

HUD



**EQUAL HOUSING
OPPORTUNITIES**

**THE HOUSING
AUTHORITY
OF THE BOROUGH
OF FREEHOLD**

**APPLICATION
FOR
ADMISSION
PUBLIC HOUSING**

INSTRUCTIONS

PLEASE READ CAREFULLY

1. **COMPLETE ENTIRE APPLICATION**
 - a. Do not take application apart – will cause rejection of application.
 - b. Please print all information clearly.

2. **EMPLOYMENT VERIFICATION** - upper left section
 - a. Complete your signature, date and social security number.
 - b. Address envelope to employer – attach envelope to document- **WE WILL DO THE MAILING.**

3. **LANDLORD VERIFICATION** - upper section
There are 2 forms – 1 for current and 1 for previous
 - a. Complete name, signature, date, social security number and full address.
 - b. Address envelope to current landlord – attach envelope to document – **WE WILL DO THE MAILING.**
 - c. Address envelope to previous landlord – attach envelope to document – **WE WILL DO THE MAILING.**

4. **LANDLORD/TENANT SCREENING**
Complete form for each household member 18 years of age and older.

**FAILURE TO COMPLETE AND RETURN ALL
DOCUMENTS WILL DELAY AND/OR CAUSE
REJECTION OF YOU APPLICATION**

**HOUSING AUTHORITY OF THE BOROUGH OF FREEHOLD
107 THROCKMORTON STREET
FREEHOLD, NJ 07728
732-462-2421**

**IN ORDER FOR THE APPLICATION PROCESS TO BEGIN YOU MUST
SUBMIT COPIES OF THE FOLLOWING DOCUMENTS THAT PERTAIN
TO YOU AND THOSE LISTED ON YOUR APPLICATION.**

- 1. Birth Certificates for each family member listed on the application.**
- 2. Social Security Cards for each family member listed on the application.**
- 3. Citizenship Papers (for alien applicant's only)**
- 4. Driver's Licenses for all family members listed on the application.**
- 5. Current Lease Agreement.**
- 6. Current Utility Bills (electric, gas, water/sewer) as proof of residency.**
- 7. SOURCE OF ALL INCOME: whichever applies to your household**
 - a. Wages: four most current pay stubs**
 - b. Copy of Social Security/SSI/SSDI/SSD Benefit award letter
(may be obtain by calling 1-800-772-1213)**
 - c. Grant: copy of award letter for TANF or General Assistance**
 - d. Child Support payment (12 month probation print-out or court order)**
 - e. Unemployment Benefits**
 - f. Workman's Compensation Benefits**
 - g. Veteran's and/or Widow's Benefits**
 - h. Pension Benefits**
 - i. Cash Receipt Benefits**
 - j. Self-employed Income**
- 8. ASSETS:**
 - a. Checking account/s (two recent bank statements)**
 - b. Saving account/s showing current interest rate**
 - c. Certificate of Deposit/s showing current interest rate**
 - d. Stocks/Bonds/Mutual Funds showing current value**

**FAILURE TO DISCLOSE ALL SOURCES OF INCOME AND ASSETS
CAN DISQUALIFY YOUR APPLICATION.**

**PROVIDING FALSE STATEMENTS OR INFORMATION CAN
DISQUALIFY YOUR APPLICATION.**

APPLICATION FOR AFFORDABLE HOUSING ASSISTANCE

YOUR NAME: _____ SOC. SEC. # _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____
NUMBER AND STREET

CITY STATE ZIP CODE

HOME TEL. NO. _____ WORK TEL. NO. _____

HOW LONG AT THE ADDRESS: _____

CURRENT LANDLORD NAME: _____ PHONE: _____

ADDRESS: _____

PREVIOUS LANDLORD NAME: _____ PHONE _____

ADDRESS: _____

FAMILY COMPOSITION (PERSON WHO WILL LIVE IN THE APARTMENT UNIT)

NAME	RELATIONSHIP TO THE HEAD OF THE FAMILY	AGE	SEX	OCCUPATION	SOC. SEC. #
a	HEAD				
b					
c					
d					
e					
f					
g					
h					

PLEASE CHECK 1 OR 2 BELOW:

ARE YOU APPLYING FOR SENIOR HOUSING: YES _____ NO _____

ARE YOU APPLYING FOR FAMILY HOUSING: YES _____ NO _____



DO YOU ANTICIPATE A CHANGE IN YOUR FAMILY SIZE WITHIN THE NEXT YEAR?

YES _____ NO _____

IF YES PLEASE EXPLAIN _____

INCOME: LIST GROSS EARNING FOR EACH INDIVIDUAL WHO WILL LIVE WITH YOU.
WAGES, UNEMPLOYMENT, SOCIAL SECURITY, PENSION, CHILD SUPPORT, CASH

FAMILY MEMBER NAME:	SOURCE TYPE OF INCOME:	RATE PER HOUR:	RATE PER WEEK:	RATE PER MONTH:	RATE PER YEAR:

ASSETS (INCLUDES A HOME IF YOU OWN ONE, LAND, CASH IN SAVING AND CHECKING ACCOUNTS, SAFETY DEPOSIT BOX, STOCK, BONDS, CERTIFICATES OF DEPOSIT, MUTUAL FUNDS)

FAMILY MEMBER NAME:	TYPE OF ASSET:	NAME AND ADDRESS OF BANK AND ACCOUNT NUMBER:	APPROXIMATE VALUE:	INTEREST RATE:

HAVE YOU SOLD OR GIVEN AWAY ANY REAL PROPERTY (house, car, jewelry) OR

OTHER ASSET (INCLUDING CASH) IN THE PAST TWO YEARS:

