



PEOPLE FOR PEOPLE



An Exelon Company

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 at or below the **400%** of the Federal Poverty Guidelines (Unless customer has a shut-off notice)

Household Size	400% Fed Poverty Level Annual Income	Maximum Gross Monthly Income
1	\$49,960	\$4,163
2	\$67,640	\$5,637
3	\$85,320	\$7,110
4	\$103,000	\$8,583
5	\$120,680	\$10,057
6	\$138,360	\$11,530
7	\$156,040	\$13,003
8	\$173,720	\$14,477

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)
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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!



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:** _____

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

Amount of Grant: \$ _____

Pledge # _____

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

First Name:	Last Name:	SS#:	DOB:	Age:
Spouse:	Last Name:	SS#:	DOB:	Age:
Mail/Service Address:				
City/St:		County:		Zip Code:
Phone #:		Email:		How long at this location:
Own: Yes No	Rent: Yes No	Monthly mortgage / Rent:		Past due amount:

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)

Name and Title:	Agency:	Phone #:
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Referred by

Name and Title:	Agency:	Phone number:
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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: _____