



## **PAGE RECERTIFICATION**

IF YOU RECEIVED THE PAGE GRANT WITHIN THE LAST THREE YEARS

If you would like to reapply and

- And it has been at least 12 months since you received the grant and
- You meet the current program requirements and
- You are at the same address

Please download the recertification form and submit the recertification form with copies of the following documents:

- Proof of 4 consecutive weeks of income for all members of the household 18 and older
- Current Utility Bill(s) for (electric and/or gas)
- Six month payment history for each utility
- Tax return for the previous year if applicable

You can bring to one of our offices or email to: [PAGEAPP@housingall.org](mailto:PAGEAPP@housingall.org)



# PAGE ENERGY ASSISTANCE RECERTIFICATION FORM

**If you have moved to a new address since you last applied for assistance, please complete a new application, which is available on our website [www.njpoweron.org](http://www.njpoweron.org) or by calling 732-982-8710**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Soc. Sec. No:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ **Phone ( )** \_\_\_\_\_ -- \_\_\_\_\_

**Home Address:** \_\_\_\_\_

Since your last application, have there been any changes in your household members? Yes ___ NO ___ If Yes, Please list below the name(s) of any new household member(s) or the name(s) of any member who no longer resides with you since your last application. A copy of SS card for any new household member must be provided.	Social Security #	Date of Birth	Relationship to Applicant	Move In?	Move Out?
1.					
2.					
3.					
4.					

**Sources of Income:** (check all applicable)

- Employment  Unemployment  Child Support  Alimony  Worker's Comp.  Disability  Social Security  
 Other (specify): \_\_\_\_\_

Do you have any assets other than a home that totals more than \$15,000?  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

**What is your temporary emergency?** (check all applicable)

- Job Loss  Medical  High Energy Cost  Loss of Income  Other

(specify): \_\_\_\_\_

*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:** \_\_\_\_\_

**ALL required documentation must be clear and legible. Submit this application:**

- **IN PERSON OR FAX**  
 AHA offices below or visit our valued partner affiliate agencies located conveniently in your community. They can fully process your application (see list).  
**AHA OFFICE LOCATIONS:**
  - Eatontown: 59 Broad Street (Fax 732-440-4765)
  - Neptune: 3535 Route 66, Parkway 100 Complex, Building 4 (Fax 732-922-0726)
  - Freehold: 20 Gibson Place, Suite 200 (Fax 732-414-6607)
- **VIA EMAIL – [pageapp@housingall.org](mailto:pageapp@housingall.org)**