

NJ SMART APPLICATION - RENT

APPLICANT INFORMATION

First Name	Last Name	Email Address
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Date of Birth

MAILING ADDRESS INFORMATION

Street Address	Apartment/Unit #/Floor (if applicable)
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City	State	Zip Code	County
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Date You Moved In

HOUSING INFORMATION

Check here if the address is the same as the mailing address above. If the same, do not fill below.

Street Address	Apartment/Unit #/Floor (if applicable)
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City	State	Zip Code	County
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Is there a co-tenant on your lease? Yes No (If Yes, please fill out the information below)

Co-Tenant First Name	Co-Tenant Last Name
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Co-Tenant Email Address	Co-Tenant Phone Number	Co-Tenant Fax Number
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RENT INFORMATION

Are you behind on your rent? If yes, enter amount here _____

OR

Are you moving into a new apartment and seeking security/first month's rent assistance?

If yes, enter amount of security deposit here _____ and then enter amount of first month's rent here _____

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Have you received temporary assistance with your rent before? Yes No (If Yes, please fill out the information below)

Who helped you?

When did you receive help?

Is your landlord federally subsidized? Yes No I don't know

Do you receive ongoing governmental assistance with your rent? Yes No (If Yes, please select from the below)

Section 8 voucher Section 8 project-based assistance Public housing (housing authority) SRAP voucher

Other _____

LANDLORD CONTACT INFORMATION

Name of Landlord

Street Address

Apartment/Unit #/Floor (if applicable)

City

State

Zip

Please provide a phone number and/or an email address for the Landlord

Landlord Phone Number

Landlord Email

Landlord Fax Number (Optional)

Are you able to pay a portion of the rent that is owed? Yes No

If yes, how much can you pay?

If no, why are you unable to contribute?

Is there any other information about your housing situation that we should know?

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DEMOGRAPHICS HEAD OF HOUSEHOLD INFORMATION

Is applicant the head of household? (This is the person responsible for the household bills) Yes No

Head of household marital status Married Single Separated/ Divorced Widow/Widower

Head of household age 18-49 50-59 60+

Is head of household a U.S. Veteran? Yes No

Head of household gender Male Female Other Decline to answer

Head of household race Alaska Native American Indian Asian Black or African American
 Mixed Race Native Hawaiian Other Pacific Islander White Decline to answer

Head of household ethnicity Hispanic or Latino Not Hispanic or Latino Other Decline to answer

Head of household other characteristics None Single Parent Grandparent with child
 Widow/Widower Other _____

DEMOGRAPHICS APPLICANT INFORMATION (Fill out only if Applicant is not Head of Household)

Marital status of applicant Married Single Separated/ Divorced Widow/Widower

Age of applicant 18-49 50-59 60+

Is applicant a U.S. Veteran? Yes No

Applicant gender Male Female Other Decline to answer

Applicant race Alaska Native American Indian Asian Black or African American Mixed Race
 Native Hawaiian Other Pacific Islander White Decline to answer

Applicant ethnicity Hispanic or Latino Not Hispanic or Latino Other Decline to answer

Applicant other characteristics None Single Parent Grandparent with child Widow/Widower
 Other _____

RESIDENCE INFORMATION

Number of people who live in the household (by age)

0-6 Years _____ 7-17 Years _____ 18-49 _____ 50-59 Years _____ 60+ Years _____

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INCOME INFORMATION

Total Adults (18+ years) in the household _____ How many adults have income in the household _____

Number of adults that do not have income _____ Gross monthly income for the entire household _____

Why do you need help? Medical/Health Unemployed Reduced Hours/Change in employment

Other _____

MISCELLANEOUS INFORMATION

Phone number _____ Cell Home Phone number _____ Cell Home

Primary language (if other than English) _____

How did you hear about NJ SHARES? Referral from Utility Company Community Organization Friend
 Elected Official NJS Outreach Other _____

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ASSISTANCE. EVEN IF ASSISTANCE IS PROVIDED IT IS VERY IMPORTANT YOU KEEP MAKING PAYMENTS.

VERIFICATION OF INFORMATION/PRIVACY RELEASE

The personal information you provide when applying for an assistance program on this site is used to facilitate the assistance application, review and on boarding process. Submitting your information indicates that you have read and agree to the following:

I acknowledge that I am the customer of record on my utility account and/or tenant/homeowner listed on this application and that I have provided complete and accurate answers to all of the questions in the application. I hereby authorize my utility provider, landlord, mortgage company, or property tax office to release my customer account information, including usage and payment history, to NJ SHARES for the purpose of processing my application and monitoring the progress of my account. This authorization shall expire one year from the date the assistance is credited to my account.

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Applicant Signature

Date

FOR AGENCY USE ONLY

Date	Agent/Representative Name	Agency Name & Location



Zero Income Affirmation

This page is to be completed and signed by the applicant when there are adult household members without income.

I affirm that the following adult household members have zero income and do not contribute to my household expenses:

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Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

Applicant Signature: _____ **Date:** _____