



An Exelon Company

ATLANTIC CITY ELECTRIC HELPING HANDS GRANT REQUEST APPLICATION

**ACE CLIENTS ELIGIBLE FOR \$200 IN A 12 MONTH PERIOD
MAXIMUM INCOME LEVEL 400% OF FEDERAL POVERTY LEVEL**

ACE Account Number:

First Name:

Last Name:

Street Address:

Address Line 2:

City:

State:

Zip Code:

County:

Phone #:

Email:

HOUSEHOLD COMPOSITION

Number of Household Members:

Household Monthly Gross Income: \$ _____

Have you applied for the ACE Helping Hands Grant within the last 12 months?

Yes No

If yes, have you received the ACE Helping Hands Grant within the last 12 months?

Yes No

If yes, from which agency?

- ❖ Affordable Housing Alliance
- ❖ Catholic Charities
- ❖ NJ Shares
- ❖ People for People Foundation

I stipulate that the information provided is true and accurate. I authorize (agency) People for People Foundation to use this information to verify my application. I also grant permission to (agency) People for People Foundation to contact Atlantic City Electric via PHI Agency Access Portal concerning my application. I understand that the circumstances listed above may be reproduced in the future, however no names will be used unless permission is granted by the applicant.

Signature: _____ **Date:** _____

FOR INTERNAL USE ONLY

- ❖ Approved
- ❖ Already received grant within past 12 months
- ❖ Grant pending
- ❖ Not an Ace customer

Amount of Grant: \$ _____

Pledge # _____