



# New Life Development Inc. Emergency Rental Assistance Application

## Client Intake Form

Date

Client Name

Type of Assistance Requested (Rent, utilities,  
deposit, transportation, etc.)

How Were You Referred?

### Client Information

Home Phone

Cell Phone

Email Address

Address

City

State

ZIP Code

Occupation

DOB

SSN (Last four #'s)

Additional Information (Seniors/Military/etc.)

Race/Ethnicity

Gender

Head of Household (Y/N)

Number of Dependents

AK Native Regional Corporation Name



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### Intake Questions

1. What is your current living situation?

Renting Apartment/Home

Homeless (Shelter)

Homeless (Camp/Vehicle)

Homeless (Unsafe/Temporary Housing)

Transitional Housing

Housing Search (currently looking for stable housing)

2. If currently housed, are you or someone within the household at risk of experiencing homelessness or housing instability? What is the reason? (Check all that apply)

Job Loss

Reduced hours of employment Increased rent payment

Past due rent payment(s)

Pending Eviction

Temporary housing placement expiring soon

Other \_\_\_\_\_

3. If currently housed, are you behind on your rent payments? If so, how many months are you behind on your payments?

No, I am current, but having trouble with my next payment(s)

1-2 months

3-4 months

5-6 months

More than 6 months



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4. If currently housed, are you behind on one or more of your utilities payments? If so, how many months are you behind on your payments?

No, I am current, but having trouble with my next payment(s)

1-2 months

3-4 months

5-6 months

I have received a "Shut-Off Notice"

5. To your knowledge, have you received Emergency Rental Assistance program (ERA) funds before? If so, how many months of assistance did you receive?

No, I do not recall ever receiving any ERA Program funds

1-2 months

3-4 months

5-6 months

More than 6 months

6. To improve your living stability, would you benefit from any of the following supportive services? (Check all that apply)

Budgeting/Finance Workshops

Employment Assistance (Job search, interview skills, etc.) Education

Assistance (diploma, GED, college, trade programs, etc.) Addiction

Treatment/Recovery

Reentry Support

Childcare Assistance

DV Support

Disability Services

No additional services needed at this time

7. If currently renting, please provide your landlord's name and contact information below:



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## Household Information

Please list the current members of your household:

Household Member's Name	Household Member's DOB