



CHECKLIST FOR CSBG ASSISTANCE

Indicated below are the documents/items needed to apply for emergency rental and/or emergency utility assistance.

CLIENT REQUIRED DOCUMENTATION

☐ Birth Certificate/s for everyone in the household

☐ State Photo ID- for all adults over age 18

☐ Social Security Card/s for everyone in the household

☐ Child(ren) School confirmation or immunization records

☐ **Notarized affidavit** stating the cause of financial hardship

☐ **Proof of Emergency** (eviction, court docs, etc)

☐ Apartment Lease-Current annual lease or Proposed lease if relocating

☐ PSE&G bill- (current month) or other utility proving county residency

☐ Bank Statements (2 months recent statements)

☐ **Proof of Income-** all income coming to the household

☐ Social Security Award Letter ☐ Unemployment Benefits/Disability

☐ Child support payments

☐ 4 most recent paystubs

Notarized zero income statement
for all household members without
any source of income!

☐ TANF or GA Printout of Cash Benefits
and /or Food Stamps

☐ If claiming a Reduction of income (a letter from employer, notice of business closure, etc.)

☐ Proof of current month's rent payment if requesting back rent assistance (i.e., completed money order or verifying receipt from landlord)



MANDATORY INFORMATION

The following documentation must be in all participant files that are receiving services funded by CSBG. Soup Kitchen services are exempt

All files must include the following:

- Initial empowOR intake form/application with Program Services page and Family Member sheet attached signed by both Participant and Case Manager.
- Two (2) forms of identification for each adult in household (i.e., New Jersey State issued driver's license with photo), birth certificate, and/or social security, alien registration, passport.
- Two (2) form of identification for all dependent children (i.e., Birth Certificate, or court issued custodial paperwork and Social Security Cards).
- Proof of household Income (i.e., pay stubs and/or award letters from the Social Security Administration or City or County Welfare office printouts, Child Support statements all with the most recent dates). **Please see page 8 for a list of additional acceptable income.**
- **Amount of the most current annual gross income (if the participant and/or other household members gets paid weekly or bi-weekly, the most four recent paystubs are required).**
- Residency (i.e., driver's license, utility bills, and/or paystubs, award letters from Social Security Administration or lease agreement with both landlord and tenants' signature). **Please see page 8 for a list of acceptable identification.**
- If participant is residing with a friend or relative, they must present a notarized letter from the head of household they are staying with along with a copy of leaseholder's lease, homeowner's deed, or a utility bill.
- If the participant is receiving Section 8 and living in Subsidized Housing, they must provide a copy of the housing agreement.
- Case Manager's progress notes and/or referrals to other supportive services (if applicable).

***Senior Citizens are excluded from providing Birth Certificate and Social Security Cards. Seniors only required to provide NJ State Identification, Social Security Award Letter, and proof of household residency (lease agreement, section 8 letter, and/or Housing Authority Letter if NJ State Identification address is different then what is stated on intake form.**

***Please note, if a participant's last visit was more than six (6) months, updated documentation is required (i.e., income and residency)**

IDENTIFICATION/INCOME

Identification includes the following:

- Birth and marriage certificates
- New Jersey State Driver's license w/photo (must not be expired)
- Social security cards
- Immigration and naturalization papers
- Census records
- School records
- Military service records
- Voting records
- Records from religious institutions

Sources of income include:

- Employment Paycheck stubs (**four consecutive paystubs**) or an Attestation by the employer and should be on official business letterhead
- Social Security Income/Disability (SSI/SSD) or Employer Disability Award Letter (within the last six months)
- Social Security Retirement or Beneficial (SSA) Award Letter (w/current year date)
- Pensions (w/current year date)
- Alimony statement from the courts (w/current year date)
- Foster care payments
- **DFAB (Division of Family Assistance & Benefits) formally known as Welfare General Assistance (GA) and Temporary Assistance to Needy Families (TANF) payments (w/current date)**
- Unemployment benefits (indicating weekly rate)
- Veteran benefits (w/current year date)
- Child Support payments statements (w/most recent transactions)

Self-employed individuals must submit a sound estimate of earned income through documentation including, but not limited to:

- Evidence of business receipts and expenditures; or
- Most recent income tax return
- 1099 Statement

The following can be used as proof to verify dependent child:

- Birth certificates
- Adoption papers
- Medical records
- Legal guardianship papers

**Requirements for zero (0) income:*

In accordance with the State of New Jersey's Program Policy Bulletin #09-04, zero income must be verified. The head of household and any other household members over the age of 21 years old must complete the "Zero Income Affidavit" for the file. In addition, the "Income Verification Request" form should be completed by the Program Coordinator and faxed to the Essex County DCA's Office for verification. All verification forms will be processed and faxed back to your office in timely manner for the client(s) file.



