LONG BRANCH HOUSING AUTHORITY
PUBLIC HOUSING APPLICATION FOR SENIOR CITIZENS 62 & OVER
AND DISABLED INDIVIDUALS

PLEASE COMPLETE THE FOLLOWING INFORMATION. INCOMPLETE APPLICATION WILL BE
RETURNED WHICH WILL ALTER YOUR POSITION ON THE WAITING LIST.

(PLEASE PRINT)

<table>
<thead>
<tr>
<th>APPLICANT'S NAME</th>
<th>APPL. # (OFFICE USE)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>CURRENT ADDRESS</th>
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<table>
<thead>
<tr>
<th>CITY, STATE, ZIP CODE</th>
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<table>
<thead>
<tr>
<th>HOME PHONE</th>
<th>WORK/CELL PHONE</th>
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HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

<table>
<thead>
<tr>
<th>MEMBER NO.</th>
<th>FULL NAME (INCLUDE MAIDEN NAME)</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>SEX</th>
<th>SOCIAL SECURITY #</th>
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Answers to questions 2 & 3 are voluntary and used for statistical purposes only.

2. HEAD OF HOUSEHOLD (Race)
   _____ White   _____ Black   _____ American Indian/Alaskan Native
   _____ Asian/Pacific Islander   _____ Other

3. HEAD OF HOUSEHOLD (Ethnicity)
   _____ Hispanic   _____ Non-Hispanic

4. DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ABOVE? _____ Yes _____ No

5. DOES ANYONE PLAN TO LIVE WITH YOU IN THE FUTURE WHO ARE NOT LISTED ABOVE? _____ Yes _____ No

EXPLAIN IF YOU ANSWERED YES TO EITHER QUESTION ABOVE

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6. Will you or any member of your family need a specially designed unit for mobility impairment?
   _____ Yes   _____ No

   If yes, please specify (example: need wheelchair accessibility, etc.)
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
INCOME AND ASSET INFORMATION

7. List all income received by Head of Household and members of your household:

<table>
<thead>
<tr>
<th>TYPE OF INCOME</th>
<th>RECEIVED BY: (NAME OF FAMILY MEMBER)</th>
<th>ANNUAL GROSS AMOUNT OF INCOME (BEFORE TAXES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYMENT</td>
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<td>EMPLOYMENT</td>
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<tr>
<td>SELF-EMPLOYED</td>
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<tr>
<td>CHILD SUPPORT/ALIMONY</td>
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<td>SOCIAL SECURITY</td>
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<td>PENSION</td>
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<td>VA BENEFITS</td>
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<td>UNEMPLOYMENT</td>
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<tr>
<td>BANK/ INVESTMENT</td>
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<tr>
<td>INTEREST INCOME</td>
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HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS (INCLUDING CASH) IN THE PAST (2) TWO YEARS? _____YES _____NO If Yes, List Amount $___________________

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

CURRENT HOUSING

Do you Rent or Own? _______ If Own, List Market Value of House $__________

List Balance of Mortgage Owed $__________

8a. How much rent do you pay per month? $ ______________

8b. Do you pay extra for (check all that apply):

___ Heat   ___ Hot Water   ___ Cooking Gas   ___ Electricity   Monthly Utility Cost $ ________.

8c. Are you currently on Section 8 or being subsidized by another agency? _____YES _____NO

If Yes, List Name of Agency ___________________________ and your portion of the rent $________

PREFERENCES

9. The answers to the following questions will determine whether you receive a need preference in accordance with Long Branch Housing Authority Policy.

9a. Do you have to move from your current residence because of a government action or condemnation? _____ Yes _____ No (If Yes, provide government documentation)

9b. Have you been a victim recently of Domestic Violence?

_____ Yes _____ No (If Yes, provide legal document / other proof)
9c. Do you have to move because you are in danger of reprisal due to cooperation with a law enforcement agency?

_____ Yes  _____ No

If Yes, Give name of law enforcement agency ________________________________.

9d. If you or any member of your family has a medical condition, which requires special accommodation features (ramps, etc.) are you moving because your current landlord refuses to provide the needed accommodations?

_____ Yes  _____ No

9e. Has your current residence been cited for building code violations?  (If Yes, provide proof of violations)

_____ Yes  _____ No

VETERAN STATUS

10. Are you or any member of your household a veteran * of the United States Military Service?

_____ Yes  _____ No  (If Yes, attach copy of DD214 Form)

* Veteran is defined as persons who served in the active military service of the United States at any time and who was discharged or released from there under conditions other than dishonorable.

RESIDENCY STATUS

11. Have you been a Resident in the City of Long Branch for at least six (6) months?

_____ Yes  _____ No

12. Are you a U.S. Citizen or eligible immigrant?  Alien Registration #: ________________________

_____ Yes  _____ No

If no, explain: ________________________________________________________________

______________________________________________________________________________

13. Have you ever been evicted from any Section 8 or Public Housing Program and left owing money?

_____ Yes  _____ No

If yes, give name of Public Housing Authority, reason for eviction and amount owed, if any:

______________________________________________________________________________

______________________________________________________________________________

Have you or anyone to be housed with you ever been charged, convicted, pleaded guilty or “no contest” to a criminal offense, any matter concerning sexual misconduct or violent crime in state or out of state?

_____ Yes  _____ No

If yes, please list any/all offenses, dates (include prison release/probation date), city and state:

______________________________________________________________________________

______________________________________________________________________________
15. PREVIOUS RENTAL HISTORY

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF YOUR PRESENT LANDLORD</th>
<th>LANDLORD'S TELEPHONE NUMBER</th>
<th>HOW LONG HAVE YOU LIVED THERE? REASON FOR LEAVING, IF ANY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAVE YOU EVER BEEN TAKEN TO COURT FOR NON-PAYMENT OF RENT?</td>
<td>IF YES, LIST DATES AND AMOUNTS OWED:</td>
<td>HOW MANY TIMES HAVE YOU BEEN LATE PAYING YOUR RENT OVER THE PAST TWELVE (12) MONTHS?</td>
</tr>
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LOCAL PREFERENCES

(IF YOU ARE CLAIMING ANY OF THE FOLLOWING PREFERENCES, YOU MUST SUPPLY PROOF OF SUCH)

- Income Targeting
- Veteran
- Local Resident

Need Preference Due to:
1. Involuntary Displacement
2. Actual or threatened physical violence
3. To avoid reprisals
4. Displacements by non-suitability of the unit
5. HUD disposition of property
6. Substandard Housing
7. Rent Burden (paying more than 50% of income)

If you or anyone in your family is a person with disabilities, and require a specific accommodation in order to fully utilize our programs and services, please notify the Housing Authority.

APPLICANT CERTIFICATION

I/WE CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY. I/WE AUTHORIZE THE OWNER/MANAGER/PHA TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES. 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 KNOWLINGLY SUPPLYING FALSE OR INACCURATE INFORMATION IS PUNISHABLE UNDER FEDERAL OR STATE CRIMINAL LAW AND WILL TERMINATE MY APPLICATION FOR HOUSING.

<table>
<thead>
<tr>
<th>SIGNATURE OF HEAD:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>SIGNATURE OF SPOUSE/ CO-HEAD:</td>
<td>DATE:</td>
</tr>
<tr>
<td>OWNER/MANAGER/PHA REPRESENTATIVE (OFFICE USE)</td>
<td>DATE:</td>
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I am interested in the following developments (please check all that apply):

_____ Kennedy Towers
_____ Chester Arthur Apts.
_____ Hobart Manor