



AFFORDABLE HOUSING ALLIANCE

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HOME ENERGY ASSISTANCE PROGRAM DOCTOR'S CERTIFICATION OF MEDICAL NECESSITY

Households for which there is medical evidence that the health of at least one household member will be seriously endangered unless the household's living quarters are cooled, may be eligible for a one-time benefit if they meet the program's eligibility criteria.

Hogares en los cuales se encuentre evidencia medica de que la salud de al menos un miembro del hogar podría ser seriamente afectada si no tiene un sistema de enfriamiento, pueden ser elegibles para un beneficio si cumplen con los requisitos del programa.

Applicant's Name: _____

Address: _____

Applicant's Social Security No.: _____

Patient Name: (if different) _____ S.S. #: _____

Keeping in mind that it must be a **medical necessity**, the patient's health will be endangered if their home isn't cooled: **YES** or **NO (Circle one)**

The medical diagnosis is as follows: _____

Please complete and return this form between October 1st and April 30th

Date: _____

DR'S STAMP:

Doctor's Name: _____

Physician's Signature/Licensed Practitioner and date

DOCUMENT MUST HAVE DOCTOR'S SIGNATURE AND OFFICE STAMP WITH ADDRESS AND PHONE NUMBER.

WWW.HOUSINGALL.ORG

"The Alliance mission is to improve the quality of life for all new Jersey Residents by developing and preserving affordable housing, by providing services to maintain housing affordability, by providing housing education, and by helping communities meet their legal and moral housing obligations.

