



Office Use Only:
 Valid only January 2021
 through
 September 30, 2021

Eligibility Requirements for the PAGE Program

- Clients with zero or low income are eligible to apply for this program *however they should apply for the USF/HEA program first.*
- Applicants who wish to apply **MUST** meet all of the following criteria

Maximum Annual income per client/household

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person
Maximum Annual Income	\$64,183	\$83,932	\$104,348	\$123,413	\$143,179	\$162,928	\$166,608	\$170,311	\$174,013

PAGE Program Requirements

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. Grant can be applied to security deposit.

*****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*****

Save money while saving the planet! New Jersey's Clean Energy Program is a statewide program that offers financial incentives, programs, and services for New Jersey residents

- You can save money on your bills simply by adjusting the thermostat one or more degrees.
- Clients who apply for USF/HEA may find additional savings through the Weatherization program: <https://www.nj.gov/dca/divisions/dhcr/offices/wap.html>
- NJ Clean Energy Programs: <https://www.njcleanenergy.com/residential/home/home>
- Your utility may also have conservation tips and/or programs – search your utility website site for “conservation”

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 members of your household who have them.
- 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 from financial institution OR monthly pension statement within last 60 days OR lifetime letter with supporting bank statement showing the deposit of same amount. **Unemployment-** Benefit determination letter from unemployment office or latest four consecutive receipts *showing the name, 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 or a completed/signed "Tenant Verification Form" *(form available at njpoweron.org)*. **Note: the contact information for landlord must also be included (address or phone number)**
- Your **most recent electric bill and/or gas bill with your current address.** Household member's name must be on bill.
- IF REQUESTED: previous year's federal tax return 1040 (signed if self prepare)** and for anyone 18 and over in your household if additional documentation/ verification is needed. **AHA reserves the right to request.**

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.**



PAGE ENERGY ASSISTANCE APPLICATION

Last Name: _____ **Social Security Number** _____ -- _____ -- _____
First Name: _____ **Home Phone:** () _____ -- _____
Home Address: _____ **Cell Phone:** () _____ -- _____
PO Box or Apt. No.: _____ **Print Email:** _____ **County:** _____
City: _____ **State:** _____ **ZIP:** _____

>> **Have you applied for or received USF/HEA?** If you are eligible, please apply for USF/HEA first, THEN apply for PAGE

Household Members: First Name, Middle Initial and Last Name of everyone who resides in household including applicant	Social Security numbers of household members including applicant	Date of Birth	Relationship to Applicant
1. (applicant)			Applicant
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Household Income: please list all income Name of Income Earner (everyone over age of 18)	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
 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?** Mail/Email Friend/Family Legislative Office Local Agency Newspaper Radio
 TV Internet 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 Requested:

Natural Gas Electric Natural Gas and Electric

Clients can only apply one time according to the program guidelines (see www.njpoweron.org)
If approved, your grant may not cover your entire account balance(s). In that situation, please indicate how you would like the grant applied (check ONLY one) :

Apply to past due GAS bill only Apply to past due ELECTRIC bill only
Apply grant to both Gas and Electric bill

Name of Electric Company

JCP&L PSE&G Rockland Electric

Atlantic City Electric

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

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 njpoweron.org).
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

Affordable Housing Alliance 59 Broad Street Eatontown, NJ 07724

Phone: (732) 982-8710

www.njpoweron.org

1/4/2021