

Princeton Housing Authority

Application #: _____
 Date Received: ____-____-2016
 Princeton Preference: Y or N
 Sen ____ Dis ____
 BR Size: 0 1 2 3 4
 Status: A ____ D ____

1 Redding Circle
 Princeton, NJ 08540

Phone: (609) 924-3448 Fax: (609) 924-1663 Web: www.princetonhousing.org

Senior/Disabled Eligibility Application Form

This application is intended for seniors (62+) or disabled individuals (18+) who will benefit from a studio apartment. If you do not meet the criteria you must apply January 2017

The Princeton Housing Authority manages the following properties:

**Hageman Homes (Clay Street)
 Redding Circle Family**

**Maple & Franklin Terrace
 Karin Court**

**Lloyd Terrace (Spruce Circle)
 Redding Circle Senior/Disabled**

Head Applicant: _____
First Middle Last

Present Address: _____
Street

City, State Zip Code

Mailing Address: _____

Telephone # 1: _____ Telephone # 2: _____

Family – List everyone who will occupy the apartment – INCLUDE YOURSELF FIRST

Full Name	Social Security	Race	Relationship To Head	DOB	Sex	Disabled
1. (Head of Household's Name)	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible)	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Head X	DOB: _____ Age:	M F	Y N
2. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible)	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age:	M F	Y N
3. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible)	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age:	M F	Y N
4. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible)	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age:	M F	Y N

Full Name	Social Security	Race	Relationship To Head	DOB	Sex	Disabled
5. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age: _____	M F	Y N
6. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age: _____	M F	Y N
7. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age: _____	M F	Y N
8. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age: _____	M F	Y N

Income Information

Family Member	Source of Income (include start date for ALL services)	Employment Information	Start Date (month/Year)	Monthly (Gross)
1.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		
2.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		
3.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		
4.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		
5.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		

Does anyone outside of your household pay any of your bills, expenses, or give you money? ___ Yes ___ No

If yes, explain: _____

Monthly Household Expenses

	Amount Paid		Amount Paid		Amount Paid
Rent		Auto Pmt.		Cable	
Electric/Gas		Auto Ins.		Telephone	
Water		Med. Expenses		Loans	
Heat		Child Support		Tuition (private school or college)	
Childcare		Credit Card(s)		Other	

Asset & Banking Information

Asset Information: Have you or any member of your household disposed of assets for less than their fair market value within the past 2 years from the date of this application? ___ Yes ___ No

Do you own or have interest in: real estate, a boat and/or mobile home? ___ Yes ___ No

Have you sold any real estate within the last 2 years? ___ Yes ___ No Do you have any rental properties? ___ Yes ___ No

If yes, please complete the information below.

Family Members	Asset Description	Current? OR Disposed? (past 2 years)	Market Value	Cash Value	Interest	Annual Income
1.		C D	\$	\$	%	\$
2.		C D	\$	\$	%	\$
3.		C D	\$	\$	%	\$

Banking Information: Complete for all household members

Family Member – Enter Head of Household first if applicable	Name of Bank	Type of Account	Joint or Individual	Balance	
				Current	6-mo. Avg.
1.			J I	\$	\$
2.			J I	\$	\$
3.			J I	\$	\$

Program Integrity Information

Have you ever been evicted? ___ Yes ___ No When/Where? _____

Have you received Government Assisted Housing before? ___ Yes ___ No *Please indicate City/State:* _____

Do you owe any money to a public housing agency or Section 8 program? ___ Yes ___ No

If yes, *Who:* _____ *How Much:* \$ _____ *Why:* _____

Previous Addresses:

Street Address: _____
Street City State Zip

Landlord Name: _____ *Move In Date:* _____ *Move Out Date:* _____

Criminal Information

Has anyone in your household EVER been arrested, including felonies, misdemeanors, and summary offences, which have not been annulled, expunged or sealed by a court? Yes No *If yes, please explain:* _____

Have you or any member of your household ever been incarcerated? Yes No *Sentence Period:* _____

Is anyone in your household a registered sex offender? Yes No *Lifetime registration:* Yes No

Has anyone in your household EVER been arrested or convicted for the felonious use, sale, manufacture or distribution of a controlled substance? Yes No *If yes, please indicated each member below* _____

Have you or any household member ever used a name other than the one you are using now? Yes No

If yes, Current Name: _____ *Other Names Used* _____

If yes, Current Name: _____ *Other Names Used* _____

Please Complete: The Princeton Preference Indicator

The information listed below must be completed in full detail to be given preference

Former resident of Princeton? Y or N Address: _____ Dates of Residence: _____

CURRENT resident of Princeton? Y or N

Work in Princeton (Head/Spouse ONLY)? Y or N

Have family in Princeton (Seniors ONLY)? Y or N Address: _____ Dates of Residence: _____

Certifications & Signatures

Authorizations, Representations and Certifications

Initials

I do hereby authorize the Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. **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 Agency of the U.S. or the Department of Housing and Urban Development and is punishable under Federal law. **NOTICE:** Any attempt to obtain rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.

Application Changes

Initials

You are **REQUIRED** to notify the Housing Authority (**IN WRITING**) of any change of address or circumstances. (If we cannot contact you at the address listed below, **YOUR NAME WILL BE REMOVED FROM THE WAITING LIST.**)

I understand that this is not a contract and does not bind either party. I/We certify that the information on this application is true and completed to the best of my/our knowledge. I have no objections to inquires being made for the purpose of verifying the statements made herein.

Signature of Head of Household: _____

Signature of Spouse or Co-Head: _____