

Date of Intake:
Organization Filling out Intake:
Name of Person Filling out Intake:

Housing Assistance Intake and Referral Form

INTAKE FORM

CLIENT INFORMATION

First Name:	Last Name:	
Contact Phone:	Alternate Phone:	
Current Address:	Town/City	Zip:
Date of Birth:	Gender:	
Ethnicity (circle one): Latino or Non-Latino	Race:	
Marital Status:	Email:	

HOUSING INFORMATION

Number of adults in your household, including yourself:

Number of children in your household (include ages):

Please check all that apply:

I am homeless

I am about to be homeless

Please check only one box: The place I have been living is...

My permanent home

A place I have been staying with other people

A shelter

A transitional housing program

A rehabilitation center

A hospital

A prison

A jail

Other: _____

Please check all that apply: I am not homeless but I wish to apply for Housing Assistance for the following:

I need to move and cannot pay security deposit

I need to move and cannot pay a utility deposit

I'm going to be evicted

I have a shut-off notice for utilities and I cannot pay my bill

My utilities are off now

My utilities will be turned off this week

I owe less than 3 months' rent or mortgage

I owe more than 3 months' rent or mortgage

I have no food

I live in a situation where I cannot afford my housing costs on a regular basis

I need help buying furniture

Other: _____

Are you the lease holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who is the lease holder?
Who is your landlord:	Contact Number:
Contact Number:	Can we contact your landlord on your behalf?
Rent Check Payable to, and Address to Mail check:	
Detailed information of assistance being requested: Check only one box: <input type="checkbox"/> Back rent <input type="checkbox"/> Security deposit <input type="checkbox"/> Monthly rent payment <input type="checkbox"/> Utility shut-off payment	
HOUSEHOLD INCOME INFORMATION (Not limited to, but including wages, pension, social security, disability, child support, etc. of ALL Household Members)	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where do you work?
What is your weekly/monthly income?	
How many hours a week do you work?	
Do any members of your household have a source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the source of income?
Do you have another source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your additional source of income?
How much is this additional income?	What is the total amount of income for your household?
If no source of income, are you able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What additional monthly expenses do you have?	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind? <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Other _____

EMERGENCY INFORMATION

Description and reasons/events that led to current emergency:	
How have you been paying the last 6 months?	
FOR SECURITY DEPOSIT & FIRST MONTH RENT ASSISTANCE ONLY:	
1 st Month Rent Amount Requested:	Security Deposit Amount Requested:
What is the address of where you plan to move:	
FOR UTILITY ASSISTANCE ONLY:	
# of Months Owed on Utilities:	Amount Requested for Utilities:
Account Number:	
FOR RENTAL ASSISTANCE ONLY:	
Total Back Rent/ Mortgage Overdue:	
# of Months Owed in Back Rent/ Mortgage:	Amount Requested for Back Rent/ Mortgage:
What is your monthly rent?	
How much money can you contribute to help your current emergency, if any?	
If you can't contribute, please state why:	
ADDITIONAL INFORMATION	
Are there any other organizations that you have applied to for assistance in the past 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what organization and what assistance was given?	
Have you applied to Mercer County Board of Social Services (MCBOSS)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the outcome?	

<p>Have you ever been evicted before?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, why and when were you evicted?</p>
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If you receive assistance for your current emergency, how will you ensure you do not end up in this situation again?

OFFICE USE ONLY

Referred to: _____
 If there is an eviction notice, please make a copy for the record

<input type="checkbox"/> St. Vincent DePaul <input type="checkbox"/> HomeFront <input type="checkbox"/> Princeton Human Services	<input type="checkbox"/> Arm-In-Arm <input type="checkbox"/> HIP <input type="checkbox"/> Stone Hill Church
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Outcome: _____

Just as a reminder:

- Send to Housing Stability Group with the subject line as the client’s last name
- Indicate the point person that will take the lead in this case
- Keep your email replies short

Non-Disclosure Agreement

I, _____, give permission to _____ or its authorized representatives to disclose any information given on the intake form above. I understand that these forms will be used to coordinate with different service organizations such as St. Vincent DePaul, HomeFront, Princeton Human Services, Arm-In-Arm, Housing Initiatives of Princeton (HIP), and Stone Hill Church.

I hereby give permission to disclose any of the above information. I have read this release before signing below, and I fully understand the contents, meaning and impact of this non-disclosure agreement.

Date: _____

Name (Please Print): _____

Signature: _____