



HOUSING AUTHORITY OF GLOUCESTER COUNTY
100 Pop Moylan Blvd, Deptford, NJ 08096
PRE-APPLICATION FOR ADMISSION



NAME: _____ (HEAD OF HOUSEHOLD)

DATE: _____ SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____ APT NO. _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

Name

Number

Please answer ALL questions and be sure to check at least one housing program on the back of the form in order for the Housing Authority to determine your eligibility

Birthdate of Head of Household _____ (mm/dd/yyyy)

Race of Head of Household: *(Used for statistical purposes only)*

____ White ____ Black/African American ____ American Indian/Alaska Native ____ Asian
 ____ Native Hawaiian/Other Pacific Islander

Ethnicity of Head of Household: ____ Hispanic ____ Non-Hispanic

Total number of anticipated Household members *(including applicant):* _____

Is the head of household, co-head or spouse disabled? Yes ____ No ____

Is any other adult household member disabled? Yes ____ No ____

Are you a Veteran, a Veteran's surviving spouse or a family member of a Veteran, who is both the primary residential caregiver and is residing with them? Yes ____ No ____

If yes, did the Veteran received a discharge other than dishonorable? Yes ____ No ____

Does the Head of household, co-head, or spouse live or work, or has been hired to work, within Gloucester County?
 Yes ____ No ____ If yes, where: _____

Is the Head of household or any member, subject to a State Lifetime Sex Offender Registration Requirement in NJ or any other state?
 Yes ____ No ____ if yes, where: _____

Has any household member has been convicted of the manufacture of methamphetamine on the premises of federally assisted housing?
 Yes ____ No ____ if yes, where: _____

For ALL anticipated Household members:

Total annual income \$ _____ Total value of assets \$ _____

PROGRAMS: *Please check the Programs for which you would like to apply:*

CLOSED Section 8 Housing Choice Voucher

CLOSED Mainstream Preference (age 18-61 disabled household member who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization homeless or at risk of becoming homeless. **Must attach Preference Certification available at www.hagc.org**)

_____ Veterans Only (Must have a discharge other than dishonorable and **attach copy of DD214**)

_____ Colonial Park Apartments (must be age 62 or older, 1 bedroom)

Is a Barrier Free Unit required? Yes _____ No _____

_____ Nancy J. Elkins Seniors Housing (must be age 55 or older; and must have a minimum income of \$25,260 (income limit not applicable to voucher holders); 1 bedroom)

_____ Shepherd's Farm Affordable Senior Housing (must be age 62 or older; 1 bedroom)

_____ Public Housing (Preference for age 62 or older OR age 50-61 and Disabled; 1 bedroom)

Is a Barrier Free Unit required? Yes _____ No _____

_____ Project Based Voucher at Camp Salute, Clayton NJ-Veterans only (Must have a discharge other than dishonorable and **attach copy of DD214**)

I authorize the Housing Authority to share information contained within this application with Landlord, Camp Salute, for the purposes of securing and maintaining housing assistance. I understand I must complete a separate rental application with Camp Salute. _____
(initials)

To apply for the below Programs, you **must** have the necessary referrals.

_____ Home Funds- Tenant Based Rental Assistance _____ HUD-Veterans Affairs Supportive Housing

APPLICANT CERTIFICATION: I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application or assistance. I also understand that such action may result in criminal penalties. I consent to have HAGC verify the information contained in this pre-application for the purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible.

_____ **Signature**

_____ **Date**

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