



Office Use Only:
Date Stamp
2017-2018

Minimum Eligibility Requirements for the PAGE Program

Applicants who wish to apply **MUST** meet all of the following criteria
Annual income per client household size must fall within the following range:

| Household Size | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person | 9 Person |
|-----------------------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Minimum Annual Income | \$24,132 | \$32,496 | \$40,860 | \$49,212 | \$57,576 | \$65,940 | \$74,292 | \$82,656 | \$91,020 |
| Maximum Annual Income | \$57,307 | \$74,940 | \$92,573 | \$110,207 | \$127,840 | \$145,473 | \$148,778 | \$152,085 | \$155,392 |

*****Eligibility Notice: Households applying for PAGE that have \$10,000 or more in liquid assets (savings, stocks, bonds etc.) will be deemed ineligible for benefits*****

PAGE Program Requirements

- 1- Demonstrate that gas and/or electric account is currently 45 days or more past due, and/or has received a disconnection notice, and/or service has already been disconnected.
- 2- Demonstrate that 2 payments of at least \$25 or more each have been made within the past 6 months onto the gas and electric accounts. At least 1 of those payments should have been made 30 days prior to the date of application **OR** a \$100 good faith payment has been made to each utility within the past 90 days (\$200 if you have a gas and electric combined account).
- 3- **Must not currently be applying for, receiving or have received any benefit through the LIHEAP programs within one year of the start of the current heating season. Must not currently be receiving or have received a USF benefit within the past 6 months.**



REQUIRED DOCUMENTS FOR THE PAGE APPLICATION

Please complete this application in its entirety and provide COPIES of the following documentation:

- 1) Copies of the social security cards for all members of your household.
- 2) Copy of the valid driver's license of the primary applicant **with current address.**
- 3) Copies of proof of gross income within the past 60 days for **all members of your household age 18 and over for four consecutive weeks. Pay stubs:** If paid bi-weekly- 2 consecutive stubs. If weekly- four consecutive stubs. **Social Security of any kind-** current year award letter or current bank statement. **Pension-** current pension statement. **Unemployment-** Loops letter from unemployment office or latest four consecutive receipts showing the amount and date paid. **Child support, alimony, food stamps, TANF, GA and any other state benefits are all considered income and an updated awards letter must be provided. Business income:** Schedule C from previous year's taxes showing profit/loss **Rental income:** Schedule E from previous year's taxes showing rental profit/loss. **Zero Income-** anyone in the household 18 and over who has no income to report, must write a letter stating "I have no income" and it must be signed and dated by that person. However, if a member is a full time student (minimum of 12 credits), school schedule showing member's name, credits and enrolled in the current semester will be acceptable.
With the exception of Social Security income, please note bank statements are not acceptable for proof of income
- 4) **Proof of Residence:** If you **own a home** please provide a copy of your deed, current year property tax statement or current mortgage statement. If you **rent**, please provide a copy of your current lease. If you do not have one, a current letter from the landlord indicating the address and occupancy status must be submitted.
- 5) Copies of past 6 months of payment history from each utility (previous 6 months of bills or payment history statement from utility company showing a breakdown of payments made each month)
- 6) Copies of your **most recent electric bill and gas bill with your current address.** Household member's name must be on bill.
- 7) Copy of the first and second page of your **previous year's tax return 1040** and for anyone 18 and over in your household (and any additional income schedules if applicable). Second page must be signed if self-prepared. (Handwritten tax returns are not acceptable).

PLEASE NOTE: Additional documents may need to be requested once your application is reviewed. Please make sure the application is fully completed, signed and submitted with all required documents. Incomplete applications will not be processed. Applications can be mailed, scanned/emailed, submitted online or dropped off in person. Faxed applications will not be accepted*

