



Pathway Home Walkthrough Request Form

(Please Print Clearly)

Applicant's Information

Applicant's Name (Last Name, First Name)	
Family Composition	Age & Gender of Child(ren)
Shelter Name	Shelter Telephone Number
Shelter Address	Case Manager Name
Applicant's Mobile Number	CARES ID Number
Comments:	

Lease Holder & Primary Tenant's Information

Lease Holder Name	Primary Tenant's Name		
Relationship to Applicant	# Current Occupant(s)		
Building Address	Apt.	Floor #	
Borough	Zip Code	# of Rooms	# of Bedrooms
Telephone Number	Alternate Telephone #	Fax Number	
Email Address	Inspection Contact Number		

(Turn page)

Pathway Home Walkthrough Request Form *(continued)*

(Please Print Clearly)

Referral Source

Check One: DHS Shelter HRA Shelter PATH/NHPO
 30th Street AFIC Homebase

Name

Title

Referral Date

Telephone Number

Email

C.A.R./DHS Use Only

Inspector's Name

Inspector's Initial

Inspection Date

Time

Inspection Results

Comments
