



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(s) of assistance are you in need of? (Check all being requested)

- BACK RENT RELOCATION UTILITY MORTGAGE FOOD

2. Have you ever applied for *Rent, Utility, Mortgage or Food (SNAP) 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
 COVID-19 Other (specify): _____



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Answer #5 if you are applying for Utility Assistance

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

Answer #6 if you are applying for Back Rent Assistance OR Mortgage

6. How much is your monthly rent OR mortgage? \$ _____
- What is the amount that you are requesting assistance with? \$ _____
 - Are you living in Subsidized or Section 8 housing? _____
 - 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 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? _____
- Were you issued a Warrant of Removal or Notice of Ejectment/Eviction? _____
 - When did this occur? _____
 - Have you located a potential unit to reside in? _____ When is it available? _____
 - What is the amount of the security deposit requested? _____
 - 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: NJPRF HPRP2 SSH TANF CSBG OTHER: _____