



affordable housing alliance

Hope. Strength. Community.

REQUIRED DOCUMENTS FOR THE PAGE APPLICATION

Please complete this application in its entirety, sign, and provide legible COPIES of the following:

- ☐ **Most recent electric bill and/or gas bill with your current address:** Please provide the entire bill, and the name of a household member must be on the bill.
- ☐ **Social security cards** required for those members of your household who have them. Anyone who does not have a social security number can still apply for PAGE.
- ☐ **One valid form of NJ identification 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 registration card of the primary applicant with current address.
- ☐ **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 a lease, 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 [Tenant-Verification-Form.pdf](#)*).

Note: the contact information for a landlord must also be included (address or phone #).

- ☐ **Proof of gross income for all members of your household age 18 and over. Must show four consecutive weeks of income from the past 60 days:**
 - **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.
 - **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:** If a household 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. Otherwise, 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 [Affidavit-of-No-Income.pdf](#)*).

PLEASE NOTE:

- With the exception of Social Security income and in some cases pensions, bank statements are not an acceptable proof of income.
- Child support, alimony, Temporary Assistance to Needy Families, General Assistance and any other state benefits are considered income. Updated awards letter must be provided.
- AHA reserves the right to request: Previous year's federal tax return/1040 (signed if self-prepared) for anyone 18 and over in your household or any other documentation.
- Please make sure this application is fully completed, signed and submitted with all required documents. Incomplete applications will not be processed.

Morris County Organization for Hispanic Affairs

Tel. (973) 366-4770 Fax. (973) 361-7878

10/1/2021



PAYMENT ASSISTANCE FOR GAS AND ELECTRIC (PAGE) PROGRAM 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:** _____

>>If eligible, you must apply for USF before applying for PAGE. See the first page of application for information.

Does your household income qualify you for USF? YES ☐ NO ☐ If yes, have you applied for USF? YES ☐ NO ☐

Household Members: First Name, Middle Initial, and Last Name of <u>everyone</u> who resides in household including applicant	Social Security numbers of household members including applicant (for anyone who has one)	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 "Required documents" 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

(CONTINUED ON OTHER SIDE)

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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): _____

Clients can only receive PAGE grant once per year (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 electric and gas bills as evenly as possible

Apply to Utility Security Deposit of ☐ Electric or ☐ Gas ☐ OR

☐ both electric and gas deposit as evenly as possible not to exceed amount requested

Name of Electric Company

☐ JCP&L ☐ PSE&G ☐ Rockland Electric

☐ Atlantic City Electric

Account #: _____

Name of Natural Gas Company:

☐ NJNG ☐ PSE&G ☐ Elizabethtown Gas

☐ South Jersey Gas

Account #: _____

☐ Disconnection notice

☐ 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. I understand that the information in this application may be shared with my utility companies as well as other government-sponsored programs for which I may be eligible, including but not limited to Universal Service Fund, LIHEAP, Weatherization and New Jersey Comfort Partners.

Required Signature: _____ Date: _____

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www.mcoha.org