

Neptune City Housing Authority

NCHA



2000 6th Avenue
Neptune City, NJ 07753
732-988-2540
Fax: 732-988-1587

Date: _____

Time: _____
Received by: _____

Application For Admission and Rental Assistance **MUST BE 62 Years or Older**

Applicant's Name: _____ Apartment Requested: (*Please check one*)
_____ Studio _____ One Bedroom

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ Phone: _____ Other: _____

Email Address: _____

Household Composition and Characteristics: (*Must Answer/fill out completely*)

1. *Please* List the Head of Household first and the other member who will be living in the unit.
2. *Please* List the relationship of other family member to the head of household. (Ex. Spouse)

<u>Member Number</u>	<u>Members Full Name</u>	<u>Relation</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security #</u>
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(1) _____

(2) _____

2. **Race of Head of Household** (*Circle one*) (For statistical purposes only)

White Black American Indian/Alaskan Native Asian/Pacific Islander

3. **Ethnicity of Head of Household** (*Circle one*) (For statistical purposes only)

Hispanic Non-Hispanic

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

5. Do you expect a change in your household composition: Yes No

Explain if you answered yes to either question: _____

6. Please identify any special housing needs your household has: _____

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

If yes, Name of Complex: _____

Name of Manager: _____

Manager's Telephone Number: _____

8. Are any members of the proposed household subject to state lifetime sex offender registration in any State? YES NO

9. Please list all states you or any members of the proposed household have resided.

Income and Asset Information

Please answer each of the following questions. For each "yes" provide details on the lines below.

Does any member of your household?

- | | | |
|-----|----|---|
| Yes | No | 1. Work full time, part-time or seasonally? |
| Yes | No | 2. Expect to work for any period during the next year |
| Yes | No | 3. Work for someone who pays cash? |
| Yes | No | 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| Yes | No | 5. Now receive or expect to receive unemployment benefits? |
| Yes | No | 6. Now receive or expect to receive child support? |
| Yes | No | 7. Entitled to child support that he/she is not now receiving? |
| Yes | No | 8. Now receive or expect to receive alimony? |
| Yes | No | 9. Have an entitlement to receive alimony that is not currently being received? |
| Yes | No | 10. Now receive or expect to receive public assistance (welfare)? |
| Yes | No | 11. Now receive or expect to receive Social Security or disability benefits? |
| Yes | No | 12. Now receive or expect to receive income from a pension or annuity? |
| Yes | No | 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? |
| Yes | No | 14. 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? |
| Yes | No | 15. Own real estate or any assets for which you receive no income (checking account, cash)? |
| Yes | No | 16. Have you sold or given away real property or other assets (including cash) in the past two years? |

Number/Name

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

Type of Account

Account Number

Balance

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

3. List any assets disposed of for less than their fair market value during the past two years:

Expenses

Yes No Do you pay a care attendant or for any equipment for any handicapped or disabled household member(s) necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide their name, address and telephone number:

What is the cost to you for the care attendant and/or the equipment? _____

Elderly Families Only

Yes No Do you have medicare? If yes, what is your monthly premium? _____

Yes No Do you have any other kind of medical insurance? If yes, answer the following questions:
Provide name and address of carrier, policy number, and premium amount:

Yes No Do you have any outstanding medical bills? If yes, list them below

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address:

Previous Rental History (Must Complete). *If you live with a family member, please enter their information*

Name and address of your Present Landlord:

Telephone Number: _____

How long have you lived there? _____

Reason for Leaving? _____

Name and address of your Former Landlord:

Telephone Number: _____

How long have you lived there? _____

Reason for Leaving? _____

Employment History

Name and address of Head's **Present** employment (*Please write N/A if not applicable*)

Telephone: _____

Supervisor's Name: _____

How long have you worked there? _____

Name and address of spouse's or co-head employer:

Telephone: _____

Supervisor's Name: _____

How long have you worked there? _____

Applicant Certification:

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we Authorize the Owner/Manager to do a criminal background check to determine my/our eligibility. I/We understand that false statements or information are punishable under Federal Law.

Signature of Head: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Owner/Manager/PHA Representative: _____ Date: _____