State of New Jersey

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2026 Federal Poverty Guidelines For CSBG Agencies

Size of Household	125 % Percent of Poverty	200% Percent of Poverty
1	\$19,950	\$31,920
2	\$27,050	\$43,280
3	\$34,150	\$54,640
4	\$41,250	\$66,000
5	\$48,350	\$77,360
6	\$55,450	\$88,720
7	\$62,550	\$100,080
8	\$69,650	\$111,440
For each additional person add this amount	\$7,100	\$11,360



Gesele C. Moton
Executive Director

Virginia Mestre
Senior Case Manager

INTAKE FORM

Intake Staff Member: _____ Date: ____/____/____

Name: _____ Date of Birth ____/____/____ Phone # ____-____-____
Last First Middle Initial

Address: _____
Street City State Zip Code E-mail

Mailing Address: _____
(If not the same as above) Previous Address Length of time at current address

Gender: ☐ Male ☐ Female Social Security: ____-____-____ Are you a U. S. Citizen? ☐ Yes ☐ No

Residence prior to move: (Effective Move-In Date: ____/____/____):

☐ Emergency shelter ☐ Transitional housing ☐ Permanent housing ☐ Refused
☐ Psychiatric hospital ☐ Detox center ☐ Jail ☐ Hospital
☐ Own housing or apartment ☐ Staying with family ☐ Renting ☐ Do not know
☐ Staying with friend ☐ Foster Care ☐ Place not suitable for habitation ☐ Other: _____

Length of stay at previous residence: ☐ 1 week ☐ 1 week to 1 month ☐ 1 month to 3 months ☐ 3 months to 1 year
☐ 1 year ☐ 1 year or more ☐ unknown

Homeless Status: ☐ At Risk ☐ Not Currently ☐ Precariously housed ☐ Not Applicable

Episodes of Homeless: ____ Times Homeless Duration: ☐ 0 to 30 days ☐ 31 to 60 days ☐ 61 to 90 days ☐ 91 to 180 days
☐ Between 6 to 12 months ☐ 12 months or longer
☐ unknown

In case of emergency, agency is to notify: _____
Name Relationship

Address Phone #

Are you a U. S. Veteran? ☐ Yes ☐ No

Currently employed: ☐ Yes ☐ No

Previous contact with this agency: ☐ Yes ☐ No If Yes, when: ____/____/____ Referral source: _____
Month Day Year

Race/Ethnicity:

☐ African American or black ☐ Asian-American or Pacific Islander ☐ Caucasian or white
☐ Indian American or Alaskan Native ☐ Biracial: _____ ☐ Black, non-American
☐ Non-White Hispanic ☐ Non-Black Hispanic ☐ Other: _____

Marital Status: ☐ Divorced ☐ Married ☐ Remarried ☐ Separated ☐ Single ☐ Widowed ☐ Spouse - not married

Individual/Family Type: ☐ Individual Youth (<18) ☐ Single Parent ☐ Two Parent Household ☐ Adult Couple without children
☐ Parent with adult household member (i. e. cousin) ☐ Two Parent Household with adult household (i. e. cousin)
☐ Single with adult household member (i. e. cousin) ☐ Other (please describe): _____

Do you have any children? ☐ Yes ☐ No If Yes, how many? ____ **Family size?** ____ (Include yourself, all children and adults)
Do all of them live with you? ☐ Yes ☐ No If No, where do they live? _____
Are they under your care? ☐ Yes ☐ No If No, Who is taking care of them? _____

Are you Currently a student: ☐ Yes ☐ No

Highest level of education completed:

☐ Never attended school ☐ 7th Grade to 8th Grade ☐ 11th Grade ☐ Post-secondary School
☐ Nursery school to 4th Grade ☐ 9th Grade ☐ 12th Grade but no Diploma ☐ GED
☐ 5th Grade to 6th Grade ☐ 10th Grade ☐ High School Diploma

Post-Secondary Degree: ☐ None ☐ Associate degree ☐ Bachelors ☐ Credits toward a degree _____
☐ Masters ☐ Doctorate ☐ Other graduate/Professional Degree

Vocational training or apprenticeship certificate: ☐ Yes ☐ No **Type:** _____

Type of I.D. presented and copied:

☐ Birth Certificate ☐ Job I.D. ☐ License ☐ Other: _____
☐ Social Security Card ☐ State I.D. ☐ Welfare I.D.

Please provide proof of all income sources

Last Date of Employment: ____/____/____

Monthly Income Sources and Amount (Include all Members of household's income sources):

☐ Alimony or other spousal support: \$ _____	☐ Child Support: \$ _____	☐ SSDI: \$ _____
☐ Earned Income: \$ _____	☐ G. A. (welfare): \$ _____	☐ SSI: \$ _____
☐ TANF (welfare): \$ _____	☐ Unemployment Benefits: \$ _____	☐ SSA: \$ _____
☐ Veteran's Disability Payment: \$ _____	☐ Worker's Compensation: \$ _____	☐ Employment: \$ _____
☐ Veteran's Pension: \$ _____	☐ Pension from former Job: \$ _____	☐ None:
☐ Private Disability Insurance: \$ _____	☐ Other: _____	

Approx Monthly Income: _____

Annual Income: _____

I, _____, certify that the income information provided to Seed Time Outreach Center, Inc. (Seed Time) is correct and accurate. I also certify that I provided Seed Time with the income of all members of my household including adults and children. I understand that if at any point it is determined that the income information provided is not correct, Seed Time may terminate my case and not provide services to me or on my behalf at the time that the determination is made, and can refuse to provide me with services in the future.

Client's Signature

Date:

*** **FOR OFFICIAL USE ONLY, PLEASE DO NOT WRITE BELOW THIS LINE** ***

I, _____, certify that I reviewed the above-named client's income information and compared it to the Federal Eligibility Guidelines and have determined that the client is income eligible for services based on the total income and the total number of persons in the household. I also certify that I obtained proof of all income sources listed above.

Signature

Date