

**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 Senior Housing Authority Application  
Rental Assistance Program**

**Limited English Proficiency:**

**Yes No**

Do you require oral and/or written information in any language other than English?  
**If yes**, contact the Applications Office for assistance. **If no**, continue.

**I. INSTRUCTIONS FOR COMPLETING FORM:**

Complete this form in Ink 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. All persons must sign this application certifying the information pertaining to them is correct. **Do not leave any section of the application blank**. 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.

**II. APPLICANT /HEAD OF HOUSEHOLD INFORMATION**

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address Where You Currently Reside: \_\_\_\_\_  
 Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
 Email Address: \_\_\_\_\_



**Current Housing (Please Circle)**

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

**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 required any alternative means of communication such as
  - o Large Print
  - o Presented Orally
  - o In Braille
  - o 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Has anyone in your household applied for any 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? \$ \_\_\_\_\_  
 a. 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.

Housing Agency: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Lease in name of: \_\_\_\_\_ Why did you move? \_\_\_\_\_

3. Were any wages disregarded in calculating your rent? **Yes** **No** **Do Not Know**

Housing Agency: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Lease in name of: \_\_\_\_\_ Why did you move? \_\_\_\_\_

4. Was any wage disregarded in calculating your rent? **Yes** **No** **Do Not Know**



**V11. CRIMINAL HISTORY**

1. Has any household member been arrested, charged, or convicted for any of the following?

Violent criminal activity \_\_\_\_\_

**Yes No**

2. Domestic violence, dating violence, sexual assault, or stalking

**Yes No**

If yes, give details: \_\_\_\_\_

3. Alcohol-related activity

**Yes No**

If yes, give details: \_\_\_\_\_

4. Drug Activity

If yes, give details: \_\_\_\_\_

Manufacture of Methamphetamines

**Yes No**

If yes, give details: \_\_\_\_\_

5. Possession, use, sale, or distribution of illegal drugs:

If yes, list name/date/disposition of case: \_\_\_\_\_

If required to report, list name and telephone number of probation/parole officer.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Has any household member participated in drug rehabilitation during the past 12 months **Yes No**

If yes, Explain: \_\_\_\_\_

7. Is any household member required to register in any state as a Sex Offender?

**Yes No**

If yes, list name and state: \_\_\_\_\_

Has any household member been evicted from federally assisted housing in the past 3 years?

**Yes No**

If yes, who? \_\_\_\_\_

Where and why? \_\_\_\_\_



**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 (List ten 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 in 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 in 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 in paying rent? Yes No Were you evicted or asked to move? Yes No

If yes Explain: \_\_\_\_\_

List other states in which the head of household or other members have resided

\_\_\_\_\_

**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: \_\_\_\_\_

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on HUD regulations

**XI. MISCELLANEOUS INFORMATION**

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

**Yes No**

If yes, who? \_\_\_\_\_

Name of perpetrator: \_\_\_\_\_

**XII. PET INFORMATION**

Do you own a pet? **Yes No**

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

**XIII. VEHICLE INFORMATION**

List all vehicles that household members will park on Agency-owned property.

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

