1 Distribution Way
Monmouth Junction, NJ 08852
Phone: (732) 297-5840
Fax: (732) 297-5851

HOUSING APPLICATION

Triple C Housing assists individuals with psychiatric disabilities who have experienced homelessness or long term hospitalizations by providing support services to find and keep housing. To be eligible for our housing services, you must have a diagnosed psychiatric illness and be in need of assistance to obtain affordable, safe housing.

Applicant Name: ____________________ Date: __________

Community Agency Working with Applicant: ____________________

Name of Agency Worker/Phone Number: ____________________

Applicant's Current Address: ____________________

Phone: ____________________SS #:____________________ Date of Birth: __________

Applicant's Identified Gender: Male ☐ Female ☐ Full-time Student? Yes ☐ No ☐

US Citizen? Yes ☐ No ☐ Please circle evidence: Birth Certificate, Passport, consular registration of birth abroad, certificate of citizenship, certificate of naturalization, Other:__________

A COPY OF BIRTH CERTIFICATE, VALID IDENTIFICATION AND SOCIAL SECURITY CARD MUST BE INCLUDED OR APPLICATION WILL NOT BE PROCESSED

Serious Mental Illness verified by psychiatric assessment: Yes ☐ No ☐

If yes, complete and return attached verification of disability. Request will not be processed without verification of disability.

Where is applicant living this week? Community ☐ Hospital ☐

If Hospital is it: State Hospital - CEPP ☐ State Hospital – Non CEPP ☐ County Hospital ☐

Other Hospital ☐

If Community is it: Own Apartment ☐ Living with Family ☐ Rooming House ☐

Boarding Home ☐ Street ☐ Shelter ☐ Building not for habitation ☐

Tent ☐ Car ☐ Couch Surfing ☐ Other (Explain): ____________________

At Risk of Homelessness: Facing Eviction: Yes ☐ No ☐ If yes, give date: ____________________

Domestic Violence: Yes ☐ No ☐ Explain: ____________________

Living with Aging Parents: Yes ☐ No ☐

Aging out of DYFS: Yes ☐ No ☐

Roommate difficulties: Yes ☐ No ☐ Explain: ______________________________

Trouble Paying Rent: Yes ☐ No ☐ Rent Amount: ____________________

Motel or Hotel: Yes ☐ No ☐ Has a TRA or other subsidy: Yes ☐ No ☐ TRA Expires (give date): _____

Desire to move from: Rooming House: Yes ☐ No ☐ Boarding Home: Yes ☐ No ☐ RHCF: Yes ☐ No ☐
Reason: ____

Consumer has full custody of children: Yes ☐ No ☐ Ages: ____________________________________

At Risk of Homelessness (Other) Explain: ____

Needs Improved Living Situation Explain: ____

Other Reason for Needing a Subsidy? Explain: ____

Living Preferences:

Do you prefer living alone (no roommates)? Yes ☐ No ☐

Would you live with roommates if that was available first? Yes ☐ No ☐

Do you smoke? Yes ☐ No ☐ If you do not smoke, do you mind living with others who smoke?
Yes ☐ No

Do you prefer to live with only members of the same gender? Yes ☐ No ☐ Doesn't Matter ☐

PRIMARY SOURCE OF INCOME (*provide monthly amount for all items that apply)*

$____________	Social Security (SSD)	$____________	Supplemental Security Income (SSI)
$____________	Self Employment	$____________	Wages/Job
$____________	Public Assistance	$____________	AFDC
$____________	VA or RR	$____________	Unemployment
$____________	Pension/Annuity	$____________	Recurring Gift
$____________	Other_____________________________		

OTHER ADDITIONAL INCOME: (*provide monthly amount for all items that apply)*

$____________ Child Support $____________ Alimony $____________ Student Financial Aid

Total Additional income
$___________________

HOUSING PREFERENCES?

Top 3 Counties: 1. ___________________ City: _________________

2. ___________________

3. ___________________

Type of accomodations: ☐ assisted living ☐ Handicap accessible ☐ other:
____

My reason for selecting this type of housing: ____

____

____

____

I certify that the information I have provided is true to the best of my knowledge.

PRINTNAME:____________________________________ SIGNATURE :_________________________________

DATE:____

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CREDIT CHECK AUTHORIZATION RELEASE FORM

Company: Triple C Housing, Inc.

Report Choice: (please check)
Housing Court ___________ Criminal ____________
Please indicate purpose of request: Rental Application

For office use only

APPLICANT – PLEASE PRINT CLEARLY

Date: ________________________

A COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD MUST BE INCLUDED OR APPLICATION WILL NOT BE PROCESSED

Last Name (print) _________________________ First _____________________ Middle ____________

Social Security Number ______________________ Date of Birth _______________________________

Present Address ____

____

Home Phone/Cell _________________________ Emergency Contact ________________________________

I understand that in conjunction with my application for residency, Triple C Housing, Inc. may use the services of an outside agency to research and verify the information I have provided on my application for residency including my personal background, character and previous addresses. I hereby authorize Triple C Housing, Inc. to verify any information provided by me in this application and any supplemental attachments, including but not limited to: criminal conviction record, current and former employers and residential addresses and I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Triple C Housing, Inc. and/or any tenant screening service they engage. I understand that the procurement of such report may contain information as to my background, mode of living, character and personal reputation. I hereby release Triple C Housing, Inc. from any liability.

By signing below, I authorize that the above information is correct and complete and authorize Triple C Housing, Inc. to obtain information it deems desirable in the processing of my application as stated above. I also understand that the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.

Print Name: ____

Signature: ____ Date: __________________

VERIFICATION OF DISABILITY

Individual Claiming Disability: ____

The above-named person is applying for participation in Rental Subsidy Program operated by Triple C Housing. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the program regulations which are as follows:

A person with a mental or emotional impairment that:

1. Is expected to be of long continued and indefinite duration; and
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability could be improved by more suitable housing conditions.

CERTIFICATION OF DISABILITY

I certify that the above referenced person is disabled according to the above definition(s) I have indicated. Please describe the person's condition and include the appropriate ICD Code (F Code):

1. ______________________________________
2. ______________________________________
3. ______________________________________

Estimated duration that disability will continue: ______________________________________

APN/Physician Name: ____

APN/Physician License Number: ______________________________________

Address: ____

____

Telephone Number: ____

APN/Physician Signature: ______________________________ Date: ______________

APN/Physician Name Printed: ______________________________________