



## HOUSING INTAKE FORM

**Date:** \_\_\_\_\_ **Meets MFP Eligibility:** Yes  No

**Name of NF Resident:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Nursing Facility:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Veteran:** Yes  No

**Phone #:** \_\_\_\_\_

**Completed By (Name and Title):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Desired County:** \_\_\_\_\_ **Desired Town(s):** \_\_\_\_\_

**Income (check all applicable below):** \$ \_\_\_\_\_ TOTAL monthly from:

SSI  SSDI  SSA  Pension  Earnings  TANF  Other: \_\_\_\_\_

**Type of Housing Sought (check all that apply):**

Public or Subsidized Housing  Market Rate Housing

Number of bedrooms needed:  1  2  3

**Accessibility Needs (check all that apply):**

Wheelchair accessible

Ramp

1<sup>st</sup> floor apartment

Roll-in shower

Grab bars

Other: \_\_\_\_\_

**Prior History (check all that apply):**

Had Section 8 or other housing voucher

Lived in subsidized housing

Lived in shelter/homeless

Credit history problem

Criminal History

Convictions: \_\_\_\_\_

**Available Documentation:**  Birth Certificate  Social Security Card

Government ID

Medicaid/Medicare Card

Proof of Income

Please send completed intake form to Administrative Assistant **Sharia Minney**

Fax: 609-984-3490/Email: sharia.minney@ooie.nj.gov