East I Gener Shelte FEMA			Office Use: Opportunities for Broome Inc.			
FULL FIRST NAME:		FULL MIDDLE NAME:		FULL LAST NAME:		
STREET ADDRESS:		N:		STATE:	ZIP CODE:	
HOME PHONE: CELL PHONE: WORK PHONE: E-MAIL				L ADDRESS: REFERRAL SOURCE:		
PLEASE TELL US WHY	Y YOU ARE APPLYING	FOR SERVICES TODAY:	1		•	

BEGINNING WITH YO OFB ASSISTANCE. Have you or anyone If "Yes" please list th	in your h	ome eve	er receiv	ed servic					BERS O	F YOUR HOU	JSEHOLD \	WHO ARE A	PPLYING FOR
NAME		SEX M\F	AGE	DA OF B		RELATIO P	NSHI	SOCI SECUI NUMI	RITY	DISABLE D Yes or No	ST <i>A</i> Example: Unem	RRENT ATUS : Employed, aployed, ent, etc.	Highest Grade Level Completed
1.						SELF							
2.													
3.								<u> </u>					
4.								<u> </u>					
5.								<u> </u>					
6.								<u> </u>					
7.													
PLEASE MARK THE B	OXES BEI	LOW YES	OR NO	:									
ARE YOU HISPANIC OR L		ARE YOU A	A VETERA	N?	DO	YOU HAVE H	EALTH		DO YO	OU RECEIVE ME		DO YOU REC	
()YES ()NO	,	() YES () NO INS		INS	URANCE?	/ \ NI/	<u> </u>		() YES ()	NO	MEDICARE?	
						() YES)				() YE	ES () NO
PLEASE CHECK THE I	BOX BELC)W THAT	<u>r Best c</u>)ESCRIBES	<u>s YOU</u>	R FAMILY T	YPE:			T			
()	(.) . – –		()		()	()			() OTHER (PLEASE SPECIFY):			
SINGLE FEMALE		LE MALE		NO PAREI		SINGLE		O ADUL		Š			
HEAD OF		AD OF		OUSEHOL		PERSON		WITH NO					
HOUSEHOLD		SEHOLD		\CHILDRE	:N		CHILDREN		N				
w\CHILDREN	w\CH	IILDREN								<u></u>			
PLEASE LIST ALL FAM SOURCE ON LINES 1											IONTHLY I	NCOME FR	OM EACH
SOUNCE ON LINES I	11110 9 0					1			ZVIIVIS	NAME OF FA	ΔΜΙΙ Υ	NAME	DE EAMILY
SOURCES OF INCOME			YOUR NAME HERE		NAME OF FAMILY MEMBER HERE			MEMBER H		NAME OF FAMILY MEMBER HERE			

PRINT NAMES HERE →

1. TANF (DSS)

2. SSI\SSD	\$				\$		\$			\$	
3. SOCIAL SECURITY	\$				\$		\$	\$		\$	
4. PENSION / BENEFITS \$				\$		\$	\$		\$		
5. SAFETY NET ASSISTANCE \$		-			\$		\$			\$	
6. UNEMPLOYMENT INSURANCE \$		\$		\$!		\$		\$		
7. EMPLOYMENT(GROSS SALARY) \$		-			\$		\$	\$		\$	
8. OTHER SOURCES O	F INCOME	\$			\$	\$		\$		\$	
TOTAL											
IF YOU DO RECEIVE A () SECTION 8 RENTAL ASSISTANCE?	NY BENEFITS, PI () WOMEN, INF AND CHILDREN (ANTS,	() RE	ND THE NT FROM L PROPE	1 YOUR	E LIST MON () RENT FR BOARDERS?		OUNT NEX			ITY OR WORKERS
\$	\$		\$		\$			\$		\$	
UTILITY VOUCHER?	() PUBLIC HOU	SING?			1PS?	() VETERANS BENEFITS?		() CHILD SUPPORT?		() PAYMENTS FROM A TRUST?	
\$	\$		\$		\$			\$		\$	
PLEASE ANSWER THE	FOLLOWING QU	JESTION	IS:								
ARE YOU AN AMERICAN CITIZEN? () YES () NO () YES () NO () YES () NO (ALIEN?		PROBATI		OU CURRENTLY ON ATION? () YES () NO		ARE YOU CURRENTLY ON PAROLE?		
() 123 () 110	():=5 (,,		()	YES () N	O () N\A	,	, 5 (, , .		()	YES () NO
PLEASE CHECK THE B	OX BELOW THA	T BEST D	ESCRIB	ES YOU	JR RACE:						
() BLACK OR AFRICAN-AMERICAN			NATIVE-	NATIVE-AMERICAN		OTHER		() AWAIIAN OR R PACIFIC ANDER	() OTHER		
APPLICANT'S BIRTH N		THER NA									
FIRST:	<u> </u>	<u> </u>	LAST			· · · · · · · · · · · · · · · · · · ·			<u> </u>		MI:
CERTIFICATION: I CERTIFY IN ADDITION, I HEREBY A DOCUMENT THE INFORM OFB.	UTHORIZE OFB SER	VICES TO	VERIFY A	NY STAT	EMENTS I I	HAVE MADE O	N THIS APP	LICATION. I U	JNDERSTAI	ND THAT I MA	Y BE REQUIRED TO

