

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUND PROGRAMS

PHYSICIAN'S CERTIFICATION FOR COOLING BENEFIT

NJDCA PROCESSES APPLICATIONS FOR COOLING ASSISTANCE TO INCOME ELIGIBLE 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.

Physician – Please complete and return this form to your patient. Please sign and provide medical office stamp or attach business card

Head of Household/Applicant's Name:

Last four digits Head of Household/Applicant's SSN:

Address:

City, State, Zip Code:

Telephone #: _____

Patient's Name:

Last four digits of Patient's SSN: (to be completed by patient)

*Patient's address must be the same as above.

Description of Medical Condition that could be improved/be alleviated by the use of air conditioner in the summer:

Name of Physician: _____

Address: _____

Telephone: _____

Physician's Signature: _____ Date: _____

Return this form to one of the following addresses:



AFFORDABLE HOUSING ALLIANCE

59 Broad Street, Eatontown, New Jersey 07724
3535 Route 66, Parkway 100, Neptune NJ 07753
20 Gibson Place Suite 200, Freehold, New Jersey 07728
(732) 389 – 2204