



PRE-SCREENING APPLICATION **2022**

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
- TEMPORARILY LIVING WITH FRIEND OR FAMILY
- LIVING IN TRANSITIONAL HOUSING
- Fleeing Domestic Violence
- LIVING IN A SHELTER
- OTHER: _____
- LIVING IN PROPERTY THAT IS NOT ZONED OR PERMITTED FOR RENTAL OR OCCUPANCY

CERTIFIES THAT THE ABOVE INFORMATION IS TRUE.

YOUR SIGNATURE _____

(CONTINUE TO THE OTHER SIDE)

