

HOUSING AUTHORITY
OF THE BOROUGH OF PRINCETON
50 CLAY STREET
PRINCETON, NEW JERSEY 08542
(609) 924-3448
(609) 924-1663

Eligibility Application Form

Who is the head of the household? (Legal Name): _____
Last First M

Do you require any accommodations to fully utilize the program and our housing services?
_____ YES _____ NO

****Applicants are considered for housing without regard to race, color, religion, sex, disability, familial status, or national origin. To help comply with Federal and State record keeping, reporting and other legal requirements, please check the appropriate box below. ****

RACE: _____ White _____ Spanish American
_____ Black _____ Asian or Pacific Islander
_____ American Indian/Alaska Native _____ Other

PRESENT ADDRESS? (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, and you will have to re-apply).

Street Address

_____ Street City State Zip

Mailing Address

_____ Street City State Zip

Telephone 1 ()

Telephone 2 ()

Current Landlord's Name / Address: _____

If we are unable to reach you, whom could we contact locally?

Name _____

Telephone _____

Address _____

Relation _____

Household Members: List below the legal names of all household members that will live with you in Public Housing. Start with the head of household, then CO-head, then minors (oldest to youngest, and then other adults. Fraudulent Social Security Cards will not be accepted. If you do not Possess a valid social security card, please leave column blank. **If you do not have a valid Social Security number you may still be eligible for housing as a "mixed family". Please ask a Housing Authority representative for more information regarding mixed family status.**

Adults (legal name) (18 years and above)	Birth Date	SS#	Sex (F/M)	Relationship to Head of Household	Single/Married/ Divorced/ Separated/ Widowed	Occupation
Children (name as it appears on SS card)	Birth Date	SS#	Sex F / M	Relationship to Head of Household	Absent Parent Name/Address	School Name & Grade

All Income Information:				
Family Member	Source of Income Soc. Sec., <u>Employ.</u> Pub. Assist	Rate/Frequency <u>Weekly</u>	Type of Income Soc. Sec., Wages, Pay	Monthly Income
Head				\$ 000.00
Current Expenditures Month:				
Rent	Heat	Medical	Credit Card	
Electric	Auto Pmt.	Cable	Telephone	
Gas	Auto Ins.	Health Ins.	Loan	
Water	Childcare	Rentals	Other	

Do you have any other regular monthly payments besides those above? Yes No

If yes, specify:

Do you claim the following local preferences? (Circle Response)

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

Current or Former Resident of Princeton:	YES	NO
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If former resident, please list the address:

Year(s) _____

Family in Princeton (Senior Housing Only)	YES	NO
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Name and address of family member:

Telephone #: _____

Work in Princeton	YES	NO
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Name and address of employer:

Telephone #: _____

Have you ever lived in Hageman Homes / Clay Street / Maple & Franklin, Lloyd Terrace / Spruce Circle, Redding Circle (Senior), Redding Circle (Family), Karin Court? YES NO

If so, please list the address and location:

Place of Birth: _____

Work History. Complete for all household members?

Family Members	From (year)	To (year)	Employer Name, Address, Telephone

Did you file a Federal income tax return for the most recent year? ____ Yes ____ No

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

If yes, explain:

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? If yes, please complete the following:
 ____ YES ____ NO

Family Member	Asset Description	Current? Disposed In the past 2 years?		Market Value	Cash Value	Interest	Annual Income
		C	D				
		C	D	\$	\$	%	\$
		C	D	\$	\$	%	\$
		C	D	\$	\$	%	\$

Banking Information:

Family Member	Name of Bank	Type of Acc.	Joint/Individual	Balance	
				Current	6-mo. avg.
				\$	\$
				\$	\$

Expenses (disability assistance, Childcare, medical): (complete and sign release at Office)

Fam. Mem.	Expense Description	Amount	Period	Annual Amount

PROGRAM INTEGRITY INFORMATION

Do you expect anyone to move in or out of your household within the next 12 months? YES NO

Does anyone live with you now who is not listed above? YES NO

Have you ever lived in any type of assisted housing before? YES NO

If Yes, Date? _____ Where? _____

Under what name? _____ Who was the Head of Household? _____

Has 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)

Have you or anyone in your household ever been convicted of any crime other than Traffic Violations? YES NO

If Yes, Date: _____ Where: _____

Who: _____ What was the nature of Conviction: _____

Has anyone in your household been arrested or convicted for the felonious use, Sale, Manufacture or distribution of a controlled substance? YES NO

If Yes, Who: _____ When: _____

What: _____ Where: _____

Does anyone in your household currently use a controlled or illegal drug? YES NO

If Yes, Explain: _____

Have you ever been evicted from public or assisted housing for violent criminal or drug-related activity? YES NO

If Yes, When: _____ Where: _____

Each applicant age 17 and older must sign Criminal Inquiry Waiver at PHA Office.
(This Document must be notarized and you must have a picture ID for a notarized signature.)

Have you ever violated a family obligation in a HUD-assisted housing program: YES NO

If Yes, When: _____ Where: _____

Do you owe any money to a public housing agency or Section 8 program? YES NO

If Yes Who: _____ How Much: _____

Why: _____

Do you currently live independantly? YES NO

Are you able to live independantly with assistance? YES NO

Please complete past rental history below and sign Release of Information Form (s) at Office.

Rental Street Address _____
Street City State Zip

Landlord Name: _____

Move In Date: _____

Move Out Date: _____

Rental Street Address _____
Street City State Zip

Landlord Name: _____

Move In Date: _____

Move Out Date: _____

Rental Street Address _____
Street City State Zip

Landlord Name: _____

Move In Date: _____

Move Out Date: _____

Authorizations, Representations and Certifications

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 or Agency of the U.S. or the Department of Housing and Urban Development and is punishable under Federal law.

NOTICE: Any attempt to obtain any 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.

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 complete to the best of my/our knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

I hereby certify that I have reviewed all answers and certifications with applicant prior to signatures.

Signature of Head of Household: _____

Signature of Spouse or Co-Head: _____

Housing Authority Representative: _____