

Approved \_\_\_\_\_ Date \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

# Joi's Angels

## Furniture/Household Items/Clothing Assistance Program Application EAST ORANGE RESIDENTS ONLY

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Last First City State Zip Code

Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_ Facebook \_\_\_\_\_

Twitter \_\_\_\_\_ SnapChat \_\_\_\_\_ Instagram \_\_\_\_\_

**Ethnicity:**

\_\_\_ African American \_\_\_ Caucasian \_\_\_ Native Indian/Indian \_\_\_ Hispanic/Latino \_\_\_ Asian \_\_\_ Other

**Gender:**

Male \_\_\_ Female \_\_\_ Transgender \_\_\_

**Marital Status:** \_\_\_ Single \_\_\_ Widowed \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

**Housing Status:**

\_\_\_ Rent \_\_\_ Own \_\_\_ Shelter \_\_\_ Living with Family/Friends \_\_\_ Other

**If Other, Please Describe:** \_\_\_\_\_

**Household Monthly Gross Income**(Adults and Children): \_\_\_\_\_

**Please check ALL sources of income:**

Employment Wages \_\_\_\_\_ Self Employed Wages \_\_\_\_\_ TANF \_\_\_\_\_ FSP \_\_\_\_\_ SSI \_\_\_\_\_  
SSDI \_\_\_\_\_ DI \_\_\_\_\_ Social Security \_\_\_\_\_ WIC \_\_\_\_\_ Medicaid \_\_\_\_\_ Child Support \_\_\_\_\_ Alimony \_\_\_\_\_  
Disaster Relief \_\_\_\_\_ Foster Care \_\_\_\_\_ Other \_\_\_\_\_

Number of Children in Household (under the age of 18): \_\_\_\_\_

Number of other adults living in Household over 18 \_\_\_\_\_

Number of Children in Household(age 18-24 attending school): \_\_\_\_\_

Total Number in Household including Adults and Children: \_\_\_\_\_

**List Name & Ages of Child(ren):**

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

Reason for Emergency ( Must Provide Proof)

Fire \_\_\_\_\_ Homeless \_\_\_\_\_ Eviction/Lock out \_\_\_\_\_  
Bedbugs \_\_\_\_\_ New Housing \_\_\_\_\_ Other \_\_\_\_\_

Prior Moving From Address \_\_\_\_\_

Current/Moving to  
Address \_\_\_\_\_

Education Level (Please check all that Apply):

Grade School \_\_\_ High School Graduate \_\_\_ Some College \_\_\_ College \_\_\_  
Graduate Degree of Above \_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Eligibility Chart**

**2019 HUD Income Guidelines Chart**

<u>People in Household</u>	<u>Very Low</u>	<u>Extremely Low</u>
One(1)	\$35,200	\$21,100
Two(2)	\$40,200	\$24,100
Three(3)	\$45,250	\$27,150
Four(4)	\$50,250	\$30,150
Five(5)	\$54,250	\$32,550
Six(6)	\$58,300	\$34,950
Seven(7)	\$62,300	\$37,400
Eight(8)	\$66,350	\$39,800

**For Office Use Only**

**Proof of Eligibility (Copied and Attached) ( Delivery Date \_\_\_\_\_ )**

**Process Start Date: \_\_\_\_\_ Process End Date \_\_\_\_\_**

NJ Photo Identification: \_\_\_\_\_

Proof of East Orange Address \_\_\_\_\_

PayStub \_\_\_\_\_

Benefit Award Letter \_\_\_\_\_

TANF ID \_\_\_\_\_

Snap Card \_\_\_\_\_

Medicaid Card \_\_\_\_\_

Social Security Card \_\_\_\_\_

Other \_\_\_\_\_

Application: Accepted: \_\_\_\_\_ Declined \_\_\_\_\_ Wait Status \_\_\_\_\_

Notes (Missing Items List): \_\_\_\_\_

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_