PAGE PROGRAM AFFILIATE AGENCIES

| <u>Agency Name</u> | <u>County Served</u> | <u>Phone Number</u> |
|---|---|--|
| Hammonton Family Success Center AtlantiCare Behavioral Health | Atlantic | 609-567-2900 |
| Family Success Center of Cape May County BEOF | Cape May Hudson | 609-778-6226 201-437-7222 |
| Greater Bergen Community Action | Bergen | 201-488-5100 |
| Center for Family Services | Camden | 856-964-1990 |
| Project Self-Sufficiency | Sussex & Warren | 1-844-807-3500 |
| Samaritan Inn | Sussex | 973-940-8872 & 24 Hr. Hotline 1-877-827-8411 |
| Family Promise of Sussex County | Sussex & Warren | 973-579-1180 |
| Morris County Organization for Hispanic Affairs | Morris | 973-644-4884 |
| Mercer County Hispanic Association | Mercer | 609-587-8800 |
| Hispanic Family Center of Southern New Jersey | Camden, Gloucester | Camden Offices 856-541-2717 or 856-963-0270 Gloucester Office 856-848-7150 |
| Affordable Housing Alliance & The FoodBank of Monmouth and Ocean Counties | Ocean | Wednesday 8AM to 4PM Only 1769 Hooper Ave., Toms River NJ 08753 |
| People for People Foundation | Gloucester, Cumberland, Salem, Atlantic & Cape May | 856-579-7561 |
| PACO | Hudson | 201-217-0583 |
| Puerto Rican Action Board | Middlesex | 732-828-4541 |
| Burlington County CAP | Burlington | 609-835-2464 |
| Resources for Independent Living | Burlington (Clients with disabilities only) | 609-747-7745 |
| Jewish Renaissance Foundation | Middlesex County | 732-324-2114 x 131 |
| Legislative offices of Sweeney, Burzichelli, and Taliaferro | Cumberland County | 856-455-1011 (Intake Site Only) |
| Legislative offices of Sweeney, Burzichelli, and Taliaferro | Gloucester County | 856-251-9801 (Intake Site Only) |
| Legislative offices of Sweeney, Burzichelli, and Taliaferro | Salem County | 856-339-0808 (Intake Site Only) |
| New Community Corp. Family Resource Center | Essex County | 973-585-9650 |
| Essex County Division of Community Action | Essex County | 973-395-8350 |
| Homefirst Interfaith Housing & Family Services, Inc. | Union County | Plainfield 908-753-4001 Linden 908-753-4001 Hillside 908-409-2962 |
| New Destiny Family Success Centers | Passaic | 973-278-0220 |

Affordable Housing Alliance 59 Broad Street Eatontown, NJ 07724
Phone: (732) 982-8710
www.njpoweron.org

PAGE ENERGY ASSISTANCE APPLICATION

Last Name: _____ **Soc. Sec. No:** ____ -- ____ -- ____
First Name: _____ **Home Phone:** () ____ -- ____
Home Address: _____ **Cell Phone:** () ____ -- ____
PO Box or Apt. No.: _____ **Email:** _____ **County:** _____
City: _____ **State:** _____ **ZIP:** _____

| Household Members: First Name, Middle Initial and Last Name of <i>everyone</i> who resides in household including applicant | Social Security # of <i>everyone</i> who resides in the household including applicant | Date of Birth | Relationship to Applicant |
|---|---|---------------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

| Household Income: please list all income Name of Income Earner | Gross Amount | Pay Cycle (weekly, biweekly, etc.) |
|--|--------------|------------------------------------|
| 1. | \$ | |
| 2. | \$ | |
| 3. | \$ | |
| 4. | \$ | |

Sources of Income: *(check all applicable)*

- Employment
 Unemployment
 Child Support
 Alimony
 Worker's Comp.
 Disability
 Social Security
 Family Contributions
 Other (specify): _____

Do you have any assets other than a home that totals more than \$10,000? Savings
 CDs
 Money Market

Stocks/Bonds ***Please see requirement page for additional details***

- How did you hear about us?**
 Direct Mail
 Friend/Family
 Legislative Office
 Local Agency
 Newspaper
 Radio
 TV
 Search Engine
 Utility Company
 Other

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Check here if your utility service is currently disconnected: Natural Gas Electric

What is your temporary emergency? (check all applicable)

Job Loss Medical High Energy Cost Loss of Income Other
(specify): _____

Assistance Type:

Natural Gas Electric Natural Gas and Electric

Name of Electric Company

JCP&L PSE&G Rockland Electric
 Atlantic City Electric
 Other: _____

Account #: _____

Past Due Status: 45 days 60 days 90 days

Disconnection notice

Name of Natural Gas Company:

NJNG PSE&G Elizabeth Gas
 South Jersey Gas
 Other: _____

Account #: _____

Past Due Status: 45 days 60 days 90 days

Disconnection notice

Are you a veteran or the spouse of a veteran: YES NO

Race: * This is voluntary information. It is compiled and recorded for statistical purposes only.

White/Caucasian Black/African American Hispanic-Latino Asian

American Indian/Alaskan Native Pacific Islander More than one race Other _____

By signing this application, I certify under oath that the information given in and attached to this application is true, complete and correct. I am aware and understand that if any information contained in or attached to this application is willfully false, that I am subject to criminal prosecution under N.J.S.A. Section 2C:28-2. I understand that I must provide the required documentation in order to proceed with the application process. I understand and acknowledge that additional documentation may be needed to determine or confirm my household's eligibility for assistance. I agree to cooperate with any reasonable requests to provide information and understand if such information is not provided it may result in the termination or suspension of my application. By signing this application, I authorize the Affordable Housing Alliance and/or its affiliate agencies to (1) contact my household's current utility provider on my behalf to arrange or attempt to arrange an assistance payment on my account, and (2) verify any information contained in or attached to this application.

Signature: _____ Date: _____

OFFICE USE ONLY

Document Checklist

- Social security cards
- Proof of residence
- Income documents
- Gas & Electric Bill
- Tax Return
- Driver's license

Process Status

- Verified Non LIHEAP/USF Status (date: _____)
- Verified Income Calculations (gross monthly amount \$ _____)
- Verified Utility Bill Payments
- Applicant Account 45 days past due or shut off notice issued

- Approved (Amount \$ _____ Gas Electric Both)
- Denied (Reason: _____)

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