



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



PRE-APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

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, phone number and address 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 NUMBER	DISABLED YES/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. Are you or your spouse/ co-head a Veteran with a discharge other than dishonorable? Yes No
If Yes, attach DD214
5. For the purpose of determining program eligibility, are you or your spouse/co-head disabled? Yes No

6. Do any household members require any modifications or accommodations in order to fully utilize the program or its services? Yes No
 If yes, explain: _____
7. Will you or anyone in your household require a live-in aide or care attendant? Yes No
8. Would anyone in your household benefit from a special needs unit? Yes No
9. 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: _____
10. Do you expect the number of household members to change in the future? Yes No
 If Yes, explain: _____
11. 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: _____
12. Are any or all members of the household full-time students? Yes No
 If Yes, explain: _____
13. Do you want to move from your current residence? Yes No
 If Yes, explain: _____
14. Are you being displaced or evicted from your present housing? Yes No
 If Yes, explain: _____
15. Are you homeless? Yes No
 If Yes, explain: _____
16. Are you living in substandard housing? Yes No
 If Yes, explain: _____
17. 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: _____
18. 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: _____
19. Have you ever lived in a property managed by The Housing Authority of Gloucester County? Yes No
 If Yes, where: _____ From _____ To _____
20. 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: _____
21. 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: _____
22. Are you or any household members presently engaged in criminal, alcohol or drug related activities? Yes No
 If Yes, explain: _____

23. Do you or any your household members have and pending criminal charges? Yes No
If Yes, explain: _____
24. 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
25. List all states in which you or your household members have resided in: _____
26. Does the head of household, co-head, or spouse live or work, or been hired to work, within Gloucester County? Yes No
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 receive 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> | |
|-------------------------|------------------------|---------------|--|
| | | | |
2. **Unemployment or Workers Compensation** Yes No
- | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> | |
|-------------------------|------------------------|---------------|--|
| | | | |
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> | |
|-------------------------|-----------------------|---------------|--|
| | | | |
4. **Child Support or Spousal Support (alimony)** Yes No
- | <u>Household Member</u> | <u>Name of Enforcement Agency</u> | <u>Amount</u> | |
|-------------------------|-----------------------------------|---------------|--|
| | | | |

If payment is directly from the individual, Name and Address of Person providing payment:

5. **Social Security, SSI, or any payments from the Social Security Administration** Yes No
- | <u>Household Member</u> | <u>SSA Office</u> | <u>Amount</u> | |
|-------------------------|-------------------|---------------|--|
| | | | |
6. **Payments from a pension, retirement benefits, annuities or VA benefits** Yes No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | |
|-------------------------|--------------------------|---------------|--|
| | | | |

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: _____

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 a 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 contract/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
Household Member Description of Asset Disposed Amount Received

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

Please check the Programs for which you would like to apply

_____ **MAINSTREAM ONLY** – Section 8 Housing Choice Voucher (Preference for ages 18 to 61 and disabled who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless or at risk of becoming homeless)

_____ **VETERANS ONLY** – Section 8 Housing Choice Voucher

_____ **VETERANS ONLY -Camp Salute- Project Based Voucher**

_____ Colonial Park Apartments (**must be age 62 or older**)

_____ Nancy J. Elkis Seniors Housing (**must be age 55 or older**)

_____ Shepherd’s Farm Affordable Senior Housing (**must be age 62 or older**)

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

CLOSED Section 8 Housing Choice Voucher

CLOSED Section 8 Moderate Rehabilitation

CLOSED Expanded Housing Opportunity

CLOSED Public Housing Family

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

_____ Deptford Twp

_____ Washington Twp

_____ Monroe Twp

_____ West Deptford Twp

_____ Home Funds – Tenant Based Rental Assistance Program (MUST have referral from Gloucester County Division of Social Services dated on or before the date of Application)

_____ HUD-Veterans Affairs Supportive Housing (HUD-VASH) (MUST have referral from Philadelphia Department of Veterans Affairs dated on or before the date of Application)

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 any way 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 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.