

HOUSING AUTHORITY of the
TOWN OF BOONTON

Please complete the questions below prior to your appointment. If you answer YES to any of the questions, we may reappoint you for a later date. If you answer NO to all the questions your appointment will be honored, please print, sign and bring the completed form to your appointment. If you cannot print the form you can complete it in the office on the day of your appointment. You will not be permitted in the office if you do not wear a mask, sanitize your hands and have your temperature checked at the door.

Have you had contact with anyone confirmed positive for COVID-19 in the last 14 days? Y | N

Has anyone in your household had close contact with a confirmed or probable

COVID-19 case? Y | N

In the past 14 days, have you had symptoms that include:

Fever over 100.4°F Y | N

Shortness of breath or difficult breathing Y | N

Cough Y | N

Gastrointestinal upset Y | N

Headache Y | N

Fatigue Y | N

Recent loss of taste or smell Y | N

Full Name (Printed):

Signature: _____

DATE ____ / ____ / ____ TEMPERATURE _____