



Office Use Only:  
Date Stamp

**Minimum Eligibility Requirements for the PAGE & TRUE Programs**

Applicants who wish to apply to either program **MUST** meet all of the following criteria  
Annual income per client household size must fall within the following range:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person
Minimum Annual Income	\$22,992	\$31,032	\$39,072	\$47,112	\$55,152	\$63,192	\$71,232	\$79,272	\$87,312
Maximum Annual Income	\$54,003	\$70,618	\$87,235	\$103,852	\$120,468	\$137,085	\$140,200	\$143,317	\$146,432

Income Guidelines as of October 1, 2013

<b><u>TRUE Program Requirements</u></b>	<b><u>PAGE Program Requirements</u></b>
1) Demonstrate that gas and/or electric account is currently 45 days or more past due and/or has received a disconnection notice and/or service has already been disconnected.	1) Demonstrate that gas and/or electric account is currently 45 days or more past due and/or has received a disconnection notice and/or service has already been disconnected.
2) Demonstrate that 4 payments of at least \$25 each have been made within the past 6 months onto the gas and electric account. At least 3 of those payments should have been made 30 days prior to the date of application.	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 accounts. At least 1 of those payments should have been made 30 days prior to the date of application <b>OR</b> a \$100 good faith payment has been made to each utility within the past 90 days (\$200 if you have a gas and electric combined account)
3) Must not currently be applying for, receiving or have received any benefit through the USF and/or HEA programs within the last twelve months before the date of submitting a TRUE application.	3) Must not currently be applying for, receiving or have received any benefit through the LIHEAP (HEA) programs within the current heating season. Must not currently be receiving or have received a USF benefit within the past 6 months.

**\*Please note, that by filling out this application you are applying for both the PAGE and the TRUE Programs. However, you will only be eligible to receive a grant from one program at a time. The Affordable Housing Alliance will screen your application to determine which program you may be qualified for at this time.\***



## REQUIRED DOCUMENTS FOR THE PAGE/TRUE APPLICATION

Please complete this application in its entirety and provide **COPIES** of the following documentation:

- 1) Copies of the social security cards for all members of your household
- 2) Copy of the driver's license of the primary applicant **with current address.**
- 3) Copies of proof of gross income within the last 60 days of submission of complete application 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. **Pension-** current pension statement  
**Unemployment-** Loops letter from unemployment office or detailed print out from website  
**Child support, alimony, food stamps, 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 "I have no income" and it must be signed and dated by that person

**\*Please note bank statements are not acceptable for proof of income\***

- 4) **Proof of Residence:** If you own a home please provide a copy of your deed, current property tax statement or current mortgage statement. If you rent, please provide a copy of your lease. If you do not have one, a letter from the landlord indicating the address and occupancy status must be submitted. Letter must be signed and dated by Landlord.
- 5) Copies of 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)
- 6) Copies of your most recent electric bill and gas bill with your current address.
- 7) Copy of the first page and signature page of your previous year's tax return for anyone 18 and over in your household.

**\*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. Applications can be mailed, scanned/mailed, submitted online or dropped off in person. Faxed applications will not be accepted\*\***

Affordable Housing Alliance 94 Broad St Eatontown NJ 07724

Phone: (732) 982-8710

[www.njpoweron.org](http://www.njpoweron.org)

# PAGE / TRUE Agencies

MUST APPLY IN YOUR LOCAL COUNTY

## **Bergen County**

### **Bergen County CAP**

241 Moore Street, Hackensack, NJ 07601  
201-968-0200, ext 7008 • www.bergencap.org  
Mon – Thurs 9 am - 11 am, 1 pm - 3 pm

## **Burlington County**

### **Resources For Independent Living, Inc.**

351 High Street, Suite 103, Burlington, NJ 08016  
609-747-7745 • www.rilnj.org  
Mon – Fri 9 am - 5 pm

## **Camden County**

### **Camden County Council on Economic Opportunity (OEO)**

538 Broadway, Camden, NJ 08103  
856-964-6887 • www.camdencountyoeo.net  
Mon – Fri 9 am - 4 pm

### **Center for Family Success**

584 Benson Street, Camden, NJ 08103  
856-964-1990 • www.centerffs.org  
Mon – Fri 9 am - 4 pm

### **Center for Family Success**

180 White Horse Pike, Clementon, NJ 08021  
856-309-5300 x 1513 • www.centerffs.org  
Mon – Fri 9 am - 4 pm

## **Essex County**

### **La Casa de Don Pedro**

317 Roseville Avenue, Newark, NJ 07107  
973-485-0769 x4415 • www.lacasanwk.org  
Mon – Thurs 9 am - 4 pm

## **Gloucester County**

### **People for People Foundation**

P.O. Box 256, Mullica Hill, NJ 08062  
856-579-7561 • www.ppfoundation.org  
Mon – Fri 9 am - 5 pm

