

TRANSITIONAL HOUSING APPLICATION

Housing Initiatives of Princeton (HIP)

Dear Applicant,

Thank you for your interest in Housing Initiatives of Princeton's (HIP) Transitional Housing program. Your first step toward joining this program is to complete and submit this preliminary application. Please answer all questions in the application and if a section does not apply to you, please write "N/A."

Your completed application will be timestamped and based on eligibility, you may be invited to interview when a unit becomes vacant. In the event that there are no vacant units, we will maintain a waitlist and review applications from the waitlist when a unit becomes available.

If your mailing address, email, income, family size, and/or phone numbers change, please let us know so that we can reach you when a unit becomes available. Contact information for HIP's offices is below.

Thank you for applying.

Kathleen Gittleman, Executive Director

*info@housinginitiativesofprinceton.org | 609-921-2338
33 Mercer Street, Princeton NJ 08540*

What we provide:

HIP is more than just a housing provider. Clients agree to dedicate time and energy into taking full advantage of the robust set of services we offer (financial counseling, career coaching, tuition assistance, affordable housing navigation, and more).

Housing Supports While in the Program

- An apartment with subsidized rent for 12 months with a possible extension for a second 12 months
- Paid utilities
- Support in registering with area affordable housing waiting lists
- Internet connection

Support in Achieving Goals Set By Clients

- Individualized case management from our social worker
- Support in finding a better paying job, including job search, resume and cover letter writing, interview prep
- Credit counseling and budgeting assistance to help reduce debt and improve credit scores
- Support and advocacy for children in the program
- Social gatherings for families to create connections with each other

Assistance When Graduating from the Program

- Help in finding permanent, affordable housing when leaving program
- Security deposit and/or first month’s rent at the time of transition to permanent housing

Support in Accessing Partner Services

- Referrals to professional therapy, upon request
- Support in accessing food pantries of partner organizations

What we expect from Clients

- Clients pay rent – 30% of gross pay – due on the 1st of the month
- Twice monthly communication with our Social Worker
- Regular communication with volunteer liaison/advocate
- Monthly meetings with a Credit/Budget counseling professional
- Complete and mail affordable housing applications within two months of starting the HIP program
- Provide access for quarterly inspections. These inspections are a brief but important chance for us to ensure that each apartment is being maintained properly
- Work collaboratively our Social Worker to achieve your goals while in the program
- Help us by letting us know how we can strengthen the program and better support our clients

Sign here if you understand and agree to these program expectations before beginning the application.

Signature: _____

Printed Name: _____

Date: _____

Housing Initiatives of Princeton Transitional Housing Application

Princeton, Mercer County, New Jersey

Please answer all questions in order for your application to be considered. If a section does not apply to you, please write "N/A".

Applicant Information:

First Name: _____ Last Name: _____

Contact Phone: _____ Email: _____

Street Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender: _____

HOUSEHOLD INFORMATION:

List all members of your household, their relation (husband, daughter, etc.) and age

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

CURRENT HOUSEHOLD GROSS INCOME INFORMATION: Please include income from all jobs, pension, Social Security, Disability, Child Support, NJ Unemployment, SNAP, LIHEAP of **ALL** household members (HH).

Income Source: _____ Amount: _____

Frequency of payment (weekly, twice each month, monthly): _____ HH member: _____

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Frequency of payment (weekly, twice each month, monthly): _____ HH member: _____

Income Source: _____ Amount: _____

Frequency of payment (weekly, twice each month, monthly): _____ HH member: _____

Income Source: _____ Amount: _____

Frequency of payment (weekly, twice each month, monthly): _____ HH member: _____

Total Household Annual Gross Income (Before taxes and deductions): \$ _____

Current Debt (specify details): _____

Credit Cards: _____ Amount Owed: \$ _____

Loans (& Type of Loan): _____ Amount Owed: \$ _____

Other (child support, bankruptcy, etc.): _____ Amount Owed \$ _____

Specify debt details here:

HOUSEHOLD EXPENSE INFORMATION: Not limited to, but including rent/mortgage, electric/gas, phone, internet, food, transportation, etc. of ALL Household Members

