

Emergency Housing Rehabilitation Application

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Application Date:/	Are you the homed	Are you the homeowner of the property you are applying for? Yes or No (please circle)			
First Name:	1 5	· ·			
Middle Name:					
Last Name:		Suffix:	Alias:		
Address:	State	Zip			
City:	_ County:	County:			
Primary Phone:		Type: ☐ Home ☐ Cell ☐Work			
E-mail Address:					
Date of Birth://	Gender: □Male	Gender: □Male □Female □ Non-binary / Other			
Social Security #:	Ethnicity: □Hispa	Ethnicity: □Hispanic/Latino □Non-Hispanic/Not Latin			
Race/Ethnic Background: ☐ American Indian/Alaska Native ☐ Asian ☐ Unspecified ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander					
Family Type: □ Single (no children in household) □ Two adults, no children in household □ Single Parent (Father w/Partner) □ Two parent Household / Family □ Single Parent (Father only) □ Multi-generational Household □ Single Parent (Mother w/Partner) □ Other □ Single Parent (Mother only)					
Marital Status: ☐ Married ☐ Divorced ☐ Never Married ☐ Separated ☐ Widowed					
Disabilities: ☐ Yes ☐ No U.S. Citizen: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No					
Health Insurance: ☐ Yes ☐ No ☐ If yes, ☐ Medicaid ☐ Medicare ☐ State Insurance ☐ Employment-based ☐ Other Language(s): ☐ English ☐ Spanish ☐ Other ☐ Asian and Pacific Island Language ☐ Other Indo-European Language					
Highest Education Level Completed:					
☐ 11 years or less		☐ Associate Degree			
☐ 12 years (completed High School or Equivalency)		☐ Bachelor's Degree			
☐ Some college, no degree How many people live in your household (including y		☐ Master's or Doctoral Degree			
Tiow many people live in your nousehold (including yourself):					
Are you the Head of Household? □ Yes □ N If no, who is? (name)		(relationship)			
Please list all other family members in the household	:				
Name	Date of Birth (mm/dd/yy)	Relations	ship		
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_Date: ____

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H Name(s)	Pay Cycle*	Amount	Income Source*			
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m Pay Cycle: Weekly, Bi-weekly. Monthly, Bi-Mo	nthly, Annual					
e Income Source(s): Wages, Unemployment, W	orkers Comp,					
Veteran's Benefits, TANF, Alimony, Child Supp	ort, Interest/Inv	estment, Family Contr	ibutions, Gifts, Rental Income			
Non-Cash benefits:	,	7,440				
☐ Food stamps or SNAP ☐ MEDICAID	☐ WIC ☐ Other source					
□ MEDICARE	'	1 Other source				
Employment:		☐ Unemployed				
□ Employed – Fulltime		☐ Retired				
☐ Employed – Part time		☐ Not in Labor Force				
Were you adversely affected by the COVID-19 pandemic and need emergency financial assistance? ☐ Yes ☐ No						
		0 ,				
Please describe in a few sentences how your household was financially impacted by COVID-19?						
What type of project do you need work on?						
☐ Roof, leaders, and/or gutters	ders, and/or gutters					
☐ Driveways, steps, and/or sidewalks	/alks □ Exterior Siding					
□ Electrical		☐ Decking ☐ Water damaged interior				
☐ Plumbing	☐ Other					
reating or Air Conditioning System						
Please briefly describe the emergency home repair that you are requesting assistance for:						

Applicant Signature:



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Required Application Documents

The following documents are required to apply:

- 1. **Proof of residential ownership** (you must own your home to apply)
 - a. Copy of mortgage, tax bill, or deed.
 - b. Probate sale contract
- 2. **Proof of Income:** all earned income for everyone 18 years and older who resides in the household.
 - a. Earned income
 - If paid weekly submit paystubs for last 4 consecutive weeks within 8 weeks of the application submission date. If paid twice a month or every two weeks include 2 consecutive paystubs
 - ii. If self-employed: Copy of latest federal income tax statement with supporting documentation.
 - iii. Pension, veteran, social security, or SSI benefits (including children benefits): Copy of checks or benefit award letter.
 - iv. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.
 - v. Child support/alimony: Statement of total monthly support.
 - vi. Rental Income: Lease for all tenants or rent receipts.
 - vii. TANF or General Assistance (welfare): Award Letter or printout.
 - viii. Interest or Dividends: Bank statement, Investment Company Statement
 - b. Unemployed household members age 18 and over must have the following:
 - i. Zero Income Statement
 - ii. If full time student, a letter which must be on school letterhead.

Please return completed application and documents to David DuBois using one of the following:

By Mail: 61 Voorhis Lane Hackensack NJ 07601 Email: Katherine.Polanco@GreaterBergen.Org

Fax: 201-342-9339

If you have any questions, Katherine Polanco can be reached at 201-968-0200 ext. 7049.