

On-Bill Repayment Application

This is not a contract nor does it lock you into any commitment with a contractor. This is an application that will allow us to proceed to review your request to participate in the New Jersey Natural Gas (NJNG) On-Bill Repayment Program. This will include reviewing your credit history. Please complete all fields. If you have any questions, please call 732-378-4932.

A. Applicant Information -

Dollar amount requested: \$ _____ (Minimum \$2,500 to a Maximum amount of \$10,000;
Term of repayment will be 10 years – 120 monthly payments)

New Jersey Natural Gas Account Number:

First Name: _____ Last Name: _____

Installation Address: _____ Social Security No.: _____

City: _____ State: NJ Zip: _____

Billing Address: _____

City: _____ State: NJ Zip: _____

Daytime Phone: _____ E-mail Address: _____

JOINT APPLICANT (if any)—All individuals listed on the NJNG account number set forth above must join in this application as a joint applicant who will be jointly and severally liable for the repayment obligation.

First Name: _____ Last Name: _____

Relationship to Applicant: _____ Social Security No.: _____

City: _____ State: NJ Zip: _____

Does the applicant currently Own Rent Years applicant at Current Address _____

Does the applicant own and reside at the above installation address: Yes No

Dwelling Type (Multiple Dwelling Units, defined as five or more units at the same address, do not qualify)

Single Family Duplex Other If "Other," please describe: _____

Name of nearest relative to applicant not living with applicant: _____

Telephone: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Has applicant or any joint applicant declared bankruptcy in the last 14 years? Yes No

Name of person declared bankrupt _____

Where did person declare bankrupt? _____ Year of bankruptcy _____

I ("we" if more than one person is signing this application) certify that everything stated in this application is correct to the best of my/our knowledge. NJNG will retain this application whether or not it is approved. NJNG is hereby authorized to check the credit history of all persons signing this application and to answer questions about NJNG's credit experience with all such persons.

Applicant's Signature /Date

Joint Applicant's Signature/Date (where applicable)

Print Applicant's Name: _____ Print Joint Applicant's Name: _____

Send completed and signed repayment application form (keep copy for yourself) to the following address:
SAVEGREEN PROJECT OBRP • New Jersey Natural Gas • 1415 Wyckoff Road • PO Box 1464 • Wall, NJ 07719-9986
E-mail: SAVEGREENRepayment@NJNG.com • Fax: 732-378-4935

B. Contractor/Installer – All fields must be completed by the HPES contractor/installer.

HPES Contractor/Installer: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: NJ Zip: _____ E-mail Address: _____

Daytime Phone: _____ Fax Number: _____

Heating System Information (Check one, if applicable) Conversion from Electric Propane Oil

FOR OFFICE USE ONLY

Date Received: _____ Approved: _____