



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. Minimum \$100 account balance.
- 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. Can apply in the month following the last USF payment.**



REQUIRED DOCUMENTS FOR THE PAGE APPLICATION

Please complete this application in its entirety and provide clear legible **COPIES** of the following documents:

- Social security cards for all members of your household.
- 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.**
- 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 only "I have no income" and it must be signed and dated by that person. (*form available at njpoweron.org*) 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
- 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" (*form available at njpoweron.org*).
- 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, name and/or account number must be visible)
- Your **most recent electric bill and/or gas bill with your current address.** Household member's name must be on bill.
- 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). Taxes 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.**



affordable housing alliance

Hope. Strength. Community.

PAGE PROGRAM AFFILIATE AGENCIES

The agencies listed below are our partners; they can process your PAGE application from start to finish in a friendly face-to-face manner.

Agency Name	County Served	Website	Phone Number
Hammonton Family Success Center AtlantiCare Behavioral Health	Atlantic	https://www.atlanticare.org/	609-567-2900
Consumer Credit & Budget Counseling	Atlantic and Cape May County	http://cc-bc.com/	609-390-9652
Greater Bergen Community Action	Bergen	https://www.greaterbergen.org/	201-488-5100
Resources for Independent Living	Burlington (Clients with disabilities only)	http://rilnj.org/burlington-office/	609-747-7745
Center for Family Services	Camden	https://www.centerffs.org/	856-964-1990
Hispanic Family Center of Southern New Jersey	Camden, Gloucester	http://www.hispanicfamilycenter.com/	Camden 856-541-2717 or 856-963-0270 Gloucester 856-848-7150
Shore Success Center of Cape May County	Cape May	https://shorefamilysuccess.org/	609-778-6226
United Community Corporation in Newark	Essex	https://www.uccnewark.org/	973-642-0181
New Community Corp. Family Resource Center	Essex County	https://www.newcommunity.org/	973-585-9650
Essex County Division of Community Action	Essex County	https://communityactionpartnership.com/	973-395-8350
People for People Foundation	Atlantic, Cape May, Cumberland, Gloucester and Salem	https://welcome.ppfoundation.org/	856-579-7561
Bayonne Economic Opportunity Foundation (BEOF)	Hudson	http://beof.org/	201-437-7222
PACO Organization	Hudson	http://pacoagency.org/	201-217-0583
Mercer County Hispanic Association	Mercer	www.njmecha.org energy-assistance@njmecha.org	609-207-3326 609-587-8800
Puerto Rican Action Board (PRAB)	Middlesex	https://prab.org/	732-828-4541
Jewish Renaissance Foundation	Middlesex County	https://www.jrfnj.org/	732-324-2114 x 131
Morris County Organization for Hispanic Affairs	Morris	https://hispanicaffairs.net/	973-644-4884 973-366-4770 x10/11
New Destiny Family Success Centers	Passaic	https://newdestinyfsc.org/	973-278-0220 (walk-in hours appointment only)
Samaritan Inn	Sussex	http://www.samaritaninn.org/	973-940-8872 & 24 Hr. Hotline 1-877-827-8411
Project Self-Sufficiency	Sussex & Warren	https://www.projectsselfsufficiency.org/utility-bills	1-844-807-3500
Homefirst Interfaith Housing & Family Services, Inc.	Union County	https://www.homefirstinc.org/	Plainfield 908-753-4001

Affordable Housing Alliance 59 Broad Street Eatontown, NJ 07724

Phone: (732) 982-8710

www.njpoweron.org

3/21/2019



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 \$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.

Required 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

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