



PRE-SCREENING APPLICATION 2015_2016

BCAP/BUDGET COUNSELING CENTER - HOMELESS ASSISTANCE PROGRAM

ALL QUESTIONS MUST BE ANSWERED AND ALL REQUESTED DOCUMENTATION MUST BE PROVIDED

GENERAL INFORMATION:

NAME: _____ DATE: _____
LAST FIRST M.I.

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

TELEPHONE #: _____ COUNTY: _____

CURRENT ADDRESS: _____
STREET CITY ZIP

TOTAL NUMBER OF PERSONS OVER THE AGE OF 18 RESIDING IN THIS HOUSEHOLD: _____

TOTAL NUMBER OF CHILDREN UNDER THE AGE OF 18 RESIDING IN THIS HOUSEHOLD: _____

ARE ANY MEMBERS OF THIS HOUSEHOLD A U.S VETERAN (CIRCLE ONE)? YES or NO

NAME OF ALL AGENCIES YOU ARE CURRENTLY WORKING WITH: _____

INCOME:

TOTAL HOUSEHOLD INCOME: \$ _____ PER MONTH
(MARK ALL THAT APPLY)

- Public Assistance/TANF, SSI or SSD, Social Security, Employment (Full Time, Part Time), Child Support/Spousal Support, Workman's Compensation, Unemployment Compensation, No Income, Other

REQUEST FOR ASSISTANCE:

SECURITY DEPOSIT OR FIRST MONTHS RENT AMOUNT (IF KNOWN): \$ _____
BACK RENT OWED TO LANDLORD AMOUNT: \$ _____

REASON FOR ASSISTANCE:

- EVICTION LETTER FROM DISTRICT JUSTICE (INCLUDE LETTER FROM D.J.**), HOMELESS, LIVING IN TRANSITIONAL HOUSING, LIVING IN A SHELTER, LIVING IN PROPERTY THAT IS NOT ZONED OR PERMITTED FOR RENTAL OR OCCUPANCY, TEMPORARILY LIVING WITH FRIEND OR FAMILY, Fleeing Domestic Violence, OTHER

YOUR SIGNATURE _____ CERTIFIES THAT THE ABOVE INFORMATION IS TRUE.

(CONTINUE TO THE OTHER SIDE)

