



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS

101 SOUTH BROAD STREET

PO Box 811

TRENTON, NJ 08625-0811

MIKIE SHERRILL
Governor

JACQUELYN A. SUÁREZ
Commissioner

DR. DALE G. CALDWELL
Lieutenant Governor

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. Complete all necessary information, sign, and provide the medical office stamp.

Medical Office Stamp →

Medical Office Stamp REQUIRED

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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