



ELIGIBILITY REQUIREMENTS:

Summons or Warrant of Removal from Landlord-tenant court.
Court papers must have a docket number and a court date and must be no more than 6 months old.

Resided in the housing unit for at least 3 months without incurring arrears.

Ability to pay monthly housing costs after receiving HPP assistance

Legally in the United States

New Jersey Resident for at least 6 months before applying

INELIGIBLE CLIENTS:

Applicants receiving a housing subsidy – Section 8, Affordable Housing, Public Housing

Applicants being released from prison / jail

Applicants on TANF and SSI

Required Documents:

Proof of current income (4 weekly consecutive pay stubs or biweekly – 2 paystubs)
Social Security award letter, Unemployment printout, Child support, Pension letter

Identification:

Photo ID for everyone listed on lease – Current NJ Motor Vehicle issued Photo driver's license

Social Security Cards for everyone in the Household

Birth Certificates for everyone in the Household

PLEASE PRINT

SCREENING SHEET

Checked in computer _____

Section 1 – Pre-Screen

Note---This is NOT an emergency program
You must have verifiable documentation for all circumstances

Name: _____ Date: _____ County: _____

Phone Number: _____ Address: _____

Social Security Number: _____ Date of Birth: _____

1. Have you lived at your current residence for the past 3 months? Yes No

2. What is your source of income? (Circle all that apply)

TANF SSI Wages GA Social Security Unemployment

Other: _____

3. Are you living in subsidized housing or on the Section 8 Housing Assistance Program? Yes No

4. What has caused you not to be able to pay your housing costs? (rent, etc.) (circle all that apply)

Medical Emergency Loss or delay in benefits Crime Loss of Income

Natural Disaster (fire, flood, etc.) Unexpected/unusual expense Eviction

Substantial and permanent change in household Domestic Violence Incarceration

5. Do you have a **Summons** from the court with a docket number on it? Yes No

6. What is the amount you owe? \$ _____

7. Have you ever applied for HPP Assistance before? Yes No

8. Are you being assisted by another agency or program? Yes No

PRESENT PLACE OF RESIDENCE

STREET _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT THIS ADDRESS? _____ MON/YR RENT/MTH\$ _____ # OF BEDROOMS _____

SELECT ONE: OWN RENT LIVING W/FRIENDS OR RELATIVES OTHER

WHAT UTILITIES DO YOU PAY? (check all that apply)

GAS ELECTRIC HEAT OTHER NONE

FORMER PLACE OF RESIDENCE

STREET _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT THIS ADDRESS? _____ MON/YR RENT/MTH\$ _____ # OF BEDROOMS _____

SELECT ONE: OWN RENT LIVING W/FRIENDS OR RELATIVES OTHER

WHERE YOU EVICTED? YES NO

WHAT UTILITIES DO YOU PAY? (check all that apply)

GAS ELECTRIC HEAT OTHER NONE

FORMER PLACE OF RESIDENCE

STREET _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT THIS ADDRESS? _____ MON/YR RENT/MTH\$ _____ # OF BEDROOMS _____

SELECT ONE: OWN RENT LIVING W/FRIENDS OR RELATIVES OTHER

WHERE YOU EVICTED? YES NO

WHAT UTILITIES DO YOU PAY? (check all that apply)

GAS ELECTRIC HEAT OTHER NONE

REASON FOR REQUESTING ASSISTANCE – SELECT ONE

IN DANGER OF EVICTION (YOU MUST SUBMIT CURRENT SUMMONS TO APPEAR IN COURT AND/OR WARRANT FOR REMOVAL BASED ON JUDGMENT FOR POSSESSION).

HOMELESS (YOU MUST SUBMIT CERTIFICATION FROM THE SHELTER AND/OR A LETTER OF EMERGENCY ASSISTANCE FROM AN AGENCY PROVIDING SERVICES TO YOUR HOUSEHOLD, FOR EXAMPLE, WELFARE, RED CROSS, CHURCH, ETC).

