

CHATHAM BRIDGING THE GAP APPLICATION

Name: _____ **Address:** _____

What document(s) will you be able to provide as proof of identity and residence in Chatham Borough or Township?
(e.g. State-issued ID, driver's license, current house bill): _____

Phone: (home) _____ (cell) _____ **Email** _____

How do you prefer that we contact you? _____

How did you learn of Chatham Bridging the Gap? _____

Members of household:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Status/Monthly Source of Income of all Household Members:

Applicant:

Employer: _____

Salary (past 12 months): _____

Employment history, salary, and income from other sources (Child Support, Social Security Disability, etc.) _____

Other household members who have been employed over past 5 years:

Name: _____

Name: _____

Employer: _____

Employer: _____

Salary (past 12 months): _____

Salary (past 12 months): _____

Income from other sources (Child Support/
Alimony, Social Security, Other): _____

Income from other sources (Child Support/Alimony,
Social Security, Other): _____

Total Monthly Income: _____

(Documentation for proof of household income for all household members may be required based on funds requested e.g. W2 forms or pay stubs)

Monthly Expenses: Rent/Mortgage: _____ Electric: _____ Gas: _____ Water/Sewer: _____ Transportation (Car/Gas/Public): _____ Car Insurance: _____ Medical Expense: _____ Day Care: _____ Credit Cards: _____ Phone/Internet: _____ Child Support: _____ Food: _____ Other (please specify _____)

Total Monthly Expenses: _____

(Documentation for proof of household expenses may be required based on funds requested)

Please explain in full the expense(s) that you need our help with (proof of expense will be required):

Please INITIAL to indicate agreement with the following:

*I covenant not to sue or make any claim against Chatham Bridging the Gap and/or its officers, employees, agents, volunteers and sponsors for injury, death, disability, loss of income or other loss or damage arising out of my participation herein. I agree to hold harmless, defend and indemnify Chatham Bridging the Gap and its officers, employees, agents, volunteers and sponsors for any trespass to property, damage to realty or personal property, wrongful death or personal injury as well as any other claimed loss or damage whatsoever caused by me or my activities in connection with my involvement with Chatham Bridging the Gap. Finally, I agree that the decision of Chatham Bridging the Gap regarding my application is final. I covenant not to sue or make claim against Chatham Bridging the Gap, its officers, employees, agents, volunteers and sponsors for any application determination and/or decision or for any cause of action whatsoever including libel, slander, defamation of character, invasion of privacy, breach of confidentiality or fraud. **Initial:** yes _____ no _____*

*I certify that all the information contained in this application is true to the best of my knowledge. **Initial:** yes _____ no _____*

Today's Date: _____

Mail your completed application to Chatham Bridging the Gap, P.O. Box 271, Chatham, NJ 07928 or call (973) 493-3897 for a pick-up. Chatham Bridging the Gap will contact you as soon as possible to meet with you and review