ENTER TODAYS DATE HERE

PLEASE SIGN YOUR NAME HERE

PLEASE PRINT YOUR NAME HERE

RELEASE OF INFORMATION: PERSON WE WILL DO WITH THE INFORMATION YOUR FAMILY TO DETERMINE IF YOU COLLECT THIS INFORMATION IS IN ENTITLED TO WE MAY NEED TO VE ALSO USE THIS INFORMATION TO INEED MAY PREVENT US FROM SECONFIDENTIAL. IN ORDER FOR US TO ASSISTANCE. () YES, YOU HAVE IT O ASSIST ME AND OR MY FAMILY	ON CONTAINED ON THIS APPLIC DU ARE ELIGIBLE FOR VARIOUS O SECTION 21 OF THE SOCIAL SER RIFY THE INFORMATION YOU GI PROVIDE FUNDERS WITH STATIS URING COMMUNITY RESOURCES TO ASSIST YOU, WE NEED YOUR ELOW THAT YOU ARE MOST COM	CATION FOR ASSISTANCE. WE WILL COMMUNITY PROGRAMS AND RESEVICES LAW. IN ORDER TO MAKE SO VE US AND WE MAY NEED TO SHATICAL REPORTS ABOUT OUR CLIES FOR YOU AND OR YOUR FAMILY PERMISSION TO SHARE YOUR INITIAL OF THE PORTABLE WITH. IF YOU NEED HIS INFORMATION ON MY APPLICATION ON MY APPLICATION.	LL USE THE INFORMATION YOU GIV SOURCES. THE SECTION OF THE LAY GURE YOU GET ALL THE ASSISTANCE ARE THIS INFORMATION WITH OTH ENTS. YOUR FAILURE TO PROVIDE UY. THE INFORMATION YOU PROVID FORMATION WITHIN OUR AGENCY SELP WITH THIS SECTION, PLEASE A ON WITHIN OFB AND WITH OTHER	WE US ABOUT YOURSELF AND WE THAT GIVES US THE RIGHT TO E YOU AND\OR YOUR FAMILY IS ER SERVICE PROVIDERS. WE US WITH THE INFORMATION WE E US WILL BE KEPT STRICTLY AND WITH OUTSIDE AGENCIES. SK YOUR INTERVIEWER FOR AGENCIES THAT MAY BE ABLE
CONDITIONS: (LIST CONDITIONS H				
PLEASE PRINT YOUR NAME HERE	PLEASE SIGN YO	 OUR NAME HERE	ENTER TODAYS DATE HERE	
INTAKE\INTERVIEWER SIGNATURE				
PLEASE CHECK THE BOXES BI	ELOW THAT BEST DESCRIBI	ES YOUR CURRENT HOUSING	G SITUATION:	
()	()	()	()	()
Living in a	Living in a	Living in Unsanitary or	Victim of	
Housing Unit which I own	Rental Unit	Unsafe Housing Conditions	Domestic Violence	Homeless
()	()	()	ARE YOU CURRENTLY LIVIN	IG IN A:
, ,	Living in Transitional	Living with		() Psychiatric Facility
Living in a	Homeless	Friends or	() Substance Abuse Treat	
Shelter	Housing	Relatives	Name of Facility:	·
ARE YOU BEING EVICTED? If yes, please tell us why here	. ,			
HOW LONG HAVE YOU LIVE	D AT YOUR CURRENT ADD	RESS?		
DO WE HAVE YOUR PERMIS If Yes, Please PRINT NAME O		ere:) YES () NO	
WHAT IS YOUR CURRENT M	ONTLY RENT OR MORTGAC	GE PAYMENT? \$		

DOES YOUR PAYMENT INCLUDE UTILITIES? () YES () NO If not what do you pay for? () ELECTRIC () GAS () OIL () PROPANE () WATER () SEWER () OTHER (please specification)
DO YOU CURRENTLY LIVE IN PUBLIC HOUSING? () YES () NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? () YES () NO If YES, please explain:
DO YOU RECEIVE RENTAL ASSISTANCE FROM ANY OTHER SOURCE? () YES () NO
ARE YOU CURRENTLY EMPLOYED? () YES () NO If Yes, What is your position? Where do you work? How long have you been employed there?
HAVE YOU RESIDED IN A RESIDENCE THAT HAS HAD BED BUGS WITHIN THE LAST 2 YEARS? () YES () NO If Yes, When? Date of extermination?
REFERENCES: We require three (3) references not related to you. Name:
Address:
Phone Number (s):
Years Known:
Relationship:
Name:
Address:

Phone Number (s):		
Years Known:		
Relationship:		
Name:		
Address:		
Phone Number (s):		
Years Known:		
Relationship:		