



HOUSING PACKET

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Joi's Angels

HOUSING PACKET COVER SHEET

Please use this form as a cover sheet for a facsimile or email scan.

Applicant/Tenant Name

Date

Agent of Applicant/Tenant Name / Title

Date

Referring Agency

Address

Phone

Email

Fax

To the preparer of this application: Please attach a photo (headshot) of the client below.

Please ALSO enclose copies of client's: Photo ID

Social Security Card

Social Security Award Letter

Medical ID

**Attach
Photo
Here**

114 South Arlington Avenue
East Orange, NJ 07018
Phone: (973) 395-4348



Fax: (908) 325-1332
Email: joisangales@gmail.com
Web: www.joisangels.com

Joi's Angels

A Not-for-profit Organization

RESIDENT PROFILE FORM

Attach
Photo
Here

ROOM # _____
Date of Occupancy _____

DATE _____

CLIENT NAME

(First)

(Last)

DATE OF BIRTH

(Month, Day, Year)

SOCIAL SECURITY #

SS CLAIM #

MEDICARE/MEDICAID #

PAA#

VA#

GROSS MONTHLY INCOME \$

PLEASE CHECK ALL
SOURCES OF INCOME

Employment Wages Self-Employment Wages TANF FSP SSI

Social Security SSDI Medicaid Welfare Other

MEDICATIONS & DOSAGES
(List All)

PRESCRIBING PHYSICIAN

(Name)

(Address)

(Phone)

PHARMACY

(Name)

(Address)

(Phone)

BODY

HEIGHT _____ WEIGHT _____ EYE COLOR _____

SCARS/MARKS/TATTOOS

DIETARY RESTRICTIONS
(Check all that apply)

Diabetic Blood Pressure Lactose Intolerant Other
Allergies (List Allergies)

**TREATMENTS, THERAPIES,
DISABILITIES**
(List All)

MOBILITY AID

Cane Wheelchair Walker Prosthesis Other

PRIMARY CARE PHYSICIAN

(Name) (Address) (Phone)

EMERGENCY CONTACT #1

(Name) (Address) (Phone)

Relation to you:

EMERGENCY CONTACT #2

(Name) (Address) (Phone)

Relation to you:

PREVIOUS ADDRESS

(Street) (City) (State) (Zip)

REFERRAL SOURCE

(Organization/Agency) (Address) (Phone)

ETHNICITY

African American Asian Caucasian Latin American/Hispanic
Indian Native American Other I prefer not to answer

RELIGION

MARITAL STATUS

Single Married Widowed Divorced Separated

SPOUSE

(Name) (Address) (Phone)

ISSUES/CONCERNS

DATE OF DISCHARGE

Joi's Angels

SHARED ROOM & BOARD AGREEMENT

I understand that Joi's Angels is a faith based, non-profit organization dedicated to housing and social restructuring centered in spiritual regeneration of persons in need of assistance. I understand that while ability to pay for service is not a criterion for admission to Joi's Angels, persons admitted for housing shall be required to pay room and board when receiving outside income such as social security, military or other types of benefits. I understand that the room and board fee shall be established at \$_____ but shall not exceed the cost of room and board as determined annually by an approved formula. Room and board is payable monthly, due by the 5th of each month.

Your established amount for room and board as of today's date is \$_____per month.

I understand I must abide by all rules of the house and that by paying room and board I do not have any additional privileges. I must remain alcohol- and drug-free. If I break any of the abovementioned rules, I could be asked to leave in 24 hours to 7 days.

_____ Applicant/Tenant Signature	_____ Print Name	_____ Date	
_____ Agent of Applicant/Tenant Signature <i>(if applicable)</i>	_____ Print Name	_____ Title	_____ Date
_____ Witness Signature	_____ Print Name	_____ Date	

Joi's Angels

SHARED ROOM

OCCUPANCY AGREEMENT

I, _____ reside at 114 South Arlington Avenue, East Orange, NJ 07018 Rooming/Boarding Home. I agree to pay \$_____ per month for a shared room. I agree to give thirty (30) days notice before moving, and I agree to be on a sixty (60) day probationary period from the date I move in.

I also understand that I must comply with all house rules (attached).

