

# 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. <u>EMPLOYMENT VERIFICATION</u> - 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. <u>LANDLORD VERIFICATION</u> - 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 <u>current landlord</u> attach envelope to document WE WILL DO THE MAILING.
- c. Address envelope to <u>previous landlord</u> 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 <u>COPIES</u> 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

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## 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 ( N	NATURAL DISASTER, GOVERNMENT ACTION)
2. ( ) LIVING IN SUBSTANTIAL HOUSING	G- DESCRIBE:
3. ( ) PROGRAM MORE THAN 50% OF MO	ONTHLY FAMILY INCOME FOR RENT:
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4. ( ) VETERAN OR FAMILY MEMBER O	F VETERAN.
5. ( ) DOES THE HEAD OF HOUSEHOLD	OR SPOUSE WORK IN FREEHOLD:
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2.	
COMPLETE FOR STATICAL USE ONLY:	
RACE:	ETHNICITY:
WHITE	HISPANIC
BLACK	NON-HISPANIC
AMERICAN INDIAN/NATIVE ALASKAN	HEAD OF HOUSEHOLD:
ASIAN/PACIFIC ISLANDER	FEMALE MALE_
OTHER	

### 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 $\square$ No $\square$						
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						
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 $\Box$ No $\Box$ 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 1<sup>ST</sup> AND MARCH 31<sup>ST</sup> OF EACH SUBSEQUENT YEAR AND ANNUALLY THEREAFTER DURING JANUARY 1<sup>ST</sup> AND MARCH 31<sup>ST</sup>.

HEAD OF HOUSEHOLD	
(Signature)	(Date)
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WD % / a	
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107 THROCKMORTON STREET FREEHOLD, NJ 07728 TEL. # 462-2421