ACE HELPING HANDS
Grant Request Application Eligibility/Requirements

Below are the requirements & requested information needed in order for Atlantic City Electric Customers (Only) to apply for assistance from the ACE Helping Hands program:

➤ Be an Atlantic City Electric customer with an “ACTIVE ACCOUNT”
➤ Household annual gross income within 400% of the Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Household Size</th>
<th>400% Fed Poverty Level Annual Income</th>
<th>Maximum Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$48,564</td>
<td>$4,047</td>
</tr>
<tr>
<td>2</td>
<td>$65,844</td>
<td>$5,487</td>
</tr>
<tr>
<td>3</td>
<td>$83,124</td>
<td>$6,927</td>
</tr>
<tr>
<td>4</td>
<td>$100,404</td>
<td>$8,367</td>
</tr>
<tr>
<td>5</td>
<td>$117,684</td>
<td>$9,807</td>
</tr>
<tr>
<td>6</td>
<td>$134,964</td>
<td>$11,247</td>
</tr>
<tr>
<td>7</td>
<td>$152,244</td>
<td>$12,687</td>
</tr>
<tr>
<td>8</td>
<td>$169,524</td>
<td>$14,127</td>
</tr>
</tbody>
</table>

If eligible, you must provide the following:

➤ Completed People for People Application
➤ Completed ACE Helping Hands Application
➤ Most recent ACE energy bill
➤ Proof of Identification
  ✦ Copy of applicant’s driver’s license (Or non-driving ID) and Social Security card
➤ Proof of most current and consecutive 30 days’ worth of income for ALL household members
  ✦ (Income can be employment, unemployment, social security, child support or child support order, alimony, disability, pension, food stamps, TANF, VA benefits, etc.)

There are a few options available for returning documents:

Mail:
P.O. Box 256 Mullica Hill, NJ 08062

Scan and Email:
Obtain Email-Address of Team Member working on application

Fax #: 856-579-7568
(Available 24/7)

Request: For copies of your ID and social security card only – If you have a camera phone, please take pictures of those items and email them. All other documents can be faxed, or mailed. Or you can scanned all documents into a PDF file and emailed entire packet.

ALL PAPERWORK MUST BE RECEIVED BEFORE ANY COMMITMENTS ARE MADE TO ACE!

www.ppffoundation.org * Office #: 856-579-7561 * Fax #: 856-579-7568
www.heartofgloucestercounty.org * Office #: 856-579-8252
# PEOPLE FOR PEOPLE FOUNDATION
## GRANT REQUEST APPLICATION

**COMPLETE ALL ENTRIES, RESPOND TO ALL QUESTIONS, SIGN, DATE, AND RETURN**

856-579-7561 (Phone) / 856-579-7568 (Fax)

**MISSING OR INCOMPLETE INFORMATION MAY DELAY PROCESS**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>SS#</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Smith</td>
<td>J. Anderson</td>
<td>123456</td>
<td>01/01/1980</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Last Name</th>
<th>SS#</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Smith</td>
<td>123456</td>
<td>01/01/1980</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail/Service Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Main St.</td>
</tr>
<tr>
<td>Mail:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone #:</th>
<th>Email</th>
<th>How long at this location</th>
<th>Own: Yes</th>
<th>No</th>
<th>Rent: Yes</th>
<th>No</th>
<th>Monthly mortgage / Rent:</th>
<th>Past due amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>555-1234</td>
<td><a href="mailto:john@abc.com">john@abc.com</a></td>
<td>5 years</td>
<td>Y</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EMPLOYMENT INFORMATION

**Employer Name / Address (Applicant):**

**Length of employment:**

Unemployed? **Y** | **N** | If yes, how long?

**Occupation:**

**Employer Name / Address (Spouse):**

**Length of employment:**

Unemployed? **Y** | **N** | If yes, how long?

**Occupation:**

### HOUSEHOLD COMPOSITION

**Number of adults**

**Number of children under 18:**

**Ages of children:**

**Monthly gross income:**

**Are you receiving other government assistance?** **Y** | **N** | Are you a Veteran? **Y** | **N**

**Are you receiving other Government assistance?** **Y** | **N** | If so, what?

### What is your need? Explain circumstances or events that caused your need in detail? (Use additional sheets if necessary)

### Debtor

**Account Number:**

**Contact person:**

**Phone Number:**

**Address:**

**How much is due?**

**What is the balance:**

**Who can verify your need? (Caseworker, Clergy, Supervisor, or Community Leader)**

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Agency</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>ABC Agency</td>
<td>555-1234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referred by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Title:</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>John Doe</td>
</tr>
</tbody>
</table>

I stipulate that the information provided is true and accurate. I authorize People for People to use this information to verify my application. I also grant permission to People for People to contact other agencies and help providers 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: __________

Revised 8/23/16
# 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 #:** ____________