

HOMELESS PREVENTION AND RAPID RE-HOUSING

PRE-ELIGIBILITY SCREENING

Homeless Prevention and Rapid Re-Housing (HPRP) funds are intended to provide shallow, short-term financial assistance to prevent homelessness, and to quickly re-house those that have recently become homeless. Those who receive HPRP are expected to remain stable in housing at the time that assistance ends. HPRP assistance is not intended for persons/households that have additional service needs.

A. APPLICANT INFORMATION:
Applicant/Head of Household:
Present Address:
Number of persons in Household:

B. INCOME INFORMATION:		
What is your current income? \$ _____		
	YES	NO
Is your income 50% Area Median Income (AMI) or below? Please note that the household must be at or below 50% of AMI to be eligible for HPRP. Use the table below as a guide.		

** If income is 50% AMI or below, please complete the HPRP Program Priority Questions Section.*

FY 2009	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
50% AMI	\$ 24,900	\$ 28,450	\$ 32,000	\$ 35,550	\$38,400	\$ 41,250	\$ 44,100	\$ 46,950

C. HPRP PROGRAM PRIORITY QUESTIONS	YES	NO
Is this the first time you have been homeless or at risk?		
If No, how many times in the last three years ? _____		
Are you being evicted from your home or apartment?		
Are you being forced to move from where you currently live? (within next two weeks)		
Have you been laid-off in the past 3-6 months?		
Are you a Veteran?		
Are you currently aging out of a youth facility?		
Are you waiting for approval of SSI/SSDI/ or other mainstream benefits, with a letter of approval?		
Are your unemployment benefits going to expire within the next three months?		
Has your utility bill increased more than 20% within the past three months?		

ANSWERING 'YES' TO TWO OR MORE FACTORS ABOVE WILL IDENTIFY THE INDIVIDUAL/HOUSEHOLD FOR INITIAL SCREENING AND ASSESSMENT BY AN HPRP AGENCY.

D. Where to Find HPRP Assistance				
Housing Status	Living in Jersey City	Living in Union City	Living in City of Bayonne	Living in Other (Hudson County)
If you are currently Housed	<i>Let's Celebrate, Inc.</i> 46-48 Fairview Ave. Jersey City, NJ 07304 (201) 433-5438 x.16/x.14 Susan Wagner-Glaser Sandra Stuart *Jersey City Residents Only	Union City North Hudson Community Action Corp. City Hall, 3 rd Flr 3715 Palisade Ave. Union City, 07087 201-348-2765/64 Kennedy Ng * Union City Residents Only	<i>B.E.O.F.</i> 555 Kennedy Blvd. Bayonne Andy Billek 201-604-2600 X312 *Priority for Bayonne Residents	<i>Jersey City Episcopal Community Development Corporation (JCECDC)</i> 118 Summit Ave. JC, NJ Andy Billek 201-604-2600 X312 * Priority for other County residents
			<i>Bayonne Jewish Community Center</i> 1050 Kennedy Blvd. Bayonne, NJ Chaquira Vasquez 201 798-9960 *Priority for Bayonne Residents	<i>United Way of Hudson County</i> Catholic Charities 3040 Kennedy Blv. Jersey City, NJ Chaquira Vasquez 201 798-9960 * Priority for other County residents
Housing Status	Living in Jersey City	Living in Union City	Living in City of Bayonne	Living in Other (Hudson County)
If you are currently Homeless	<i>United Way of Hudson County</i> Catholic Charities 3040 Kennedy Blv. Jersey City, NJ Chaquira Vasquez 201 798-9960 * Jersey City Residents Only	Union City North Hudson Community Action Corp. City Hall, 3 rd Flr 3715 Palisade Ave. 201-348-2765/64 Kennedy Ng * Union City Residents Only	<i>B.E.O.F.</i> 555 Kennedy Blvd. Bayonne Andy Billek 201-604-2600 X312 *Priority for Bayonne Residents	<i>Jersey City Episcopal Community Development Corporation (JCECDC)</i> 118 Summit Ave. JC, NJ Andy Billek 201-604-2600 X312 * Priority for other County residents

E. Types of Assistance Individual/Household may need:	
Security/Utility Deposit	<input type="checkbox"/>
Utility Payments	<input type="checkbox"/>
Rapid Re-Housing	<input type="checkbox"/>
Short Term Rental Assistance	<input type="checkbox"/>
Medium Term Rental Assistance	<input type="checkbox"/>
Moving Cost Assistance	<input type="checkbox"/>
Housing Location	<input type="checkbox"/>

Referring Agency Contact Information

Agency: _____
 Case Manager: _____ Phone Number: _____