



AFRICAN DIASPORA FOR JUSTICE

Acknowledging Identity and New Jersey Residency

To whom it may concern

This letter is to confirm that, to the best of my knowledge, _____ (first and last name) is who they say they are and are a New Jersey resident. It is my understanding that this statement will only be used for the purpose of establishing the applicant's eligibility to qualify for the Excluded New Jerseyans Fund. I am happy to answer any further questions if needed and can be reached at _____.

Please check the option that applies to you - I know the aforementioned person because they are my:

Tenant (provide address where tenant resides): _____

Congregate (provide name and address of worship): _____

Patient (provide name and address of health center): _____

Member (provide name and Address of organization): _____

Provide date that services began (month/year): _____

Thank you,

Provider First and Last Name

Date

Provider Signature

Provider Title

Applicant First and Last Name

Date

Applicant Signature

Applicant Address (Street, City, State, Zip Code)

RETURN TO:

African Diaspora for Justice • 175 Beach 97th Street • Box 930425 • Rockaway Beach, NY 11693 Rockaway

EMAIL TO:

Email info@africandiasporaforjustice.org

WHATSAPP TO: [\(929\) 600-3147](tel:9296003147)

CONTACT FOR INFORMATION

(917) 444-0992 | (718) 704-8355

Email: info@africandiasporaforjustice.org

Facebook & Instagram: [africandiasporaforjustice](https://www.facebook.com/africandiasporaforjustice)

Twitter: [@ADfor_Justice](https://twitter.com/ADfor_Justice)

New Jersey Office
1207 E Grand Street, 3rd Floor.
Elizabeth, New Jersey 07201
United States of America

Satellite Office:
528 Linden Avenue
Elizabeth, New Jersey 07202
United States of America

Mailing Address:
175 Beach 97th Street
P.O. Box 930425
Rockaway Beach New York 11693

New York Office
90-25 161st Street, Suite 501
Jamaica, New York 11432
United States of America



AFRICAN DIASPORA FOR JUSTICE

Reconocimiento de Identidad y Residencia en New Jersey

A quien le interese

Esta carta es para confirmar que, a mi leal saber y entender, _____ es quien dice ser y es residente de New Jersey. Tengo entendido que esta declaración solo se utilizará con el propósito de establecer la elegibilidad del solicitante para calificar para el Fondo Para Residentes de New Jersey Excluidos. Me complace responder a cualquier otra pregunta si es necesario y me pueden contactar en _____.

Marque la opción que le corresponda - Conozco a la persona antes mencionada porque es mi:

Inquilino (proporcione la dirección donde reside el inquilino): _____

Congregado (proporcione el nombre y la dirección del culto): _____

Paciente (proporcione nombre y dirección del centro de salud): _____

Miembro (proporcione el nombre y la dirección de la organización): _____

Proporcione la fecha en que comenzaron los servicios (mes / año): _____

Gracias,

Nombre y Apellido del Proveedor

Fecha

Firma del Proveedor

Titulo del Proveedor

Nombre y Apellido del Solicitante

Fecha

Firma del Solicitante

Dirección del Solicitante (Calle, Ciudad, Estado, Código Postal)

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