

**NANCY J ELKIS SENIORS HOUSING  
100 POP MOYLAN BLVD  
DEPTFORD, NJ 089096**

*One bedroom apartment's available to qualified persons age 55 or older  
Are you tired of maintaining a home that has grown too large?  
Are you faced with unending household expenses?*

**COMPARE THESE FEATURES:**

- *heat and hot water included in the rent*
- *new electric range and frost free refrigerator*
- *free parking on site*
- *pre-wired for cable*
- *wall-to-wall carpeting*
- *each apartment equipped with central air conditioning*
- *garbage disposal*
- *emergency-alarm/call system*
- *building security program*
- *coin operated laundry on site*
- *community room and commons dining room*
- *personal services (for a fee) to qualified persons:*
  - *daily meal*
  - *housekeeping services*
  - *personal service*
- *community bus service*
- *planned social events*
- *occupancy limited to age 55 and older*

**RENT = \$760.00 PER MONTH**

**Minimum income: \$21,150.00**

*Eligibility: (a) One person- Maximum income=\$34,260.00*

*(b) Two people-Maximum income= \$39,120.00*

*(Income includes: Salaries, wages, Social Security, Pensions, Interest, Dividends, and other sources.)*

*(c)No asset limit*

*(d)Section 8 Housing Choice Voucher welcome*

*Call us today for a pre-application, 856-848-7720 or write to:*

*Nancy J. Elkis Senior Housing  
100 Pop Moylan Blvd.  
Deptford, NJ 08096*

*This housing is available to all without regard to race, color, religion, sex, disability, familial status or national origin.*

*By: Paul Letizia, Facilities Manager  
Pop Moylan Urban Redevelopment Co., LLC*

NANCY J. ELKIS SENIORS HOUSING

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

PRE-APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

DATE: \_\_\_\_\_ APPLICATION NUMBER: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT BIRTHDATE: \_\_\_\_\_ APPLICANT SOC SEC#: \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_

CO-APPLICANT BIRTHDATE: \_\_\_\_\_ CO-APPLICANT SOC SEC#: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT NO. \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ APPLICANT WORK PHONE # \_\_\_\_\_

CO-APPLICANT WORK PHONE # \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household and all other members who will be living in the unit. 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  American Indian/Alaskan Native  Asian

3. **Ethnicity of Head of Household:** (Check one)  
 Hispanic  Non-Hispanic

4. Does anyone live with you who is not listed above?  Yes  No

5. Does anyone plan to live with you in the future who is not listed above?  Yes  No  
 Explain if you answered "yes" to either of the above questions

6. Is head of household or spouse disabled?  Yes  No

7. Please describe the nature of the disability

8. Are you being displaced or evicted from your present unit?  Yes  No If yes, explain circumstances:

9. Are you now living in a federally subsidized housing unit?  Yes  No

10. Have you ever lived in Public Housing?  Yes  No If yes, where?

11. Have you ever participated in the Section 8 Programs?  Yes  No If yes, enter the date(s) of occupancy:

**INCOME AND ASSET INFORMATION**

Please answer each of the following questions. For each "yes", provide details in the appropriate chart below.

- | <b><u>YES</u></b>        | <b><u>NO</u></b>         | <b>Does any member of your household:</b>   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time or seasonally? If yes, where?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period during the next year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays them cash?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive alimony?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Now receive or expect to receive public assistance (welfare)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Now receive or expect to receive Social Security benefits?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Now receive or expect to receive income from a pension or annuity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Own real estate or any assets for which you receive no income (checking accounts, cash)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you sold or given away real property or other assets (including cash) in the past two years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever been engaged in criminal, alcohol or drug related activities? If yes, please explain.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever been convicted of a crime, including alcohol or drug related offenses and/or physical crime against another person? If yes, please explain.                           |

**OTHER**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I am interested in Congregate Services (a daily meal or housekeeping or personal services for an additional fee. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. If accepted for occupancy and a rent guarantor is required, I will provide a rent guarantor.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. If accepted for occupancy, after formal application, I will move in by _____<br>_____.                           |

MEMBER NO.	SOURCE OF INCOME / TYPE OF INCOME	ANNUAL INCOME

**ASSETS**

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER NO	BANK NAME & ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

**DISABILITIES**

- Yes  No Does anyone in your family need an apartment designed for the disabled?
- Yes  No Is the disabled person confined to a wheelchair?
- Yes  No Has the disabled person been declared disabled by Social Security?
- Yes  No Does the disabled person use a walker, cane or other device to help them walk?
- Yes  No Does the disabled person have vision or hearing impairment? If yes, which one?
  
- Yes  No Will the disabled person need help in caring for themselves and their apartment?
- Yes  No Will the disabled person need meals prepared for them?

**OTHER**

- Yes  No If Applicant qualifies for a rent subsidy, applicant will apply for a Section 8 Voucher at the Housing Authority.

**APPLICANT CERTIFICATION**

I/We certify that the information given to the Housing Authority of Gloucester County on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Spouse/Co-Tenant 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.