

**2022 Share The Harvest Food Pantry
Emergency Rental Assistance Program - Application Form
Camden County Residents ONLY!**

PLEASE PRINT AND MAKE SURE WE CAN READ YOUR INFORMATION.
FORM MUST BE COMPLETED IN FULL.
THE INFORMATION YOU PROVIDE WILL BE VERIFIED.
YOU MUST LEAVE A NUMBER WHERE YOU CAN BE REACHED TO INFORM YOU OF THE STATUS OF YOUR REQUEST.

Today's Date _____

Your First Name _____ Your Last Name _____

Address where you reside _____

City _____ State _____ Zip _____

Phone number(s) _____ and/or _____

Email address _____

How many people live at this address? _____

How many are children? _____ How many are adults? _____

Of the adults over 18 in this household, how many are employed at this time? _____

Monthly income of all adults in the household _____

(Income is classified as: SSI, SSDI, social security income, pensions, annuities, investment/retirement distributions, alimony/maintenance and/or earned income wages)

How much is your monthly rent/mortgage? _____

Are you current on your monthly rent/mortgage payments? _____ If not, how much are you behind? _____

Have you received an eviction notice in the past 3 months? _____

Landlord/leaseholder/mortgage name _____

Landlord/leaseholder/mortgage address _____

City _____ State _____ Zip _____

Landlord/leaseholder/mortgage phone number #1 _____

Phone # 2 _____

(I must be able to call and confirm your rental information and verify whom the check is to be written to)

By signing below, I agree: 1) that the information I have provided is true to the best of my knowledge, 2) I am giving permission to STH to confirm the information that I have provided, 3) that I HAVE NOT been promised any emergency rental assistance until the information I have provided can be verified. Other information may be required in order to process your request . We will use 185% of Federal Income Eligibility Poverty Guidelines to assess your request.

SIGNATURE _____ DATE _____

office use only: