

# SECURITY DEPOSIT INTAKE & REFERRAL FORM

DATE: \_\_\_\_\_

## REQUESTOR INFORMATION

First Name: \_\_\_\_\_ \* \_\_\_\_\_ Last Name: \_\_\_\_\_ \* \_\_\_\_\_

Contact Phone: \_\_\_\_\_ \* \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ \* \_\_\_\_\_ City: \_\_\_\_\_ \* \_\_\_\_\_ Zip: \_\_\_\_\_ \* \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \* \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ \* \_\_\_\_\_

Ethnicity: Latino \* Non Latino \* Race: \_\_\_\_\_ \* \_\_\_\_\_ Marital Status: \_\_\_\_\_

\*Some of the funding supporting our Rental Assistance Program requires us to collect demographic information

## HOUSEHOLD INFORMATION:

List all members of your household, their relation (husband, daughter, etc.) and age

Name: \_\_\_\_\_ \* \_\_\_\_\_ Relation: \_\_\_\_\_ \* \_\_\_\_\_ Age: \_\_\_\_\_ \* \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

**CURRENT HOUSEHOLD GROSS INCOME INFORMATION:** Please include income from all jobs, pension, Social Security, Disability, Child Support, NJ Unemployment, SNAP, LIHEAP of **ALL** household members. (HH)

Income Source: \_\_\_\_\_ \* \_\_\_\_\_ Amount: \_\_\_\_\_ \* \_\_\_\_\_

Frequency of payment (weekly, biweekly, monthly): \_\_\_\_\_ \* \_\_\_\_\_ HH member: \_\_\_\_\_ \* \_\_\_\_\_

Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Frequency of payment (weekly, biweekly, monthly): \_\_\_\_\_ HH member: \_\_\_\_\_

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Frequency of payment (weekly, biweekly, monthly): \_\_\_\_\_ HH member: \_\_\_\_\_

**NEW APARTMENT/NEW LANDLORD INFORMATION:**

Name: \_\_\_\_\_ \*

Address: \_\_\_\_\_ \* City: \_\_\_\_\_ \* Zip: \_\_\_\_\_ \*

Phone: \_\_\_\_\_ \* Email: \_\_\_\_\_

Apartment Address: \_\_\_\_\_ \* City: \_\_\_\_\_ \* Zip: \_\_\_\_\_ \*

Monthly Rent: \_\_\_\_\_ \* Amount requested for Deposit: \_\_\_\_\_ \*

Expected Date of Occupancy: \_\_\_\_\_ \*

Do we have permission to contact your landlord? Yes: \_\_\_\_\_ No: \_\_\_\_\_

In order to process your application we will need the following documents:

- Photo ID for Leaseholder
- Letter on Letterhead from new landlord listing apartment address, monthly rent, potential occupancy date or signed lease
- Rent ledger from current landlord
- Proof of **ALL** income to the household

**ADDITIONAL INFORMATION**

Name of individual who assisted in completing this application, if any: \_\_\_\_\_

**DISCLOSURE AGREEMENT:**

I, \_\_\_\_\_ \*, give permission to HOUSING INITIATIVES OF PRINCETON or it's authorized representatives to disclose any information given on this intake form above. I understand that my information will be used to coordinate with different service organizations including but not limited to Princeton Human Services, Princeton Senior Resource Center, Princeton Housing Authority, Princeton Community Housing, St. Vincent de Paul, HomeFront, Arm-in-Arm, Nassau Presbyterian Church, Princeton Alliance Church, Stone Hill Church, or my landlord.

I hereby give permission to disclose any of the above information as necessary to complete my request for support. I have read this release before signing below, and I fully understand the contents, meaning and impact of this disclosure agreement as indicated by my signature below.

Date: \_\_\_\_\_ \*

Name (Please Print): \_\_\_\_\_ \*

Signature: \_\_\_\_\_