

Shepherd's FARM

AFFORDABLE SENIOR HOUSING



Housing Authority of Gloucester County, managing agent

100 Pop Moylan Blvd., Deptford NJ 08096

PRE-APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

OFFICE USE ONLY

On the basis of the determinations set forth the applicant family named herein has been found to be:

Preliminary: Eligible for Admission

Ineligible for Admission

Initials _____

Application # _____

General information

DATE: _____ TIME: _____

APPLICATION NUMBER: _____

APPLICANT NAME: _____

APPLICANT BIRTHDATE: _____ APPLICANT SOC SEC #: _____

CO-APPLICANT NAME: _____

CO-APPLICANT BIRTHDATE: _____ CO-APPLICANT SOC SEC #: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ APPLICANT WORK PHONE#: _____

CO-APPLICANT WORK PHONE#: _____

List name and phone number of two relatives or friends who generally know how to contact you.

1. _____ 2. _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. _____

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2. Race of Head of Household: (Check one-Used for statistical purpose only)

White Black American Indian/Alaskan Native Asian/Pacific Islander

3. Ethnicity of Head of Household: (Check One)

Hispanic Non-Hispanic

4. Does anyone live with you who is not listed above? Yes No

5. Does anyone plan to live with you in the future who is not listed above? Yes No

Explain if you answered "yes" to either of the above questions _____

6. Is the head of the household or spouse disabled? Yes No

7. Are you being displaced or evicted from you present unit? Yes No

If "yes", please explain _____

8. What is your current rent? _____ What utilities do you pay? _____

9. Are you homeless? _____ Describe current living conditions. _____

10. Are you living in substandard housing? Yes No

Describe conditions

(Example: building dilapidated, inoperable plumbing, unusable flush toilet, bathtub or shower,

no electricity or unsafe service, no safe or adequate source of heat, no kitchen facilities or building declared unfit for habitation.) _____

12. Are you now living in a federally subsidized housing unit? Yes No

13. Have you ever lived in Public Housing? Yes No

14. Have you ever participated in the Section 8 Programs? Yes No If yes, enter the date(s) of occupancy: _____



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INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the appropriate chart below.

YES NO

Does any member of your household:

- 1. **Work full-time, part-time or seasonally? If yes, where?**
- 2. **Expect to work for any period during the next year?**
- 3. **Work for someone who pays him or her cash?**
- 4. **Expect a leave of absence from work due to a lay-off or medical reason?**
- 5. **Now receive or expect to receive unemployment benefits?**
- 6. **Now receive or expect to receive alimony?**
- 7. **Now receive or expect to receive public assistance (welfare)?**
- 8. **Now receive or expect to receive Social Security benefits?**
- 9. **Now receive or expect to receive income from a pension or annuity?**
- 10. **Now receive or expect to receive regular contributions from organizations or from individuals now living in the unit?**
- 11. **Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?**
- 12. **Own real estate or any assets for which you receive no income (checking accounts, cash)?**
- 13. **Have you sold or given away real property or other assets (including cash) in the past two years?**
- 14. **Have you ever been engaged in criminal, alcohol or drug related activities? If yes, please explain.**_____





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YES NO

15. Have you ever been convicted of a crime, including alcohol or drug related offenses and/or physical crime against another person? If yes, please explain.

MEMBER NO.	SOURCE OF INCOME / TYPE OF INCOME	ANNUAL INCOME

Assets

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER NO	BANK NAME & ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member: _____



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3. List the value of any assets disposed of for less than fair market value during the past two years:
-

EXPENSES

- Yes No Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?

If you pay a care attendant, provide the name, address and telephone number:

DISABILITIES

- Yes No Does anyone in your family need an apartment designed for the disabled?
 Yes No Is the disabled person confined to a wheelchair?
 Yes No Has the disabled person been declared disabled by Social Security?
 Yes No Does the disabled person use a walker, cane or other device to help them walk?
 Yes No Does the disabled person have vision or hearing impairment? If yes, which one?
-

- Yes No Will the disabled person needs help in caring for themselves and their apartment?
 Yes No Will the disabled person need meals prepared for them?
 Yes No Do you have Medicare? If yes, what is your monthly premium? _____

- Yes No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount and agent's name: _____
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Yes No Do you have medical premiums that you are paying? If yes, list them below:

OTHER

Yes No 1. I am interested in Congregate Services (a daily meal or housekeeping or personal services for an additional fee).

2. If accepted for occupancy, after formal application, I would like to move in by

APPLICANT CERTIFICATION

I/We certify that the information given to the Housing Authority of Gloucester County on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing and termination of tenancy.

Signature of Applicant

Date

Signature of Spouse/Co-Applicant

Date

Signature of HA Representative

Date

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800) 424-8590.

