

HOUSING AUTHORITY OF GLOUCESTER COUNTY
100 Pop Moylan Blvd, Deptford, NJ 08096

PRE-APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

DATE: _____ **TIME:** _____

APPLICATION NUMBER: _____

APPLICANT NAME: _____

CURRENT ADDRESS: _____ **APT NO.** _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ **HEAD OF HOUSE WORK #** _____ **SPOUSE WORK #** _____

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.

MEMBER NUMBER	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NO.

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

White Black American Indian/Alaskan Native Asian

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 head of household or spouse disabled? Yes No

7. Do you have disabilities that require reasonable accommodations? _____

8. Do you wish to move? Yes No If "yes", why? _____

9. Are you being displaced or evicted from your present unit? Yes No If yes, explain circumstances: _____

10. What is the current rent? _____ What utilities do you pay? _____

11. Are you homeless? Describe current living conditions _____

12. 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.) _____

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

14. Have you ever lived in Public Housing? Yes No If yes, where? _____

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

INCOME AND ASSET INFORMATION

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

- | <u>YES</u> | <u>NO</u> | Does any member of your household: |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time or seasonally? If yes, where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period during the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays them cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Now receive or expect to receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Now receive or expect to receive public assistance (welfare)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Now receive or expect to receive Social Security benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Now receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Now receive or expect to receive regular contributions from organizations or from individuals now living in the unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Own real estate or any assets for which you receive no income (checking accounts, cash)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you sold or given away real property or other assets (including cash) in the past two years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever been engaged in criminal, alcohol or drug related activities? If yes, please explain. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. 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: _____
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 have expenses for care of a child aged 12 or younger? If yes, provide the Name, address and telephone number of the care provider: _____
What is the weekly cost to you of the child care? _____

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: _____

ELDERLY AND/OR DISABLED FAMILIES ONLY

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 uses 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 need 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:

Yes No Do you have medical premiums which you are paying? If yes, list them below:

PROGRAMS (Please check the programs for which you would like to apply)

___ Section 8 Mod Rehab (Elderly [age 62 or older] & Family)

___ Colonial Park Apts. (Elderly [age 62 or older])

___ Expanded Housing Opportunity (Family)

___ Public Housing - (Elderly [age 62 or older] and Near Elderly Disabled [age 50 - 61])

Applicants for Public Housing Programs may select a desired location within the municipalities listed below:

___ Public Housing (Family)

___ Deptford Twp

___ Monroe Twp

___ Washington Twp

___ W. Deptford Twp

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 Head of Household Date

Signature of Spouse/Co-Tenant 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

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

TENANT PROCESSING CENTER



AUTHORIZATION FOR THE RELEASE INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to the Housing Authority of Gloucester County any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Medical or Child Care Allowances
- Credit and Criminal Activity
- Employment, Income, and Assets
- Residences and Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing program.

GROUPS AND INDIVIDUALS THAT MAY BE ASKED

The Groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- State Unemployment
- Schools and Colleges
- Law Enforcement
- Past and Present Employers
- Courts and Post Offices
- Banks & Other Financial
- Welfare Agencies
- Retirement Systems
- Previous Public Housing
- Veterans Administration
- Institutions
- Social Security Administration
- Support & Alimony Providers
- Previous Landlords
- Internal Revenue Service
- Medical & Child Care Providers
- Utility Companies
- Credit Providers & Credit Bureaus

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and the State Welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes state above. This authorization will stay in effect for a year and one month from the date signed:

SIGNATURES

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date