



## Pre-Application Screening - Eligibility for Waitlist

### What is Eligible for Repair or Replacement?

Our primary focus is on safety and health of the occupants of the current home. Therefore, there will be a focus on major systems repairs. Next, items that are causing damage or creating hazards to homeowners will be addressed. Lastly, items that will improve energy efficiency for the homeowner will be addressed. **Under any circumstances - no cosmetic items will be addressed.**

The list below is intended to provide a working base, but is by no means inclusive of every item that may possibly arise. **All repair materials will be contractor grade and are selected by our contractors. There are no substitutions allowed in material.**

#### Eligible Items

##### **Exterior**

Roof, Gutters, and Fascia Water Infiltration  
Siding, Stucco, and Brick – **Only if substantially damaged!**  
Steps  
Handrails  
Windows (Vinyl replacements)  
Doors  
Lights  
Doorbell

##### **Interior**

Smoke and CO Detectors  
Handrails, Balusters, and Banisters  
Outlet Repair and Replacement  
Kitchen Cabinet and Bathroom Vanity Repair  
Electrical Hazards  
Plumbing Leaks  
Windows  
Holes in Drywall  
Flooring (Broken or Trip Hazards) – **No cosmetic flooring improvements!**  
  
Bathroom Exhaust Fans  
HVAC – Non-Working or for Energy Efficiency Upgrade  
Basement Water Infiltration (Sump Pump and/or Drydock)

**THIS IS A HEALTH AND SAFETY HOME PROGRAM. No cosmetic items will be addressed. Scope of work will be determined by project manager and accepted by contractor and homeowner. All materials will be contractor grade and is selected by our contractors. No substitutions are allowed.**

**Please INITIAL HERE that you have read and understand these eligible repairs to your home: \_\_\_\_\_ Date: \_\_\_\_\_**



## Required Documents

### Document Checklist

- NJ Driver's License or NJ Non-Driver's Identification (Adults Only)
- Social Security Cards for all members of the household
- Last 4 paystubs – One month (for all employed members of the household)
- Deed, Property Tax and/or Mortgage Statement
- Other income information (if applicable)
  - SSI
  - Unemployment Statement
  - Child Support Statement
  - Pension Statement
  - Welfare -Camden County Board of Social Services Award Letter (Cash Only)
- **If Disabled:** Proof of Disability Letter sign by your Health Provider and SSD documentation.

**For further questions, or to receive and or  
Submit an Application please contact:  
Iveliz Porrata @ 856-966-8117 (Ext 225)  
iporrata@sjcscamden.org  
20 Church St. Camden NJ 08105**



**Application Date:** \_\_\_\_\_

<b>Owner Name:</b>			<b>Date of Birth:</b>			<b>Telephone Number:</b>		
<b>Address:</b>						<b>Marital Status (circle one):</b> Married      Single		
<b>Race (circle all that apply):</b> Asian   Black   White   Alaskan Native/ Pacific Other American Indian   Islander   Multiple Race						<b>Disabled:</b> Yes   No		
<b>Hispanic (circle one):</b> Yes   No			<b>Referral Source:</b> Agency   Walk-In   Word of Mouth					
<b>Highest Level of Education (circle one):</b> HS/GED   Associate's   Bachelor's   Master's   Vocational   None   Other							<b>Veteran (circle one):</b> Yes   No	
<b>Employer:</b>			<b>Job Title:</b>			<b>Hours work:</b> <b>Pay Hourly:</b>		
<b>Second Employer (if applicable):</b>			<b>Second Job Title:</b>			<b>Hours work:</b> <b>Pay Hourly:</b>		

<b>Co-Owner Name:</b>			<b>Date of Birth:</b>			<b>Telephone Number:</b>		
<b>Address:</b>						<b>Marital Status (circle one):</b> Married      Single		
<b>Race (circle all that apply):</b> Asian   Black   White   Alaskan Native/ Pacific Other American Indian   Islander   Multiple Race						<b>Disabled:</b> Yes   No		
<b>Hispanic (circle one):</b> Yes   No			<b>Referral Source:</b> Agency   Walk-In   Word of Mouth					
<b>Highest Level of Education (circle one):</b> HS/GED   Associate's   Bachelor's   Master's   Vocational   None   Other							<b>Veteran (circle one):</b> Yes   No	
<b>Employer:</b>			<b>Job Title:</b>			<b>Hours work:</b> <b>Pay Hourly:</b>		
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How long have you owned and occupied the property as your primary address? \_\_\_\_\_  
**TOTAL** number of people in the household, including yourself: \_\_\_\_\_

