

For office use ONLY - REC'D VIA:
 ___ 538 Broadway ___ UWC
 ___ Email ___ Walk-in ___ Mail
 ___ FAX (856-365-2784)

CAMDEN COUNTY COUNCIL ON ECONOMIC OPPORTUNITY

SCREENING FORM

(NOTE: This is NOT an application. This is for screening purposes ONLY)

DATE: _____

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

*****PLEASE PRINT AND COMPLETE ALL INFORMATION BELOW*****

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

RENT (Back rent OR Relocation) UTILITY MORTGAGE

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 or on a waiting list for any type of assistance through another agency?

(Explain) _____

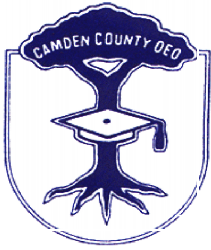
3. What is the source(s) of income in the household? (Check all that apply)

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

Gross Monthly Household Income: \$ _____ # 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 (specify): _____



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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 OR Mortgage.

6. 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 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/ 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 of Ejectment/Eviction? _____
 b. When did this occur? _____
 c. Have you located a potential unit to reside in? _____ When is it available? _____
 d. What is the amount of the security deposit requested? _____
 e. How much is the monthly rent? _____

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

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: _____