



**SOUTH BRUNSWICK TOWNSHIP  
DEPARTMENT OF SOCIAL SERVICES**

Application Date:
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HOUSEHOLD INFORMATION:	LAST NAME	FIRST NAME	BIRTHDATE	LAST 4 DIGITS SSN	SCHOOL CHILDREN ATTEND
FEMALE ADULT					
MALE ADULT					
CHILDREN					
ROOMMATE OR OTHER					

ADDRESS:	WORK PHONE:	LANDLORD:
CITY, STATE ZIP:	CELL PHONE:	LANDLORD PHONE:
HOME PHONE:		
EMAIL ADDRESS:		

**INCOME**

PLEASE INCLUDE INCOME FROM ALL MEMBERS OF THE HOUSEHOLD

(PLEASE PROVIDE DOLLARS AS NET INCOME MONTHLY)

CATEGORY	FEMALE ADULT	MALE ADULT	CHILDREN	ROOMMATE OR OTHER	COMMENTS
WAGES					
PENSION(S)					
SOCIAL SECURITY					
WELFARE					
ALIMONY					
UNEMPLOYMENT					
SSI/SSD (SPECIFY WHICH)					
CHILD SUPPORT					
OTHER (SPECIFY)					
FOOD STAMPS					
FAMILY ASSISTANCE					
<b>TOTAL INCOME</b>					

## EXPENSES

<b>HOUSING</b>	<b>MONTHLY</b>	<b>COMMENTS</b>
RENT/MORTGAGE		
HOME/APT. INSURANCE		
ASSOCIATION DUES		
OTHER		
<b>FOOD</b>		
GROCERY STORE		
<b>UTILITIES</b>		
GAS/OIL		
ELECTRIC		
CABLE		
PHONE (HOME)		
PHONE (CELL)		
OTHER		
<b>TRANSPORTATION</b>		
CAR LOAN(S)		
CAR INSURANCE		
CAR REPAIRS		
BUS/TAXI		
<b>MEDICAL</b>		
MEDICAL INSURANCE		
PRESCRIPTIONS		
DENTAL		
OTHER		
<b>DEBT</b>		
CREDIT CARD(1)		
CREDIT CARD (2)		
CREDIT CARD (3)		
DEBT PAYMENT PLAN		
PERSONAL LOAN		
TUITION		
OTHER		
<b>MISCELLANEOUS</b>		
CHILD SUPPORT		
ALIMONY		
LIFE INSURANCE		
<b>TOTAL EXPENSES</b>		
<b>TOTAL INCOME</b>		
<b>DIFFERENCE</b>		

**AUTHORIZATION TO RELEASE INFORMATION**

I/We give my/our permission to organizations, agencies, and businesses, both public and private, to release personal information about me/us to South Brunswick Social Services as part of my/our request for assistance. I/we also give permission for information to be released by South Brunswick Social Services about me/us to organizations, agencies and businesses both public and private as part of any continuation of assistance. I acknowledge that this information may regard, but is not limited to, payment history, debts, income, employment status, public assistance and legal judgments. The information received by South Brunswick Social Services shall be used only for evaluation for determining my/our request and/or continuation of assistance, and shall not be disclosed to others except as may be required by law. This permission shall remain in effect for one year from the date signed below. A copy of this form showing my/our signature may be relied upon to release information.

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**Signature**

**Date:**

**\*\*I certify that all information contained in this application is true. If there is a reasonable suspicion that information provided on this application is materially false or misleading, South Brunswick reserves the right to terminate services.**

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**Signature**

**Date:**