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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. **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: _____ Physician's Signature: _____ Date: _____

