

## PRE-SCREENING APPLICATION 2015\_2016

## BCAP/BUDGET COUNSELING CENTER - HOMELESS ASSISTANCE PROGRAM \*ALL QUESTIONS MUST BE ANSWERED AND ALL REQUESTED DOCUMENTATION MUST BE PROVIDED\*

NAME:			DATE:
LAST	FIRST	M.I.	
OCIAL SECURITY #:		DATE OF BIRTH:	
ELEPHONE #:		COUNTY:	
CURRENT ADDRESS:			
STREET		CITY	ZIP
OTAL NUMBER OF PERSONS <u>O</u>	<u>/ER</u> THE AGE OF 18 RES	SIDING IN THIS HOUSEHOLD:	
OTAL NUMBER OF CHILDREN <u>U</u>	NDER THE AGE OF 18 R	ESIDING IN THIS HOUSEHOLD:	
ARE ANY MEMBERS OF THIS HO	USEHOLD A U.S VETERA	AN (CIRCLE ONE)? YES	or NO
IAME OF <u>ALL</u> AGENCIES YOU AR		,	
SSI or SSD SOCIAL SECURITY		WORKMAN'S COMPENS. UNEMPLOYMENT COMP	ATION
PUBLIC ASSISTANCE/TANF SSI or SSD		CHILD SUPPORT/SPOUSA WORKMAN'S COMPENS.	
EMPLOYMENT:		NO INCOME	ENSATION
	ART TIME	Other:	
EQUEST FOR ASSISTANCE:			
SECURITY DEPOSIT <u>OR</u> FIRST	MONTHS RENT	AMOUNT (IF KNOWN): \$	
BACK RENT OWED TO LANDL	ORD	AMOUNT : \$	
EASON FOR ASSISTANCE:			
EVICTION LETTER FROM DIST	RICT JUSTICE (INCL	UDE LETTER FROM D.J.**)	
HOMELESS		TEMPORARILY LIVING W	ITH FRIEND OR FAMILY
LIVING IN TRANSITIONAL HO	USING	Fleeing Domestic Viole	ence
LIVING IN A SHELTER		OTHER:	
LIVING IN PROPERTY THAT IS			
PERMITTED FOR RENTAL OR	OCCUPANCY		
		CERTIFIES THAT THE ABOVE INFORM	MATION IS TRUE
OUR SIGNATURE		CERTIFIES THAT THE ABOVE INFORM	IATION IS INCL.

(CONTINUE TO THE OTHER SIDE)

BRIEFLY DESCRIBE YOUR SITUATION:				
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## **REQUESTED DOCUMENTATION:**

SUBMIT A COPY OF VERIFICATION OF INCOME (i.e. PAYSTUB, BENEFIT LETTER, ETC)
SUBMIT A COPY OF YOUR EVICTION NOTICE, LETTER FROM A SHELTER, LETTER FROM TRANSITIONAL
HOUSING, FORECLOSURE NOTICE, OR LETTER OF CONDEMNATION WITH YOUR SCREENING FORM.
IF YOU RECEIVE CASH ASSISTANCE YOU MUST APPLY FIRST TO THE DEPARTMENT OF HUMAN SERVICE'S EMERGENCY SHELTER ASSISTANCE PROGRAM.

## IMPORTANT INFRORMATION

IT IS IMPORTANT THAT YOU RETURN THIS COMPLETED FORM TO OUR OFFICE AS SOON AS POSSIBLE. DUE TO THE LARGE NUMBER OF REQUESTS FOR ASSISTANCE, ANY DELAY ON YOUR PART TO RETURN THE FORM COULD RESULT IN A SERIOUS DELAY IN RESPONDING TO YOUR REQUEST. APPOINTMENTS CAN ONLY BE SCHEDULED AFTER THIS COMPLETED SCREENING FORM HAS BEEN REVIEWED BY A COUNSELOR.

ES IMPORTANTE QUE USTED DEVUELVA ESTA PLANILLA A NUESTRA OFICINA LO MAS PRONTO POSIBLE.

DEBIDO AL GRAN NUMERO DE APLICANTES INTERESADOS EN EL PROGRAMA ES QUE RECOMENDAMOS QUE
RESPONDA Y ENVIÉ LA PLANILLA LO MAS PRONTO POSIBLE, PORQUE UNA TARDANZA DE SU PARTE
RESULTARA EN UNA SERIA TARDANZA DE NUESTRA PARTE EN RESPONDER A SU SITUACIÓN. EL CONSEJERO DE
VIVIENDA SOLO DARA CITAS DESPUÉS DE HABER RECIBIDO Y REVISADO SU PLANILLA.

<sup>\*</sup>INCOMPLETE FORMS WILL NOT BE ACCEPTED

<sup>\*\*</sup>IF THIS FORM IS NOT ACCOMPANIED BY THE REQUESTED DOCUMENTATION IT WILL NOT BE ACCEPTED