YES _____ NO _____

IF YES, PLEASE LIST THE VALUE OF THE ASSET DISPOSED OF:

FAMILY EXPENSES ONLY

DO YOU HAVE EXPENSES FOR CHILD CARE AGED 12 OR YOUNGER: YES _____ NO _____

IF YES, PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CARE

PROVIDER: _____

WHAT IS THE WEEKLY COST TO YOU FOR THE CHILD CARE? _____

DO YOU PAY A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR ANY HOUSEHOLD

MEMBER(S) WITH DISABILITIES NECESSARY TO PERMIT YOU OR SOMEONE ELSE

IN THE HOUSEHOLD TO WORK? YES _____ NO _____

IF YOU PAY A CARE ATTENDANT, PROVIDE THE NAME, ADDRESS AND TELEPHONE

NUMBER: _____

WHAT IS THE ANNUAL COST TO YOU FOR THE CARE ATTENDANT AND/OR THE

EQUIPMENT? _____

ELDERLY FAMILIES ONLY

DO YOU HAVE MEDICARE? YES _____ NO _____ IF YES WHAT YOUR MONTHLY PREMIUM? _____

DO YOU HAVE ANY OTHER KIND MEDICAL INSURANCE? YES _____ NO _____ IF YES, PROVIDE

NAME AND ADDRESS OF CARRIER, POLICY NUMBER, PREMIUM AMOUNT AND AGENT'S NAME.

DO YOU HAVE ANY OUTSTANDING MEDICAL BILLS WHICH YOU ARE PAYING? YES _____ NO _____

IF YES, LIST THEM:

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:

PREFERENCE STATUS:

1. () INVOLUNTARY DISPLACEMENT (NATURAL DISASTER, GOVERNMENT ACTION)

2. () LIVING IN SUBSTANTIAL HOUSING- DESCRIBE: _____

3. () PROGRAM MORE THAN 50% OF MONTHLY FAMILY INCOME FOR RENT:

MONTHLY RENT \$ _____ UTILITIES COST PAID FOR DIRECTLY BY APPLICANT: \$ _____

4. () VETERAN OR FAMILY MEMBER OF VETERAN.

5. () DOES THE HEAD OF HOUSEHOLD OR SPOUSE WORK IN FREEHOLD :

YES _____ NO _____

ALL APPLICANTS: LIST NAMES, ADDRESS AND PHONE NUMBER OF TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU OR WE CAN CONTACT IN CASE OF EMERGENCY:

1. _____

2. _____

COMPLETE FOR STATICAL USE ONLY:

RACE:

WHITE _____

BLACK _____

AMERICAN INDIAN/NATIVE ALASKAN _____

ASIAN/PACIFIC ISLANDER _____

OTHER _____

ETHNICITY:

HISPANIC _____

NON-HISPANIC _____

HEAD OF HOUSEHOLD:

FEMALE _____ MALE _____

**QUESTIONS TO APPLICANTS
FOR PUBLIC HOUSING**

1. Have you ever had any problems or disputes with landlords or neighbors? Yes No
2. Have you or any member of your family ever been evicted for non-payment of rent or for any other reason? Yes No
3. List names of all members of your family at which you lived for the past five years. Provide names, addresses and telephone numbers of all landlords.

4. List last three (3) employers:

Name	Address	Tele.No.	Supervisor
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5. List names and phone numbers of three references, Employees or Personal (not Relatives)

6. Have you or any member of your family who will reside with you used or still use an illegal control substance (drugs) or alcohol? Yes No

7. If yes, you or the member(s) of your family attend or presently attend drug rehabilitation programs? Yes No List names and address of facility attended.

APPLICANT CERTIFICATION

APPLICANT'S STATEMENT

I CERTIFY THAT THE INFORMATION GIVEN IN MY APPLICATION FOR ADMISSION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL AND/OR STATE LAWS, WHICH MAY RESULT IN 5 YEARS IN JAIL OR A \$10,000 FINE. I ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF HOUSING OR ASSISTANCE, TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

THIS APPLICATION IS MADE WITH THE UNDERSTANDING THAT IT IS TO BE PROCESSED FOR BOTH CREDIT AND CHARACTER REFERENCES. I HAVE NO OBJECTION TO INQUIRIES FOR THE PURPOSE OF VERIFICATION OF THE ABOVE STATEMENT. THIS INCLUDES A POLICE CHECK. IT IS UNDERSTOOD THAT THE ABOVE INFORMATION WILL BE HELD IN STRICT CONFIDENCE. I ALSO UNDERSTAND THAT MY APPLICATION FOR ADMISSION WILL REMAIN ON FILE FOR A PERIOD OF ONE YEAR AND THAT I MUST NOTIFY THE FREEHOLD HOUSING AUTHORITY OF MY INTENTION TO RENEW SAID APPLICATION EACH CALENDAR YEAR BETWEEN JANUARY 1ST AND MARCH 31ST OF EACH SUBSEQUENT YEAR AND ANNUALLY THEREAFTER DURING JANUARY 1ST AND MARCH 31ST.

HEAD OF HOUSEHOLD _____

(Signature)

(Date)

RECEIPT OF APPLICATION FOR ADMISSION

NAME OF APPLICANT: _____

DATE: _____

TIME: _____

BOUND BOOK NUMBER: _____

RECEIVED: FREEHOLD HOUSING AUTHORITY

BY: _____

107 THROCKMORTON STREET
FREEHOLD, NJ 07728
TEL. # 462-2421