

Atlantic County Department of Family & Community Development

**SOCIAL SERVICES FOR THE HOMELESS (SSH)**

**APPLICANT DOCUMENT CHECKLIST**

**ALL DOCUMENTS LISTED ARE REQUIRED TO COMPLETE AN APPLICATION**

You will NOT be seen and will have to be re-scheduled for another appointment.

All adults must be present at interview.

**1. Proof of Income**

**Received**

- a. **RSDI** (Social Security, Social Security Disability, Survivors Benefits) **Award Letter/s**  
\*\*\*Supplemental Social Security (SSI; recipient's **NOT** Eligible for this program)\*\*\*
- b. **Child Support Court Documentation and 3 months of printouts** (Paid out and/or received)
- c. **Unemployment stub and 3 months printout of statements** (see back of card for instructions)
- d. **(4) consecutive most recent pay stubs (2) if paid bi-weekly** (for each HH member employed)

*\*If self-employed; must provide 2 years of tax returns\**

**2. Required Household Documents**

- a. **CURRENT SIGNED LEASE** (REQUIREMENT FOR ALL APPLICATIONS)
- b. **Identification** (Valid Atlantic County ~ New Jersey Drivers' License), **Social Security Card, Birth certificate**, for **ALL** Household members required
- c. **ALL household expenses** (Car payment/ Insurance, Water Bill, Sewer Bill, Gas Bill, Cable Bill, Electric Bill, House Phone Bill, **Cell Phone** Bill and **ALL** other debt payments)
- d. **Certificate of Occupancy and Fire Certificate Required**  
(REQUIREMENT FOR SECURITY DEPOSIT)
- e. **Eviction Court Summons/Settlement or Stipulation Court Agreement/Warrant of Removal**  
\*\*\*Proof of Hardship\*\*\* (REQUIREMENT FOR BACK RENT)
- f. **Foreclosure/Default Letter** (Mortgage & Taxes)
- g. **Shut off notice** (Electric or Gas) **and most recent month utility statement/s required**
- h. **Receipt for applicant's portion of payment \$ \_\_\_\_\_** Rent (late & legal fees) /Electric/Gas/Mortgage
- i. **Liquid Resources** (401K, **3 current month's bank statements**\*checking and/or savings)  
Includes; 3 months printed statements of unemployment, child support and employer debit cards  
(REQUIREMENT FOR ALL APPLICATIONS)
- j. **Proof of children/s residence** (School records, report card with current address)

250% Federal Poverty Level for Calendar Year (2015)

Persons in family	Monthly Gross Income
1	\$ No Limitation
2	\$ 3,319
3	\$ 4,186
4	\$ 5,053
5	\$ 5,919
6	\$ 6,786
7	\$ 7,653
8	\$ 8,519
Additional Family Members	+ \$867.00 per person

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