

Questions for Build a Thriving NJ Success Stories



NAME:

AFFILIATED ORGANIZATION:

ADDRESS:

EMAIL:

- 1) Please identify which of the following programs you/your organization has utilized, AND include dates when possible:
 - Affordable Housing Trust Fund
 - State Rental Assistance Program/Housing Choice Voucher
 - Neighborhood Revitalization Tax Credit Program
 - Lead Prevention Funds
 - Weatherization Funds
 - Emergency Assistance
 - Special Needs Housing Trust Fund

- 2) What challenging situation did you face that lead you to apply for the program above? (Feel free to use the space on back of the page to elaborate)

- 3) What were your options looking like if you had not found the program?

- 4) Please fill in the following sentence, "As a result of the _____ program, I/My Organization was able to _____."

- 5) What's the lesson you want people to walk away with after hearing your story?

- 6) Please make case for why this program should be fully funded in future State budgets:

Please submit your story to Nina Arce at narce@hcdnnj.org