Information for **ALL** other Members of Household:

Name		Birth Date	Relationship to Owner
1			
2			
3			
4			
5			

## Employment Information for Household Members

Household Member Name:	Job Title:
Employer:	Employer Phone Number:
Employer Address:	Hours work: Pay Hourly:

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Employer:	Employer Phone Number:
Employer Address:	Hours work: Pay Hourly:

If Applicable:

SSI Annual Amount: \_\_\_\_\_  
SSD Annual Amount: \_\_\_\_\_  
Pension Annual Amount: \_\_\_\_\_

**STOP. This portion will be completed by SJCS.**

## Household Income Calculation

<b>Name:</b>							
Employment	\$						
Social Security/SSI	\$						
Pension	\$						
Child Support	\$						
Public Assistance	\$						
Unemployment	\$						
Other	\$						
<b>TOTAL</b> (Monthly Income)	\$						

<b>Total monthly household income:</b>	\$ _____
<b>Total annual household income:</b>	\$ _____



Name of Resident: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

### CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about the decision to provide home repair services (lead risk assessment, remediation/mitigation/abatement, and/or lead clearance exams and construction) in light of the COVID- 19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

#### Our Responsibility

Please note: A minimum of FIVE (5) visits are needed by Program Staff, Contractors and Montiors to participate in this program. All SJCS Program Staff, contractors and their workers will take the following steps to reduce the risk of spreading the coronavirus by following the steps below:

- Workers will stay home if they are sick. Employees will be fully informed of COVID symptoms.
- All job site workers and visitors shall wear face coverings over their noses and mouths at all times while inside units or within 6 feet of a unit entrance. Approved face coverings include multi-layer fabric coverings, disposable medical procedure masks, N95 masks, scarves and bandanas.
  - All reusable face coverings will be frequently washed, at minimum once a day.
  - Single-use covers must be discarded appropriately into trash receptacles.
  - Workers will use supplemental PPE, such as nitrile or latex gloves, as necessary.
- Workers will avoid ALL physical contact with other employees, contractors, residents or visitors and to increase personal space to at least 6 feet, where possible.
- Workers will properly put on, use/wear, and take off and dispose of protective clothing, masks and equipment.
- Communal drinking water coolers are banned, and workers will not share food or personal items.
- Upon leaving unit each day, common surfaces within the work site will be wiped down by the workers with EPA approved sanitizer.

## Your Responsibility

To obtain home repair services, you agree to take certain precautions which will help keep everyone safer from exposure to COVID 19. If you do not adhere to these safeguards, it may result in a pause of all home repair services.

Initial each to indicate that you understand and agree to these actions:

- \_\_\_\_\_ • You will only allow workers into your home if you are symptom free (See COVID symptoms page).
- \_\_\_\_\_ • You will adhere to the safe distancing precautions by staying at least 6 ft. away from workers and other lead staff.
- \_\_\_\_\_ • You will wear a mask while workers are inside your home at all times.
- \_\_\_\_\_ • You may choose to leave your home during work being performed. If you do leave your home during work, you should inform Program staff.
- \_\_\_\_\_ • If you have a child in your home, you will make sure that your child follows all of these sanitation and distancing protocols.
- \_\_\_\_\_ • If you have a job that exposes you to other people who are infected, you will inform the Program Staff or contractor.
- \_\_\_\_\_ • If your commute or have other responsibilities or activities that put you in close contact with others (beyond your family), you will let Program Staff or contractor know.
- \_\_\_\_\_ • If a resident of your home tests positive for the infection, you will immediately let Program Staff and Contractor know and work *may be halted*.

We may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Staff

\_\_\_\_\_  
Date

# How to tell if it's CORONAVIRUS

**GUIDE:** ✓ Common    ● Sometimes/Rarely    ✗ No

SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
 Fever	✓	●	✓	●
 Dry cough	✓	●	✓	●
 Shortness of breath	✓	✗	✗	✓
 Headaches	●	●	✓	●
 Aches and pains	●	✓	✓	✗
 Runny nose	●	✓	●	✓
 Sore throat	●	✓	✓	✗
 YAWN... Fatigue	●	●	✓	●
 Diarrhea	●	✗	●	✗
 ACHOO! Sneezing	✗	✓	✗	✓