



**Office Use Only:**  
 Valid only October 1, 2018  
 through  
 September 30, 2019  
 \*\*\*

**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 during months LIHEAP is available for enrollment**

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person
Minimum Annual Income	\$24,300	\$32,940	\$41,580	\$50,220	\$58,860	\$67,500	\$76,140	\$84,780	\$93,420
Maximum Annual Income	\$58,941	\$77,078	\$95,213	\$113,350	\$131,487	\$149,622	\$153,023	\$156,425	\$159,827

**Annual income per client/household size during SEPTEMBER ONLY  
 (when LIHEAP is **NOT** available for enrollment)**

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person
Minimum Annual Income	\$21,264	\$28,824	\$36,384	\$43,944	\$51,504	\$59,064	\$66,624	\$74,184	\$81,744
Maximum Annual Income	\$58,941	\$77,078	\$95,213	\$113,350	\$131,487	\$149,622	\$153,023	\$156,425	\$159,827

**\*\*\*Eligibility Notice: Households applying for PAGE that have \$15,000 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 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 account. At least 1 of those payments should have been made 10 days prior to the date of application OR a \$75 good faith payment has been made to each utility within the past 90 days (\$150 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 program within the current heating season. Must not currently be receiving a USF benefit.**



affordable housing alliance

*Hope. Strength. Community.*

## REQUIRED DOCUMENTS FOR THE PAGE APPLICATION

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

- 1) Social security cards for all members of your household.
- 2) **One valid** form of NJ ID such as: valid driver's license, ID card issued by federal, state or local government agencies, U.S. Military or Veteran ID card, or voter's registration card of the primary applicant **with current address**.
- 3) 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 or previous year 1099. **Unemployment-** Benefit determination letter, or Loops letter from unemployment office or latest four consecutive receipts showing the amount and date paid. **Child support, alimony, 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 and in some cases pensions, 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. Please visit our website for a "Tenant Verification Form".
- 5) 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) Your **most recent electric bill and/or gas bill with your current address**. Household member's name must be on bill.
- 7) 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 and/or 1099 for pension and IRA distributions 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 only be accepted if they are legible.

Affordable Housing Alliance 59 Broad Street Eatontown, NJ 07724

Phone: (732) 982-8710

[www.njpoweron.org](http://www.njpoweron.org)

**AHA OFFICE LOCATIONS:**

Eatontown: 59 Broad Street

Neptune: 3535 Route 66, Parkway 100 Complex, Building 4

Freehold: 20 Gibson Place, Suite 200

**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 973-366-4770 x10/11
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
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
Resources for Independent Living	Burlington (Clients with disabilities only)	609-747-7745
Jewish Renaissance Foundation	Middlesex County	732-324-2114 x 131
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 (walk-in hours appointment only)
United Community Corporation in Newark	Essex	973-642-0181

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# 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 <b><i>everyone</i></b> who resides in household <b>including applicant</b>	Social Security # of <b><i>everyone</i></b> who resides in the household <b>including applicant</b>	Date of Birth	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Household Income: please list <b>all</b> 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 \$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

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  Elizabethtown 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 past due or shut off notice issued

Approved (Amount \$ \_\_\_\_\_ Gas  Electric  Both )

Denied (Reason: \_\_\_\_\_)

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