

PHILIP D. MURPHY
Governor

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101 SOUTH BROAD STREET
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JACQUELYN A. SUÁREZ
Commissioner

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. Medical Office Stamp Physician Please complete and return this form to your patient. Complete all necessary information, sign, and provide medical office stamp. Medical Office Stamp → Head of Household/ Applicant's Name: ______ Last four digits Head of Household/ Applicant's SSN: Address: City, State, Zip Code: _____ - ____ Telephone #: (______ - _____ -Patient's Name: The last four digits of the Patient's SSN: Name of Physician: _______ Address: ______ Telephone: Physician's Signature: _____ Date: _____





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