



Neptune City Senior Housing Authority

2000 6th Avenue

Neptune City, NJ 07753

732-988-2540

Fax: 732-988-1587

Time: _____

Taken by: _____

Date: _____

Application For Admission and Rental Assistance

Applicant's Name: _____ Apartment Requested: ___Studio___ One (1) Bedroom
(Please Check) ___First Available

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Other: _____

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.

Member Number	Members Full Name	Relation	Birth Date	Age	Sex	Social Security #
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- 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 questions: _____

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: _____

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?

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

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

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 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: _____