

For Office Use Only

Applicants **DO NOT** write in this section

Eligibility Determination

Date/Time _____ Efficiency: _____ **Initial Eligibility:** Yes No
 Received by _____ 1-Bdrm: _____ (2 or more persons only)
 Waiting List Placement: _____ Preference(s) claimed: _____
 List any reasonable accommodation/assistance requested by applicant: _____
 Interview Date: _____ **Final Eligibility:** Yes No

APPLICATION FOR ADMISSION

Neptune City Housing Authority Senior Apartments
Rental Assistance Program

Limited English Proficiency:

Do you require Oral and/or written information in any language other than English? *If yes,* Yes No
contact the NCHA Office for assistance. *If not,* please continue.

I. INSTRUCTIONS FOR COMPLETING FORM: Please do not leave any section of the application blank or your application will not be placed on our waiting list

Complete this application in Ink and in your own handwriting. Use the legal name for each person who will reside in the rental unit exactly as it appears on his/her Social Security card. Applicant(s) must sign certifying the information pertaining to them is correct and true. Any required information not received by the property management within the period given after the date of this application will result in denial of the application.

Please Provide NCHA with your desired date of move in, if immediate, please note: Month/Year: _____ / _____
Immediate: _____

II. APPLICANT (s)

Applicant Name (Head of Household): _____

Co-Applicant Name: _____

Social Security # (Head): _____ **SSN (Co-Applicant):** _____

Current Physical Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

Home Phone#: _____ **Work Phone#:** _____ **Cell Phone#:** _____

Email Address: _____

Veteran Eligible: Yes No

Disability? Yes No

Requires Assistance:/Modified Unit: Yes No



HOUSEHOLD COMPOSITION (List all persons who will live in the rental unit. **Provide SSNs for all members**, except those who do not contend eligible immigration status.)

NON-DISCRIMINATION STATEMENT: Property Management does not discriminate based on disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Joseph Capano is designated to coordinate compliance with non-- discrimination requirements. **Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.**

LIST BELOW ALL PERSONS AGED 62 OR OLDER WHO WILL RESIDE IN THE RENTAL UNIT:

Use the following codes to describe each adult member's relationship to the Head of Household: **F** = Foster Adult **C**=Co-Head **L** = Live-in Aide (if required by an elderly/disabled applicant)

Marital Status Codes: **S** = Single **M** = Married **O** = Other

Full Name as It Appears on Social Security Card		Social Security#	Relation to Head	Gender		Marital status		Date of Birth	Age	Disabled Yes/No	List Most Recent Date	
				M	F	Decline to Disclose	Decline to Disclose				Employed	Received TANF
Last	MI	- -	HEAD									
First	MI	- -	Spouse or Co-Head									
Last	MI											
First	MI											
Last	MI											
First	MI											
Last	MI											
First	MI											

If a Social Security number is not provided for any adult household member, check the reason below:

- _____ (name of household member) is an ineligible non-citizen.
- _____ (name of household member) has not been assigned a Social Security number, was receiving HUD rental assistance at another location on January 31, 2010 and was 62 or older as of January 31, 2010

Census Information

Race:

What is your race or ethnicity?

Are you Hispanic/Latino? Yes No

- White
- Hispanic, Latino, or Spanish
- Black or African American
- Asian or Asian Indian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Other race or ethnicity (Please Specify) _____

Current Housing (Please Circle)

Are you seeking housing due to a Presidentially Declared Disaster? Have you been displaced by government action?

Yes No

Social Security

Is any household member's legal name different from the name on his/her Social Security card? Yes No
If yes, who? _____

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used? Yes No

If yes, explain _____

III. COMMUNICATIONS

Place a check mark in the appropriate boxes in each section below to identify any language or disability needs in communication.

- Mark this box if you read or speak English.
- Mark this box if your preferred language is other than English
- Mark this box if you need help with a disability to communicate
- I require any alternative means of communication such as
 - Large Print
 - Presented Orally
 - In Braille
 - Another format _____

IV. INCOME INFORMATION:

Type of Income	Monthly Amount	Yearly Income:
Social Security, SSI	\$	\$
Pension, Trust, etc.	\$	\$

Previous Year's Tax Return Information. Indicate the amount of gross income shown by each family member residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income:
		\$
		\$

Does anyone outside the household help with bills on a regular basis? Yes No If yes, Amount: \$ _____

If yes, list name of each person or agency that assists with bills or contributes to your household:

Name: _____ Agency: _____ Phone#: _____

Name: _____ Agency: _____ Phone#: _____

Has anyone in your household applied for any Social Services benefits that are in the process of being approved?

