



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 ____

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 \$ _____