## **Hudson County**

### **Bayonne Economic Opportunity Foundation (BOEF)**

555 Kennedy Boulevard, Bayonne, NJ 07002  
201-437-7222 • www.beof.org  
Mon – Fri 8:30 am - 4:30 pm

### **Puertorriquenos Asociados for Community Organization (P.A.C.O.)**

113 Brunswick St., Jersey City, NJ 07302  
201-217-0583 • www.pacoagency.com  
Mon – Fri 9 am - 4 pm

## **Hunterdon County**

### **Hunterdon Helpline, Inc.**

P.O. Box 246 Flemington, NJ 08822  
800-272-4630 • 908-735-4357 • www.helplinehc.org  
Mon – Fri 9 am - 5 pm

## **Mercer County Hispanic Association (MECHA)**

18 East 6th Avenue, Hamilton, NJ 08619  
609-587-8800 • www.njmecha.org  
Mon – Fri 9 am - 5 pm

## **Mercer County**

### **Mercer County Hispanic Association (MECHA)**

18 East 6th Avenue, Hamilton, NJ 08619  
609-587-8800 • www.njmecha.org  
Mon – Fri 9 am - 5 pm

## **Middlesex County**

### **Jewish Renaissance Foundation**

149 Kearny Avenue, Perth Amboy, NJ 08861  
732-324-2114 x113 • www.jrfnj.org  
Mon – Fri 9 am - 5 pm

### **Puerto Rican Action Board (PRAB)**

90 Jersey Avenue, New Brunswick, NJ 08901  
732-828-4541 • www.prab.org  
Mon – Fri 9 am - 5 pm

## **Monmouth County**

### **Affordable Housing Alliance**

59 Broad Street, Eatontown, NJ 07724  
732-982-8710 • www.housingall.org  
Mon – Fri 9 am - 5 pm

## **Morris County**

### **Morris County Organization for Hispanic Affairs, Inc.**

95-97 Bassett Highway, Dover, NJ 07801  
973-644-4884 • www.hispanicaffairs.net  
Mon – Fri 9 am - 5 pm

## **Passaic County**

### **United Passaic Organization (UPO)**

145 Main Avenue, Passaic, NJ 07035  
973-472-3501 • www.upopassaic.org  
Mon – Fri 9 am - 5 pm

## **Somerset County**

### **Catholic Charities**

540 Route 22 E, Bridgewater, NJ 08807  
908-722-1881 • www.ccdom.org  
Mon – Fri 9 am - 4 pm

## **Union County**

### **La Casa de Don Pedro**

317 Roseville Avenue, Newark, NJ 07107  
973-485-0769 x4415 • www.lacasanwk.org  
Mon – Thurs 9 am - 4 pm



## TRUE PROGRAM AFFILIATE AGENCIES

A TRUE application can be submitted to the Affordable Housing Alliance or to one of the local affiliate agencies in your area, listed below:

<u>Agency Name</u>	<u>County Served</u>	<u>Phone Number</u>
BEOF	Hudson	201-437-7229
Bergen County Cap	Bergen	201-968-0200 x7008
Bethel Development	Salem, Cumberland	856-327-9092
Center for Family Success	Camden	856-964-1990
Camden County OEO	Camden	856-964-6887
Catholic Charities	Somerset	908-722-1881
Hunterdon Helpline	Hunterdon	800-272-4630
Jewish Renaissance Foundation	Middlesex	732-324-2114 x 113
La Casa De Don Pedro	Union, Essex	973-485-0796
Morris County Organization for Hispanic Affairs	Morris	973-644-4884
Mercer County Hispanic Association	Mercer	609-587-8800
OCEAN I.N.C	Ocean	732-244-9041 x10 or x11
People for People Foundation	Gloucester	856-579-7561
Puertorriqueños Asociados for Community Organization	Hudson	201-217-0583
Puerto Rican Action Board	Middlesex	732-828-4541
Resources for Independent Living	Burlington	609-747-7745
United Passaic Organization	Passaic	973-472-3501

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# TRUE/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 <b><i>everyone</i></b> who resides in household including applicant	Social Security # of <b><i>everyone</i></b> who resides in the household including applicant	Date of Birth	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Household 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 \$10,000?  
 Savings  
 CDs  
 Money Market  
 Stocks/Bonds

**Check here if your utility service is currently disconnected:**  
 Natural Gas  
 Electric

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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  Elizabeth Gas

South Jersey Gas

Other: \_\_\_\_\_

Account #: \_\_\_\_\_

Past Due Status:  45 days  60 days  90 days

Disconnection notice

**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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**Document Checklist**

- Social security cards
- Proof of residence
- Income documents
- Gas & Electric Bill
- Tax Return
- Driver's license

**Process Status**

- Verified Non LIHEAP/USF Status (date: \_\_\_\_\_)
- Verified Income Calculations (gross monthly amount \$ \_\_\_\_\_)
- Verified Utility Bill Payments
- Applicant Account 45 days past due or shut off notice issued
- Approved (Amount \$ \_\_\_\_\_ Gas  Electric  Both  Denied (Reason: \_\_\_\_\_)

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