



CITY OF ASBURY PARK

HOMELESSNESS PREVENTION PROGRAM & REQUIREMENTS

The City's goal is to prevent homelessness. The purpose and primary objective of the Homelessness Prevention Program is to ensure that income eligible residents faced with homelessness due to utility service suspension, will not be subject to the loss of housing.

Applicants for the Homelessness Prevention Program must meet ALL of the following requirements to be eligible:

1. Currently receives gas, electric and water services from one of the following companies:
 - JCP&L: www.firstenergycorp.com
 - NJNG: www.njng.com
 - American Water: www.americanwater.com
2. Annual income per client household size must fall within the following range:

HUD'S FY-2017 INCOME LIMITS SUMMARY

Household Size	1	2	3	4	5	6	7	8	X
Extremely Low-Income Limits	19,750	22,600	25,400	28,200	30,500	32,960	37,140	41,320	X
Very-Low (50%) Income Limits	32,900	37,600	42,300	47,000	50,800	54,550	58,300	62,050	X
Low Income (80%) Limits	48,450	55,400	62,300	69,200	74,750	80,300	85,850	91,350	X

3. Demonstrate past due balance-minimum balance of \$250 (**most current bill notification from utility company**) and/or have received a disconnection notice and/or service has already been disconnected.

4. Demonstrate that a payment of at least \$25 has been made within the past 6 months onto the electric, gas or water account, and at least one of those payments should have been made 30 days prior to the date of the application. If not, a "Good Faith" payment may be required in order to receive assistance.
5. Proof of two consecutive weeks of **income** for all household members 18 and over; Income includes, but is not limited to, employment pay stubs, unemployment (latest four consecutive receipts showing the amount and date paid); Social Security, SSI, Pension, Food Stamps, TANF, GA, Child Support and Alimony are all considered income and an updated awards letter must be provided; If a household member, 18 or over does not have income, they must provide a statement from the Unemployment Office (60 Taylor Avenue, Neptune, NJ 07753) that shows zero state funds available. However, if that member is a **full-time student**, submit school schedule showing members name, credits and enrolled in the current semester will be acceptable.
6. Proof of residence:
 - If you own your home: a copy of the current mortgage statement, tax bill or deed.
 - If you rent: a copy of your current lease or letter from your landlord/tenant verification form.
7. Social Security cards for all members of the household.
8. Copy of the valid driver's license of primary applicant with current address or NJ state issued identification card.
9. Birth Certificates for all member of the household.
10. Applicant can only receive assistance once a year.
- 11. Applicants that receive assistance from the City in any calendar year, must make a total payment of \$100 before applying again the following year.**
12. Before applying with the City, applicants must apply with the Monmouth Housing Alliance.
3535 Route 66 Parkway 100 Building 4, Neptune Township, NJ 07754, 732-389-2204)

******PLEASE NOTE: Additional documents may need to be requested once your application is reviewed******



**CITY OF ASBURY PARK
DEPARTMENT OF COMMUNITY DEVELOPMENT**

HOMELESS PREVENTION PROGRAM (HPP) APPLICATION



Please provide the following documents along with the application:

- **Copy of most recent utility bill or Shut-off Notice**
- **Applicants Identification (driver's license or NJ issued I.D.)**
- **Dependants and other household members Identification:
(Birth Certificate or Social Security Card)**
- **Residents Information:
(Section 8 Agreement, Lease and last 2 Rent Receipts)**
- **Income Information Required:
(pay stubs, W-9 Tax Form, TANF Agreement, SSI/SSD Award Letter
or Unemployment Benefits Receipt-if not employed and not
receiving other benefits)**
- **Good Faith Payment may be required**



**DEPARTMENT OF COMMUNITY DEVELOPMENT
HOMELESSNESS PREVENTION APPLICATION**

Name: _____

Address: _____

Telephone: _____ Cell: _____

Number of Persons in Household _____ Number of Children in Household _____

	<u>Name of Child(s)</u>	<u>Ages:</u>	<u>D.O.B.</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Annual Income \$ _____ Other Income \$ _____ Income Sources _____

Race & Ethnicity:

Black/African _____ White _____ Hispanic/Latino _____ Other _____

Single _____ Married _____ Divorced _____ Separated _____ Other _____

Do you Receive: *(please check appropriate selection)*

TANF _____ SSI _____ SSD _____ Unemployment _____

Section 8 _____ Rental Assistance _____ Pay Rent _____ Own _____

- If Section 8 or Rental Assistance, please provide your share \$ _____

Have you signed up for Utility Assistance with the Affordable Housing Alliance? _____ (mandatory)

Please provide written proof from the agency that you have applied for services.

(3535 Route 66 Parkway 100 Building 4, Neptune Township, NJ 07754, 732-389-2204)

Do you have a good faith payment? _____

Which Utility Bill are you requesting assistance for: _____ Acct.# _____

State Your Financial Difficulty Below:

NOTE: Payment of at least \$25 must have been made within the past 6 months onto electric, gas or water account. At least one of those payments should have been made 30 days prior to the date of this application. If not, a "Good Faith" payment may be required in order to receive assistance.

I certify that all the information is true and understand that this is an annual assistance-one time a year program. I also give permission for the utility company to release information pertaining to the above listed account. I have received and reviewed a copy of the Homelessness Prevention Requirements and acknowledge that I must make a payment of \$100 before applying for assistance again for the following year.

Applicant's name (Print)

Date

Signature

May we contact you for further projects or information given by the Community Development Department? Yes _____ No _____

For Office Use Only

Approved or Not Approved
(Reason) _____

Date: _____

Department Representative: _____

Note: This office has 36 hours to process all applications