Expense:	Monthly:
Rent	\$
Electric/Gas Utilities	\$
Communication (Phone, Internet, TV)	\$
Food	\$
Transportation (Car, Gas, Insurance, etc.)	\$
Other (Specify):	\$
	\$
	\$

Total Monthly Expenses:	\$
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Additional Information

1. Do you rent? Yes ___ No ___ *If yes, fill out info below:*

Landlord's Name: _____ Landlord's Phone Number: _____

Landlord's Address: _____ City: _____ State: _____ Zip: _____

Landlord's email: _____

2. Do you have a car? Yes ___ No ___ *If yes, what year was the car made?* _____

3. Do you have a Section 8 Voucher or rental assistance? Yes ___ No ___

4. Do you have another source of subsidy? *If yes, explain* _____

5. Have you been evicted in the last 7 years? *(All decisions will be made on a case by case basis)* Yes ___ No ___
Specify eviction details here (including when & where):

6. Do you or anyone in your household have special needs? Yes ___ No ___ *If yes, describe:*

7. **Tell us a bit about your current situation, including your current housing circumstances:**

8. **What are your goals for you and your family while in HIP Transitional Housing?:**

9. Any additional information you would like us to know?

Additional Information - Head of Household (Household Member 1)

Name _____ Age _____

Education

High school Diploma: Yes ___ No ___

Technical Certificate: Yes ___ No ___ Major _____

School or College _____

Type of degree earned _____

Years Attended (if in past 7 years) From _____ To _____

Post-secondary coursework (community college classes, job training programs, ESL classes, computer classes, etc.)

Occupation

Current Occupation: _____

Employer Name: _____

Address: _____

Tel: _____

Employment History (Past 7 years):

Previous Employer [1]: _____ Position: _____

From: _____ To: _____

Previous Employer [2]: _____ Position: _____

From: _____ To: _____

Previous Employer [3]: _____ Position: _____

From: _____ To: _____

Do you have Health Insurance: Yes ___ No ___

Additional Information - Adult (Household Member 2)

Name _____ Age _____

Is this individual a co-applicant? Yes _____ No _____

Education

High school Diploma: Yes _____ No _____

Technical Certificate: Yes _____ No _____ Major _____

School or College _____

Type of degree earned _____

Years Attended (if in past 7 years) From _____ To _____

Post-secondary coursework (community college classes, job training programs, ESL classes, computer classes, etc.)

Occupation

Current Occupation: _____

Employer Name: _____

Address: _____

Tel: _____

Employment History (Past 7 years):

Previous Employer [1]: _____ Position: _____

From: _____ To: _____

Previous Employer [2]: _____ Position: _____

From: _____ To: _____

Previous Employer [3]: _____ Position: _____

From: _____ To: _____

Do you have Health Insurance: Yes _____ No _____

Additional Information - Child (Household Member 3)

Name _____ Age _____

Highest grade completed in school _____

School or daycare where currently enrolled _____

Activities currently involved in (e.g., extracurricular activities):

Activities you'd like to be involved in:

Additional Information - Child (Household Member 4)

Name _____ Age _____

Highest grade completed in school _____

School or daycare where currently enrolled _____

Activities currently involved in (e.g., extracurricular activities):

Activities you'd like to be involved in:

Additional Information - Child (Household Member 5)

Name _____ Age _____

Highest grade completed in school _____

School or daycare where currently enrolled _____

Activities currently involved in (e.g., extracurricular activities):

Activities you'd like to be involved in:

References

Professional reference (e.g., current/former employer, teacher, etc.):

Name: _____ Tel # _____

Current Landlord Reference:

Landlord name: _____ Tel # _____

I(We) certify that all statements made on this application form have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I have no objection to inquiries being made for the purpose of verifying the facts stated in this application. Furthermore, I give my permission for HIP to perform a credit, landlord, and criminal background check as part of this application.

I understand that the filing of this application does not, in any way, bind HIP to reserve or assign an apartment to me.

Applicant

Date Signed

Co-Applicant (if applicable)

Date Signed