FAITH FELLOWSHIP COMMUNITY DEVELOPMENT CORPORATION

reNEW JERSEY stronger
rebuilding a lasting foundation

2707 Main Street ● Sayreville, NJ 08872
Tel: (732) 727-9500 – www.ffcdc.net
Lucy Bulluck – Intake Coordinator

SANDY ASSISTANCE SERVICE REQUEST

APPLICANT CONTACT

FIRST NAME: _____ MIDDLE: _____ SUFFIX: JR.___ SR.____ III ____ IV___

LAST NAME: _____ E-MAIL: _____

STREET ADDRESS: _____ PREFERRED LANGUAGE: ENGLISH_____ SPANISH_____

CITY:_____ STATE: _____ ZIP CODE: _____ HOME #: _____ WORK #:_____

CELL PHONE: _____

DEMOGRAPHICS:

THIS INFORMATION IS REQUESTSTED IN ACCORDANCE WITH FEDERAL REGULATION. THIS INFORMATION IS VOLUNTARY

RACE: Black or African Amer.____ White____ Native Hawaiian/Other Pacific Islander___ Amer. Indian/Alaskan Native & Black ____ Hispanic___ Asian___ Asian and White___ American Indian/Alaskan Native____ American Indian/Alaskan Native & White____ Black/African American & White____ Choose Not to Respond_____ Other: _____

HISPANIC?: Hispanic____ Not Hispanic ____

VETERAN?: Yes_____ No _____

HEAD OF HOUSEHOLD?: Yes_____ No _____

ETHNICITY: Mexican_____ Puerto Rican ____

FOREIGN BORN? Yes_____ No _____

DISABLED? Yes_____ No _____

IN HOUSEHOLD: 1___ 2___ 3___ 4___ ___

GENDER: Male ___ Female_____

RURAL STATUS : Does Not Live in Rural Area_____ Lives in Rural Area _____

ENGLISH PROFICIENCY?: Is English Proficient____ Is Not English Proficient _____

AGE:_____ BIRTHDATE: (mm/dd/yyyy) _____ MARITAL STATUS: Married____ Single____

DO YOU HAVE A DISABLED DEPENDENT? Yes_____ No _____

SERVICE REQUESTED:

Pre/Post Purchase Home Purchase:
Education: Yes _____ No _____
One-On-One Counseling: Yes _____ No _____

Foreclosure Prevention:
Education: Yes _____ No _____
One-On-One Counseling: Yes _____ No _____

Home Equity Conversion Mortgage:
Education: Yes _____ No _____
One-On-One Counseling: Yes _____ No _____

Financial Literacy:
Education: Yes _____ No _____
One-On-One Counseling: Yes _____ No _____

Rental Counseling:
Education: Yes ___ No _____
One-On-One: Yes ____ No ____

Fair Housing Education:
Education: Yes _____ No _____
One-On-One Counseling: Yes _____ No _____

Homelessness Prevention
Education: Yes_____ No _____
One-On-One Counseling: Yes_____ No _____

Energy Assistance:
Education: Yes _____ No _____
One-On-One Counseling: Yes _____ No _____

Signature:_____ **Date:** _____