



CAMDEN COUNTY COUNCIL ON ECONOMIC OPPORTUNITY, INC.

AGENCY LOCATION: CUI UWC

SCREENING FORM

NOTE: This is NOT an application. This is a Pre-Screening Form.

PLEASE PRINT AND COMPLETE ALL INFORMATION BELOW

TODAY'S DATE: _____ SIGNATURE: _____

Table with 4 columns: NAME, ADDRESS, PHONE #, SS # (LAST 4-DIGITS), CITY/ZIP CODE, COUNTY, XXX-XX-.

- 1. What type of assistance are you in need of? (circle one) MORTGAGE RENT UTILITY
2. Have you ever applied for MORTGAGE, RENT, or Utility assistance in the past 12 months? YES or NO
3. What is your source of income? (check all that apply) TANF/GA SSI/SSDI WAGES UNEMPLOYMENT OTHER:
4. What has caused your crisis? (check all that apply) MEDICAL EMERGENCY LOSS OF INCOME EVICTION DOMESTIC VIOLENCE INCARCERATION CRIME NATURAL DISASTER UNEXPECTED/UNUSUAL EXPENSE OTHER:
5. What is the amount you owe? \$ Do you have any monies saved towards the arrears? If yes, how much? \$

******DO NOT COMPLETE QUESTIONS 6, 7 AND 8
IF YOU ARE APPLYING FOR UTILITY ASSISTANCE******

6. What is your monthly MORTGAGE/RENT? \$ _____
7. Are you living in Subsidized or Section 8 Housing? YES or NO
8. Do you have a court summons with a docket number on it? _____
If yes, what is the Docket#? _____

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

NAME	SS#	DOB	RELATION	SEX	Income Source/Monthly Amount

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

Program Eligible for: SSH TANF OTHER: _____

	DATE	Type of contact (face to face/phone)	COMMENTS
Initial contact w/ client			
Follow-up contact w/ client			

Landlord Contact Information:

NAME: _____ PHONE: _____

LOCATION: _____

CASE MANAGER: _____ SCHEDULED APPT: _____