



HOUSING AUTHORITY OF GLOUCESTER COUNTY
 100 Pop Moylan Blvd, Deptford, NJ 08096
PROJECT-BASED VOUCHER PROGRAM
CAMP SALUTE
PRE-APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

PRELIMINARY QUALIFYING QUESTIONS

Are you or anyone in your household a Veteran? Yes No
 If yes, did the household member receive a discharge other than “dishonorable?” Yes No
 If yes, attach a copy of the Veteran’s DD Form 214 Number to this Application.

If you answered “No” to any of the above questions, **do not** proceed further with this application. Project-Based Vouchers at Camp Salute are only available for eligible **Veterans**.

GENERAL INFORMATION

DATE: _____
 APPLICATION NUMBER (Office Use): _____
 APPLICANT NAME: _____
 CURRENT ADDRESS: _____ APT NO. _____
 CITY, STATE, ZIP CODE: _____
 HOME PHONE #: _____
 APPLICANT WORK PHONE# _____
 SPOUSE/CO-HEAD WORK # _____
 EMAIL: _____

List the name and phone number of two relatives or friends who generally know how to contact you.
 1. _____ 2. _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit at the time of move-in. 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/African American American Indian/Alaska Native Asian
 Native Hawaiian/Other Pacific Islander
3. Ethnicity of Head of Household: (Check one-Used for statistical purposes only)
 Hispanic Non-Hispanic
4. Will anyone else live in the unit at the time of move-in either on a full time basis or part-time basis, such as a child temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?
 Yes No
If Yes, explain: _____
5. Do you expect the number of household members to change in the future? Yes No
If Yes, explain: _____
6. Have any of the household members used names or a social security number other than the names and numbers used above? Yes No
If Yes, explain: _____
7. Are any or all members of the household full-time students? Yes No
If Yes, explain: _____
8. Do you want to move from your current residence? Yes No
If Yes, explain: _____
9. Are you being displaced or evicted from your present housing? Yes No
If Yes, explain: _____
10. Are you homeless? Yes No
If Yes, explain: _____
11. Are you living in substandard housing? Yes No
If Yes, explain: _____
12. Are you living in subsidized housing now or have you in the past? Yes No
If Yes, where?: _____ From: _____ To _____
Were you evicted? _____ If Yes, why: _____
13. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or any other reason? Yes No
If Yes, explain: _____
14. Have you ever lived in a property managed by The Housing Authority of Gloucester County?
 Yes No
If Yes, where: _____ From _____ To _____
15. Do any household members require any modifications or accommodations in order to fully utilize the program or its services?
 Yes No
If yes, explain: _____
16. Will you or anyone in your household require a live-in aide or care attendant? Yes No
17. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crimes? Yes No

If Yes, provide the nature of the crime(s) _____
Date: _____ State: _____ City: _____
County _____

Are any of the above convictions a felony?

If Yes, explain: _____

18. Are you, or any member of your household subject to a State lifetime sex offender registration requirement in New Jersey or any other state, *regardless of their classification as a Tier 1, Tier 2 or Tier 3*? Yes No

If Yes, where: _____

Explain: _____

19. Are you or any household members presently engaged in criminal, alcohol or drug related activities? Yes No

If Yes, explain: _____

20. Do you or any your household members have and pending criminal charges? Yes No

If Yes, explain: _____

21. Have you or any household member ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No

21. List all states in which you or your household members have resided in: _____

22. Would anyone in your household benefit from a special needs unit? Yes No

23. Does the head of household, co-head, or spouse live or work, or been hired to work, within Gloucester County?

Yes No. If yes, where: _____

If Yes, attach objective, third party documentation of the residence or employment to this application.

All documents received to verify a local preference must be dated and current. To be considered "current" a document must not be dated more than sixty (60) days before the date of the application

INCOME INFORMATION

Below, include all gross income (before taxes) that each household member expects to received in the next 12 months. (Check either Yes or NO to each question and list the information in response to the question in the space below.)

1. **Employment wages or salaries? Self Employment? Regular pay as a member of the Armed Forces** Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
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2. **Unemployment or Workers Compensation** Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
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3. **Public Assistance, General Relief, or Temporary Aid to Need Families (TANF)** Yes No

<u>Household Member</u>	<u>Name of Agency</u>	<u>Amount</u>
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4. **Child Support or Spousal Support (alimony)** Yes No

<u>Household Member</u>	<u>Name of Enforcement Agency</u>	<u>Amount</u>
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If payment is directly from the individual, Name and Address of Person providing payment:

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5. **Social Security, SSI, or any payments from the Social Security Administration** Yes No
Household Member SSA Office Amount
6. **Payments from a pension, retirement benefits, annuities or VA benefits** Yes No
Household Member Source of Benefit Amount
7. **Regular payments from a severance package** Yes No
Household Member Source of Benefit Amount
8. **Regular Payments from any type of Settlement** Yes No
Household Member Source of Benefit Amount
9. **Disability, death benefits or life insurance dividends** Yes No
Household Member Source of Benefit Amount
10. **Regular gifts or payments from anyone outside the household?** This includes anyone supplementing
your income or paying any of your bills Yes No
Household Member Source of Benefit Amount
- Name and Address of individual or entity providing payments: _____
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11. **Educational grants, scholarships, or other student benefits** Yes No
Household Member Source of Benefit Amount
12. **Regular payments from lottery winnings or inheritance** Yes No
Household Member Source of Benefit Amount
13. **Regular payments from rental property or other types of real estate** Yes No
Household Member Source of Benefit Amount
14. **Any other income sources or types not listed above** Yes No
15. **Do you or any other household member expect any change in income in the next 12 months?**
 Yes No

If Yes, explain _____

16. Do you or and other adult member of your household claim zero income? Yes No

ASSET INFORMATION

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as an lump sum amount that you hold in your name and currently have access to. Include the value of the asset and the corresponding income from the asset. Include all assets held by all household members including minors.

1. **Checking or savings account?** Yes No

Household Member Name of Bank Amount

2. **CD, money market accounts or treasury bills?** Yes No

Household Member Name of Bank Amount

3. **Stocks, bonds or securities?** Yes No

Household Member Source Amount

4. **Trust funds?** Yes No

Household Member Name of Bank Amount

5. **Pensions, IRAs, 401Ks, \$03Bs, KEOGH or other retirement accounts?** Yes No

Household Member Location of account Amount

6. **Cash on hand?** Yes No

Household Member Source of Benefit Amount

7. **Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?** Yes No

Household Member Insurance Company Amount

8. **Real Estate, rental property, land contact/contract for deeds or other real estate holdings?** Yes No

Household Member Source of Benefit Amount

9. **Personal property as an investment?** (This does not include our personal belongings such a car, clothing, furniture) Yes No

Household Member Source of Benefit Amount

10. Have you or any household member disposed of or given away any assets for less than fair market value within the last two years? Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
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EXPENSES

1. Do you have unreimbursed expenses for care of a child aged 13 or younger? Yes No

If yes, provide the Name, address and telephone number of the care provider: _____

What is the weekly cost to you of the child care? _____

2. 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? Yes No

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

3. If head of household is elderly (age 62 or older) or disabled, do you have any medical premiums or expenses that you are paying? Yes No

If yes, explain _____

PROGRAMS

For the purpose of determining program eligibility, are you or your spouse/co-head disabled? Yes No

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 management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. I certify that I Have disclosed where I received any previous federal housing assistance or whether or not any money is owed.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature of HA	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