

For Office Use Only
 Date Rec'd _____
 Time _____
 Applicant No. _____

Seaview Manor

Long Branch Housing Authority
 P.O. Box 337
 Long Branch, NJ 07740

APPLICATION FOR ADMISSION

Every question on this application must be answered. If any question does not apply, please write "N/A"

Applicant Name _____

Current Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Indicate the relationship of each family member to the head.

MEMBER NO.	FULL NAME (INCLUDE MAIDEN NAME)	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY #

2. What type of apartment do you prefer? (Please check) ___ Efficiency ___ 1 BR ___ 2 BR ___ 3 BR ___ 4BR

3. Does anyone live with you now who is not listed above? ___ Yes ___ No

4. Do you expect a change in your household composition within the next twelve months?
 ___ Yes ___ No

Explain if you answered yes to either question 3 or 4: _____

5. Do not answer the following question if disability status does not affect eligibility for the program to which you are applying. For the purpose of program eligibility (where applicable) does the head or co-head wish to claim disability status? Yes No
6. Would you like to advise the landlord of any request for special accommodations that may be needed in order to better serve you or other members of your household? For example, an apartment designed for use by persons with mobility impairment, installation of grab bars, installation of special smoke detectors for persons with hearing impairment, etc.
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INCOME

Please answer each of the following questions for all members of the household. For each “yes” provide details in the table on the next page. Does any member of your household:

1. Work full-time/part-time or seasonally? Yes No
2. Expect to work any period during the next year? Yes No
If yes explain,
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3. Work for someone who pays them cash? Yes No
If yes explain,
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4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? Yes No
5. Now receive or expect to receive unemployment benefits? Yes No
6. Now receive or expect to receive workers’ compensation or long term/short term disability payments? Yes No
7. Now receive or expect to receive child support that is either court ordered or non-court ordered? Yes No
8. Entitled to child support that he/she is now receiving through an open court order? Yes No
9. Now receive or expect to receive alimony through an open court order? Yes No
10. Have an entitlement to receive alimony that is not currently being received? Yes No
11. Now receive or expect to receive public assistance TANF/ General Assistance (not including food stamps and/or medical assistance) Yes No
12. Now receive or expect to receive Social Security/Retirement or disability benefits? Yes No
13. Now receive or expect to receive income from a pension or annuity? Yes No
14. Now receive or expect to receive regular contributions from organizations or from Individuals not living in the unit? Yes No
15. Receive income from assets including but not limited to interest on checking or savings accounts, interest or dividends from certificates of deposit, stock, bonds, income from rental property, etc.? Yes No

INCOME

List all sources of income for all household members. Use additional sheet if necessary.

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSETS

For each household member list all assets, the value of those assets, and income, if any, from those assets. Assets include but are not limited to checking accounts, savings accounts (including IRA's, Keoughs, certificates of deposit, mutual funds, stocks, bonds, treasury bills, real estate, trusts, whole life insurance, etc.) Use additional sheet if necessary.

MEMBER NO.	FINANCIAL INSTITUTION/BROKER	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE	INCOME, INTEREST, DIVIDENDS, ETC.

1. Have you sold or given away any assets for less than fair market value in the past two years?
 _____ Yes _____ No

2. If yes, please explain: _____

RENTAL HISTORY

Provide name, address, and phone number of all landlords for the past three years. If the applicant currently lives with a family member, please provide same information below.

Name and Address of Present Landlord:

_____ Telephone No. _____
 _____ Length of Residence: _____

Name and Address of Former Landlord: _____ Telephone No. _____

Length Residence: _____
Reason for Leaving: _____

Do you hold a Section 8 Voucher of Temporary Rental Assistance? _____ Yes _____ No

If yes, please provide approval letters, case worker name & phone number: _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer

Telephone No. _____
Supervisor's Name: _____
Length of Employment _____

Name and Address of Co-Head's Present Employer:

Telephone No. _____
Supervisor's Name: _____
Length of Employment _____

How did you hear about us? _____ Newspaper _____ Brochure/Flyer _____ Word of Mouth _____ Radio
_____ Other _____

Applicant Certification

I/we certify that if selected to move into this property, the unit I/we occupy will be my/our sole residence. I/we understand that the above information is being collected to determine eligibility for Rental Assistance or eligibility to reside in a tax credit unit. I/we authorize the agent to verify all information provided on this application and to contact previous or current landlords and other sources for credit verification.

By signing this application, I/we also grant the owner right to obtain all information needed to determine my/our eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection may include but is not limited to criminal history checks, home visits, drug screening, ability to pay rent, etc. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, are grounds for rejection of occupancy, or termination of lease and/or rental assistance if owner finds later that I/we have falsified or omitted information.

All applicants age 18 and older must sign below:

Signature of Head: _____ Date: _____

Signature of Co-Head: _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

Comments/Additional Information

We do business in accordance with Federal Fair Housing Law. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.