



Phone: 856-966-0800
Fax: 856.966.0832
Website: Camdenilc.org
Address: 1000 Atlantic Ave
 Suite 135
 Camden NJ 08105

Covid CARES Pre-Application

Date: _____

Name:	Social Security #:
Street Address:	
City/State:	Zip code:
County:	Birthdate:
Email:	Phone:

Which county do you live in? List		
Do you reside in Camden City, NJ? Circle one	Yes	No
Do you or a family member residing in the home, have a disability? Circle One	Yes	No

Income Sources: (Check all that apply & List the amount)

- | | |
|---|--|
| <input type="checkbox"/> Earned Income: _____
<input type="checkbox"/> Unemployment Benefits: _____
<input type="checkbox"/> TANF/GA: _____
<input type="checkbox"/> SSDI: _____
<input type="checkbox"/> VA Benefits: _____
<input type="checkbox"/> Child Support: _____ | <input type="checkbox"/> Short-term Disability: _____
<input type="checkbox"/> SSA: _____
<input type="checkbox"/> SSI: _____
<input type="checkbox"/> Long-term Disability: _____
<input type="checkbox"/> Workman's Comp: _____
<input type="checkbox"/> Other: _____ |
|---|--|

1. What type of assistance are you in need of? (Circle One)

Rental Assistance
(Back rent or Relocation)

Utility Assistance

Mortgage Assistance



Phone: 856-966-0800
Fax: 856.966.0832
Website: Camdenilc.org
Address: 1000 Atlantic Ave
 Suite 135
 Camden NJ 08105

2. Have you ever applied for Mortgage, Rent or Utility Assistance in the past 12 months (Circle One)?

a) Yes

b) No

If yes, did you receive assistance? What type and through which agency?

3. Are you currently receiving or on a waiting list for any type of assistance through another agency?

a. (Explain) _____

4. How many people are in the household _____?

5. What has caused your crisis? (Check all that apply)

Medical Emergency

Loss of Income

Eviction

Natural Disaster (Flood, Fire, etc)

Domestic Violence

Homeless

Other (Specify)

6. Benefits (Non-Cash) check all that apply.

<input type="checkbox"/> Food Stamps Amount: _____	<input type="checkbox"/> WIC Amount: _____	<input type="checkbox"/> Other Health Insurance: _____
<input type="checkbox"/> Medicaid: _____	<input type="checkbox"/> Medicare: _____	<input type="checkbox"/> Section 8/TRA: _____
<input type="checkbox"/> VA Medical: _____	<input type="checkbox"/> TANF Transportation: _____	<input type="checkbox"/> Other TANF Services: _____
<input type="checkbox"/> CHIP: _____	Other: _____	



Phone: 856-966-0800
Fax: 856.966.0832
Website: Camdenilc.org
Address: 1000 Atlantic Ave
Suite 135
Camden NJ 08105

7. Current Living Status:
- a. Staying with family
 - b. Staying with friend(s)
 - c. Renting
 - d. Own Home
 - e. Homeless
 - f. Other: _____

Answer #8 ONLY if you are applying for utility assistance.

8. What is the amount that you owe? _____
- a. Do you have any money saved towards the amount owed?
 - b. If yes, How much? _____
 - c. Have you attempted a payment arrangement with your utility company?

 - d. Do you have a shut off notice? _____
 - e. Name of Utility Company _____
 - f. Are the utilities in your name? _____

Answer #9 ONLY if you are applying for Back Rent Assistance or Mortgage.

9. How much is your monthly rent or mortgage? \$ _____
- a. What is the amount that you are requesting assistance with?
\$ _____
 - b. Are you living in Subsidized or Section 8 housing?

 - c. Do you have a Court Summons with Docket # on it?

 - i. If yes, what is the Docket #? LT- _____ When
is the court date? _____
 - ii. If no, did you receive a late notice or intent to file an eviction?

 - d. Is your rent and/or lease in your name? _____

Answer #10 ONLY if you are applying for Relocation Assistance.

10. Are you currently homeless/displaced (residing in an uninhabitable place, shelter, or motel)
OR evicted within the past 6 months? _____
- a. Were you issued a Warrant of Removal or Notice or Ejectment/Eviction?

 - b. When did this occur? _____
 - c. Have you located a potential unit to reside in? _____
 - i. When is it available? _____
 - d. What is the amount of the security deposit requested?

 - e. How much is the monthly rent? _____



Phone: 856-966-0800
Fax: 856.966.0832
Website: Camdenilc.org
Address: 1000 Atlantic Ave
 Suite 135
 Camden NJ 08105

***** ALL APPLICANTS REQUESTING ASSISTANCE MUST COMPLETE THE SECTION BELOW. Please list everyone in the household (use additional paper if necessary). *****

Name:	Name:
DOB:	DOB:
Relation to applicant:	Relation to applicant:
Gender:	Gender:
Income Source/Amount:	Income Source/Amount:
Name:	Name:
DOB:	DOB:
Relation to applicant:	Relation to applicant:
Gender:	Gender:
Income Source/Amount:	Income Source/Amount:

**** I understand that this is only a screening form and it does not guarantee I will receive funds****

 Client's Signature

 Date

 Staff's Signature

 Date

All necessary documentation is required within **7 days**. Failure to submit the required documents may result in a delay in processing. Please refer to the required documentation page for a complete list of the required documents.

**** I understand that documentation is required in order to process my application and that failure to submit the documentation can negatively impact my application****

 Client's Signature

 Date



Phone: 856-966-0800
Fax: 856.966.0832
Website: Camdenilc.org
Address: 1000 Atlantic Ave
 Suite 135
 Camden NJ 08105

****FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE ****

	COMMENTS	DATE
Initial contact w/ client		
Follow-up contact with client		
Check list	<input type="checkbox"/> Screening Form <input type="checkbox"/> Verification Documents <input type="checkbox"/> ID <input type="checkbox"/> Client is disabled	
Required Documentation	<input type="checkbox"/> Identification <input type="checkbox"/> Proof of Need: <ul style="list-style-type: none"> ○ Eviction notice ○ Letter from landlord or leasing office detailing balance ○ Past due bill or shut off notice <input type="checkbox"/> Proof of Disability <input type="checkbox"/> Proof of Income	Date Received: _____

Executive Director Approval: Yes _____ No _____

Dollar amount of funds: _____

Date of approval: _____

Notes: _____



Phone: 856-966-0800
Fax: 856.966.0832
Website: Camdenilc.org
Address: 1000 Atlantic Ave
Suite 135
Camden NJ 08105

REQUIRED DOCUMENTATION

****Documentation is required within 7 days****

Identification

- Valid (non-expired) photo identification card for all adult household members
- Valid (non-expired) passport
- Birth certificates for all household members
- Social Security Cards

Approved documentation: (must be in the applicant's name)

- Eviction notice
- Letter from landlord or leasing office detailing balance
- Past due bill or shut off notice

Proof of Disability

- Medical information from doctor/specialist/therapist/social worker/ etc.

An award letter from Social Security is not considered proof of disability. It is considered proof of income.

Proof of Income:

- One month's worth of income verification
- Social security award letter
- Letter from board of social services
- Job letter

Other forms of personal ID verification:

- Health insurance card
- State-issued identification card
- Military-issued identification card
- Permanent Resident Alien Card
- Non-immigrant Visa (F-1, F-2, F-3 Visas)
- Certificate of U.S Naturalization
- Utility bill with name and address