

## COVID 19 Pandemic Assistance Relief Worksheet

**Instructions:** Fill in all applicable spaces and check off response that apply.

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|--|---|
| <b>Applicant Name:</b><br><br><b>SSN:</b><br><br><b>Initial Intake Date:</b> | <b>Address:</b><br><br><b>Phone:</b><br><br><b>Email:</b> |
|--|---|

| <b>Household Composition</b>   |   |
|--|---|
| Total number of household members? ____<br>#Adult(s) ____ # Child(ren) ____<br>Are the household members legally or blood related?<br><input type="checkbox"/> Legally Related<br><input type="checkbox"/> Blood Related | <b>Please check all that apply:</b><br><input type="checkbox"/> School Records<br><input type="checkbox"/> Legal Guardianship Paperwork<br><input type="checkbox"/> Income Tax Returns<br><input type="checkbox"/> Child Support Paperwork<br><input type="checkbox"/> Other: _____   |
| <b><u>Citizenship/Eligible Alien Status:</u></b><br>Is at least one member of the applicant's Household a United States citizen or an eligible alien?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No     | <b>Please check all that apply:</b><br><input type="checkbox"/> Social Security Card(s)<br><input type="checkbox"/> Birth Certificate(s)<br><input type="checkbox"/> Legal Permanent Resident Card<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Other: _____  |
| <b>Eligibility Criteria</b>  |   |
| <b><u>Income:</u></b><br>Did the applicant receive income during COVID 19 pandemic?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <b>Please check all that apply:</b><br><input type="checkbox"/> <b>Unearned Income</b><br><input type="checkbox"/> <b>Earned Income</b><br><input type="checkbox"/> <b>WFNJ SNAP/Emergency Assistance</b><br><br><b>Please list type of income:</b> _____   |
| <b><u>COVID 19 Housing Need:</u></b><br>Does the applicant/household have a need?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <b>Please check all that apply:</b><br><input type="checkbox"/> Rental Payment(s)<br><input type="checkbox"/> Mortgage Payment(s)<br><input type="checkbox"/> Property Taxes Payment(s)<br><input type="checkbox"/> Homeowners Insurance<br><input type="checkbox"/> Food<br><input type="checkbox"/> Utility(ies)<br><input type="checkbox"/> Other: _____ |
| <b><u>Does applicant have a court eviction notice?</u></b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |   |

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|--|--|
| <p><b>COVID 19 Relation:</b><br/>Was your household directly affected due to COVID 19 pandemic crisis?</p> <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>   | <p><b>How?</b><br/><b>Please Explain:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>   |
| <b>Worksheet Continued</b>   |  |
| <p><b>Residency</b><br/>Is the applicant able to verify that their housing need is for their primary residence at the time of the pandemic shutdown?</p> <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>   | <p><b>Please check proof of document(s) that apply:</b></p> <p><input type="checkbox"/> State Issue ID Card/Driver's License<br/><input type="checkbox"/> Current Lease<br/><input type="checkbox"/> Mortgage Statement/Lease Agreement<br/><input type="checkbox"/> Utility Shut off Notice<br/><input type="checkbox"/> Final Foreclosure Notice<br/><input type="checkbox"/> Bank account statement<br/><input type="checkbox"/> Other: _____</p> |
| <p><b>Benefits</b><br/>Has the applicant/household applied and/or received any other housing benefit under the CARES ACT (COVID-19 Relief Assistance)?</p> <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> | <p><b>Agency:</b> _____</p> <p><b>Type of Funding:</b> _____</p> <p><b>Funding Amount:</b> _____</p>   |
| <p><b>WFNJ/SSI Eligibility</b><br/>Is the applicant /household eligible for other benefits?</p> <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>  | <p><b>Please check all that apply:</b></p> <p><input type="checkbox"/> Referral to Board of Social Services<br/><input type="checkbox"/> Referral to Municipal Welfare Agency<br/><input type="checkbox"/> Referral to 211/SSH Hotline<br/><input type="checkbox"/> Referral to Social Security Administration Office<br/><input type="checkbox"/> Other: _____</p>  |
| <p><b>Decision Date:</b></p> <p>_____</p> <p><input type="checkbox"/> <b>Approved</b><br/><b>Total Amount Approved:</b> _____</p> <p><input type="checkbox"/> <b>Unapproved</b></p>  | <p><b>Authorized Services:</b></p> <p><input type="checkbox"/> Rental Assistance<br/><input type="checkbox"/> Mortgage Assistance<br/><input type="checkbox"/> Property Taxes Assistance<br/><input type="checkbox"/> Homeowner Insurance Assistance<br/><input type="checkbox"/> Utility Assistance<br/><input type="checkbox"/> Food Assistance</p>  |
| <p><b>Caseworker Signature:</b></p> <p><b>x</b> _____</p>  | <p><b>Applicant Signature:</b></p> <p><b>x</b> _____</p>   |

