



Charge Up+ Program Public Assistance Benefits Attestation Form

Charge Up+ applicants electing to provide proof that they are currently receiving benefits from Comfort Partners, Social Security, or Social Security Disability Insurance (SSDI) are additionally required to self-attest any earned or unearned income.

Please read, fill out all relevant fields below and sign and date at the bottom.

By signing this application, I, _____(name), attest and affirm the following:

1. I have read, understand, and agree to the Program Terms and Conditions.
2. I am currently receiving public assistance from the following approved programs:
 - Comfort Partners
 - Social Security
 - Social Security Disability Insurance (SSDI)
3. The total annual dollar amount for each income source below, that I received during the 2023 calendar year was as follows:

Source	Annual Total for 2023
Wages	\$
Unemployment	\$
Workers Compensation	\$
Social Security	\$
Supplemental Security Income	\$
Public assistance	\$
Veterans' payments	\$

Survivor benefits	\$
Pension or retirement income	\$
Interest or dividends	\$
Rents	\$
Royalties	\$
Income from estates or trusts	\$
Educational assistance	\$
Assistance from outside the household	\$
Other miscellaneous sources	\$ If other, please specify: _____
Total Annual Income	\$

4. Other than the information provided in sections above, I did not earn any additional income for 2023. In the event additional income for 2023 is discovered after submitting this document, I will promptly notify the Program in writing.

5. I certify under penalty of perjury that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct. I will notify the Program within ten (10) days of application submission to correct any errors. I understand that I may be subject to certain penalties as set forth in the Program Terms and Conditions for providing false or misleading information.

6. I agree to provide my Personal Information (defined below) as part of this application and understand and agree that my Personal Information will be shared with the following parties for the following purposes:
 - a) The Center for Sustainable Energy (CSE), so they may contact me, process my rebate, and enforce the Program Terms and Conditions.
 - b) The New Jersey Board of Public Utilities (NJBP), distribute my rebate funds and enforce Program Terms and Conditions.
 - c) Any other party pursuant to a public records request under which this rebate application is deemed a “responsive record”, in which case NJBP may release some or all of my Personal Information to a third party as required by New Jersey law.

Personal Information may include, but is not limited to, an Applicant's name, address, email address, social security number, driver license number, income, telephone number, racial identity, ethnicity, age, and gender identity.

Submission of any false statement or information by an applicant may result in criminal liability in accordance with applicable state or federal statutes, and any such false statement may result in incentive denial or incentive reimbursement denial and/or removal and future ineligibility from the Program.

Signature of Applicant:

Date: _____