

Housing Application Assistance Guide (HAAG)

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by Theresa Pringle





Name (First)
Middle Initial
Name (Last)

- Income source i.e. (TANF) (GA) (SS) (SSI) (SSD) (RSDI) (Unemployment) (NJ Disability Long-Term) (Workman's Comp) (Pension) (401K)
- Proof of Income other than employment = award letter/current
- Employer – 4 weekly or 2 bi-weekly monthly income: (GROSS)
- For annual income *MULTIPLY MONTHLY GROSS income x12 = annual income



Social Security # Last 4 Digits of SS#

- Do you have a disability?
 - can be physical that you cannot work or
 - mental, depression, bipolar...
- Have you been homeless for 1 year?
 - can include street homeless or sheltered but not
 - couch surfing (as per HUD standards)
- Please note: if you are applying for a Program Housing Authority please read or have responsible/knowledgeable staff know if that housing opportunity is only for the city, township, municipality county or state SO THAT
- Your last known address is in alignment with the housing opportunity
- OTHERWISE your application could be rejected = lost of sweat/work efforts



An Important Reminder

Consider this when completing/or assisting in the housing application process

- Who will be responsible for tracking an individual's or family's outcomes of the application?
- Case manager Info for Contact Purposes
- CC Supervisor/Director
 - Agency Name
 - Agency Address
 - Agency Phone #
 - Staff Name
 - Staff Email address
 - Staff Phone #

Helpful Hint

- An excel spreadsheet that lists the individual's name; if family not head of household member with the following:



Helpful Hint

Create a spreadsheet that lists the individual's name; if family note head of household member with the following:

- Type of Opportunity
 - Government: Section 8 PHA
 - HCV
 - Senior
 - SRAP
 - MRAP
 - Other: Income Restricted
- Affordable Housing
 - Yes
 - No
- Preliminary
 - Yes
 - No
- Date Submitted



Helpful Hint

Create a spreadsheet that lists the individual's name; if family note head of household member with the following:

- Documents (indicate whether yes or no)
 - NJ MVC ID (note the expiration date)
 - Real ID
 - Social Security Card
 - Birth Certificate
 - Shelter Letter
 - Income Verification
 - Gov/soc benefit programs
 - Social Security Benefit
 - Social Security
 - SSI
 - SSD
 - RSDI



Helpful Hint

Create a spreadsheet that lists the individual’s name; if family note head of household member with the following:

- Social Security benefit amount – monthly (before taxes or deductions) – annually (monthly \$ x12 before taxes or deductions)
- DFAB benefits (indicate yes or no) monthly annually
 - GA – general assistance
 - TANF – temporary assistance to needy families
- Employee (indicate yes or no) monthly annually
 - Do you receive pay weekly? gross pay x4 monthly gross x12
 - Do you receive pay biweekly? gross pay x2 monthly gross x12



Questions or Comments?

Contact:

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15-minute bookable appointments @my calendar
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<https://calendar.app.google/BVyTyY6MjJmBvWe47>

