ Pharmaceutical Assistance to the Aged and Disabled (PAAD)
- ☐ General Assistance (GA) benefits
- ☐ Universal Service Fund (USF)
- ☐ Low-income Household Water Assistance Program
- ☐ Lifeline Credit Program

OR

I certify that I am unable to pay my local authority and/or municipal utility bill due to circumstances beyond my control and am requesting protection under the NJ Department of Community Affairs' Winter Termination Program.

Please select the circumstances under which you are requesting protection under the Program:

- ☐ Laid off/unemployed
- ☐ Illness
- ☐ Medically related expenses
- ☐ Recent death of an immediate family member
- ☐ Other: _____

I certify the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment in accordance with law

Signature: _____

Date: _____