

RENTAL ASSISTANCE 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: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

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: _____

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

HOUSEHOLD EXPENSE INFORMATION: Not limited to, but including rent/mortgage, electric/gas, phone, internet, food, transportation, etc. of ALL Household Members

EXPENSE:	MONTHLY:
Rent:	\$_____
Electric/Gas Utilities:	\$_____
Communication (Phone, Internet, TV)	\$_____
Food	\$_____
Transportation (Car, Gas, Insurance, etc.)	\$_____
Other (Specify):	
_____	\$_____
_____	\$_____
_____	\$_____

What is your rent per month? _____ How much do you currently owe on your rent? _____

How many months in the past year have you been unable to pay your rent without assistance? _____

Do you currently have an eviction notice: _____

Do you have any pending applications for Rental Assistance? Yes _____ No _____

If yes, please list agencies here: _____

Are you named on the lease? Yes _____ No _____

Landlord's Name: _____

Landlord's Phone Number: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Landlord's email: _____

How much can you contribute to your current emergency, if any? _____

Tell us a bit about your current situation:

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 its 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: _____