Yes No

If yes, explain: _____

1. Has any family member been awarded Child Support? Yes No If yes, amount \$ _____

2. Has any family member been awarded Spousal Support? Yes No If yes, amount \$ _____

V. ASSETS

1. Do you own a home? Yes No If yes, what is its present value? \$ _____

What will you do with your home if you move into rental housing? _____

2. Has any asset been given away or sold for less than its fair market value in the **past 2 years**? Yes No

If yes, what was its market value? \$ _____ How much did you receive? \$ _____

3. Check **yes or no** for each type of asset owned by any family member and list its value and amount of income generated by the asset.

Types of Assets	Yes or No
Real Estate	
Stocks	
Bonds	
Retirement or Pension Fund	
Insurance Settlements	
Checking Accounts	
Savings Accounts	

VI. PREVIOUS HOUSING ASSISTANCE

1. Has any household member lived in public housing or participated in the Housing Choice Voucher Program?

Yes No Do Not Know

If yes, under when: Dates: _____

2. Please list information about each Housing Agency where any family member has lived or received assistance.

Name of Housing Agency: _____

From: _____ To: _____

Lease was in name of: _____ Why did you move? _____

Were any wages disregarded in calculating your rent?

Yes No Do Not Know

Name of Housing Agency: _____

From: _____ To: _____

Lease was in name of: _____ Why did you move? _____

4. Was any wage disregarded in calculating your rent?

Yes No Do Not Know

VIII. MEDICAL AND DISABILITY ASSISTANCE

List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or another outside source. Do Not include life or burial Insurance premiums. (Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older.)

Type of Expense	Amount	Type of Expense	Amount
Medical Insurance	\$	Doctor visit(s)	\$
Prescription Expense	\$	Pharmacy	\$
Other	\$		\$

IX. RENTAL HISTORY: MUST BE COMPLETED FOR POSSIBLE TENACY (List 20 years of Rental History)

Current Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____ Dates of Occupancy From: _____ To: _____

Rental Property Address: _____ City: _____ State: _____ Zip: _____

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

If yes Explain: _____

Previous Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address or Telephone Number: _____ Dates of Occupancy From: _____ To: _____

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

If yes Explain: _____

Previous Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address or Telephone Number: _____ Dates of Occupancy From: _____ To: _____

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

If yes Explain: _____

You MUST List any other states in which the head of household or other members have resided:

_____ 1st _____ 2nd _____ 3rd

X. CREDIT HISTORY/PERSONAL REFERENCES

List a business where you have made payments in the past 24 months: _____

List a credit card that you have made charges/payments on in the past 24 months: _____

List two references (to whom you are **not** related by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement

Name: _____ Phone: _____ Years Known: _____

Name: _____ Phone: _____ Years Known: _____

XI. MISCELLANEOUS INFORMATION

Is any person listed on this application currently a victim of domestic violence, dating violence, sexual assault, or stalking?

If yes, who? _____ Yes No

Name of perpetrator: _____

XII. PET INFORMATION

Do you own a pet? Yes No

Breed: _____ Weight: _____

XIII. VEHICLE INFORMATION

List vehicle that household members will park on Agency-owned property if available. All vehicles on property must be registered and insured

Make: _____ Model: _____ Color: _____ License Plate#: _____

XIV. APPLICANT CERTIFICATION

Each family members my must certify to the accuracy of the information provided and sign this application I/we certify that the Information provided in this application is accurate and complete to the best of my/our knowledge and belief.

I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and eviction after leasing a dwelling unit.

I/we understand that all information provided in this application and required supplements and during the eligibility Interview is subject to verification.

I/we further understand that any changes to Information provided in this application must be provided to the Agency within 14 days of such change for this application to remain valid.

By my/our signature(s) below, I/we do hereby swear and attest that all information in this application is true and correct. (Application must be signed by all adults who will /Live in the rental unit.)

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Co-Head

Date

Signature Management Representative

Date