



**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 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 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  
Household Member                      Name of Company                      Amount
2. **Unemployment or Workers Compensation**  Yes  No  
Household Member                      Name of Company                      Amount
3. **Public Assistance, General Relief, or Temporary Aid to Need Families (TANF)**  Yes  No  
Household Member                      Name of Agency                      Amount
4. **Child Support or Spousal Support (alimony)**  Yes  No  
Household Member                      Name of Enforcement Agency                      Amount

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  
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: \_\_\_\_\_

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

- \_\_\_\_\_ **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
- \_\_\_\_\_ W. 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.