Move-in Date: _____ Renewal Date: _____

_____ Applicant/Tenant Signature	_____ Print Name	_____ Date	
_____ Agent of Applicant/Tenant Signature <i>(if applicable)</i>	_____ Print Name	_____ Title	_____ Date
_____ Witness Signature	_____ Print Name	_____ Date	
_____ Staff Signature	_____ Print Name	_____ Title	_____ Date

NOTICE OF RESIDENTS' RIGHTS

NJSA - 55:13B-19

Every resident of a boarding facility shall have the right:

- To managed his own financial affairs;
- To wear his own clothing;
- To determine his own dress, hair style, or other personal effects according to individual preference;
- To retain and use his personal property in his immediate living quarters, so as to maintain individuality and personal dignity, except where the boarding facility can demonstrate that such would be unsafe, impractical to do so, infringes upon the rights of others and that mere convenience is not the facility's motive to restrict this right;
- To receive and send unopened correspondence;
- To unaccompanied access to a telephone at a reasonable hour and to a private phone at the resident's expense;
- To privacy;
- To retain the services of his own personal physician at his own expense or under a health care plan and to confidentiality and privacy concerning his medical condition and treatment;
- To unrestricted communication, including personal visitation with any person of his choice, at any reasonable hour;
- To make contacts with the community and to achieve the highest level of independence, autonomy, and interaction with the community of which he is capable;
- To present grievances on behalf of himself or others to the operator, State governmental 'agencies or other persons without threat of reprisal in any form or manner whatsoever;
- To a safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident;
- To refuse to perform services for the boarding facility, except as contracted for by the resident and the operator;
- To practice the religion of his or her choice, or to abstain from religious practice; and
- To not be deprived of any constitutional, civil or legal right solely by reason of residence in a boarding facility.

N.J. State Office of the Ombudsman for the Institutionalized Elderly
240 W. State Street
P.O. Box 807
Trenton, N.J. 08625
1-877-582-6996

I have received and read the notice of residents rights

Resident

Date

Witness

Date

Joi's Angels

HOUSE RULES

- Respect yourself and others.
- Proper attire required.
- No arguing, profanity, confrontational behavior or fighting; if you cannot be kind, be silent.
- No smoking inside or in front of the house.
- No unauthorized visitors.
- No guests allowed on the second floor.
- The kitchen closes at 10:00pm (no exceptions).
- No loitering/hanging out in the front of the house.
- Resident curfew: 11:00pm (Mon-Thurs); 1:00am (Fri-Sun)
- Common area lights out: 11:00pm (Mon-Thurs); 1:00am (Fri-Sun)
- Resident social activities restricted to first-floor community areas only.
- No fraternizing, consorting, or sexual behavior allowed on the property.
- Respect the privacy of others: No socializing in resident rooms.
- Character Quality mandatory meeting (Mon–Thurs)
- All residents must complete assigned household chores.
- Rooms must be kept clean: Weekly room inspections.
- Clothing and bedding must be washed weekly.
- No cooking or kitchen appliances allowed in rooms (hot plates, coffee makers, etc.)
- No physical altercations/touching another person.

BREAKING ANY OF THESE RULES IS GROUNDS FOR IMMEDIATE EVICTION.

I have read, understand, and agree to abide by these rules.

Applicant/Tenant Signature

Print Name

Date

Witness/Staff

Print Name

Date

Joi's Angels

HOUSEHOLD CHORES AGREEMENT

This chores agreement represents the verbal and written agreement discussed and put forth by Joi's Angels, hereby referred to as "Licensee," and _____, hereby referred to as "Resident." The conditions contained herein represent the agreement and contribution of both parties and both have been given a chance to read and discuss this agreement in its entirety.

RESIDENT RESPONSIBILITIES

The following responsibilities are those of the Resident. Resident will adhere to these responsibilities and complete chores to the best of his/her ability.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CHORE					
Take out Trash					
Sweep Common Areas					
Mop Common Areas					
Clean Smoking Area					
Put Away Dishes					
Clean Bathroom					
Sweep & Clean Front Porch					
Clean Refrigerator					

JOI'S ANGELS RESPONSIBILITIES

Joi's Angels is responsible for providing the necessary supplies for resident to perform chore tasks effectively.

ACCEPTANCE

Your signature below indicates acceptance of this chores agreement and the conditions described.

Applicant/Tenant Signature **Print Name** **Date**

Staff Signature & Title **Print Name** **Date**