



INTERFAITH NEIGHBORS COVID-19 EMERGENCY RENTAL & MORTGAGE ASSISTANCE INITIAL SCREENING

DATE: _____
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____ E-MAIL: _____
DATE OF BIRTH: ____/____/____

PLEASE LIST THE NAMES & AGES OF ALL HOUSEHOLD MEMBERS:

1. _____	AGE: _____	5. _____	AGE: _____
2. _____	AGE: _____	6. _____	AGE: _____
3. _____	AGE: _____	7. _____	AGE: _____
4. _____	AGE: _____	8. _____	AGE: _____

DO YOU RENT OR OWN YOUR HOME?

WHAT IS YOUR MONTHLY PAYMENT FOR YOUR HOME? _____

MONTHLY NET INCOME (INCLUDING INCOME FOR THE WHOLE FAMILY): _____

INCOME SOURCES: WORK UNEMPLOYMENT WORKER'S COMPENSATION VETERANS BENEFITS
 PENSION SSI PUBLIC ASSISTANCE SOCIAL SECURITY TRUST INTEREST DIVIDENDS
 ALIMONY CHILD SUPPORT OTHER: _____

PLEASE DESCRIBE YOUR TEMPORARY FINANCIAL CRISIS AND THE NATURE OF YOUR HOUSING PROBLEM.

HAVE YOU RECEIVED ANY OTHER AID FOR CORONAVIRUS RELIEF? YES NO

IF YES, PLEASE DESCRIBE: _____

ARE YOU A TENANT OF A FEDERALLY SUBSIDIZED LANDLORD? YES NO

DO YOU RECEIVE RENTAL ASSISTANCE FOR YOUR HOUSING? YES NO

IF YES, WHAT KINDS OF RENTAL ASSISTANCE DO YOU RECEIVE? (CHECK ALL THAT APPLY)

SECTION 8 VOUCHER SRAP VOUCHER
 SECTION 8 PROJECT-BASED ASSISTANCE PUBLIC HOUSING (PAY RENT TO HOUSING AUTHORITY)