

For office use ONLY
 REC'D VIA:
 ___ Fax ___ Email
 ___ Walk-in ___ Other

CAMDEN COUNTY COUNCIL ON ECONOMIC OPPORTUNITY

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*****

DATE: _____

NAME:		SS# (last 4 digits)	
ADDRESS:		COUNTY:	
CITY/ ZIPCODE:		PHONE #:	
EMAIL:		Alt. Phone #:	

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

RENT (Back rent OR Relocation) UTILITY

2. Have you ever applied for *Mortgage, Rent, or Utility Assistance* in the past 12 months?

YES or NO

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

b.) Are you currently receiving any type of assistance through another agency?

(Explain) _____

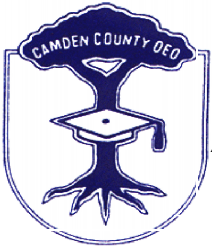
3. What is the source(s) of income in the household? (Check all that apply)

- Wages SSI SSA SSDI Unemployment benefits
 Workman's Comp Child Support TANF/ GA (Cash benefits)
 Short-term Disability Other: _____

Gross Monthly Household Income: \$_____ Number of people in Household _____

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

- Medical Emergency Loss of Income Eviction Crime
 Domestic Violence Natural Disaster (Flood, Fire, etc.) Homeless
 Other: _____



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Answer #5 only if you are applying for Utility Assistance.

5. 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? _____

Answer #6 only if you are applying for Back Rent Assistance.

6. How much is your monthly rent? \$ _____
 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 a Docket # on it? _____
 If yes, what is the Docket #? LT- _____ When is the court date? _____
 If no, did you receive a late notice or intent to file an eviction? _____

Answer #7 only if you are applying for Relocation Assistance.

7. Are you currently homeless (residing in an uninhabitable place, shelter or motel) OR evicted within the past 6 months? _____ When did this occur? _____
 a. Have you been issued a Warrant of Removal or Notice of Ejectment? _____
 b. Have you located a potential unit to reside in? _____
 c. What is the amount of the security deposit? _____
 d. How much is the monthly rent? _____

ALL APPLICANTS REQUESTING ASSISTANCE MUST COMPLETE THE SECTION BELOW.
Please list everyone in the household.

NAME	DOB	Relation to applicant	Gender	Income source/ Amount

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

Assigned Case Manager: _____ Date: _____

	Comments	Date
Initial contact w/ client		
Follow-up contact with client		

PROGRAM: HPP HPRP2 SSH TANF OTHER: _____