



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)

APPLICANT'S NAME		APPL. # (OFFICE USE)
CURRENT ADDRESS		
CITY, STATE, ZIP CODE		
HOME PHONE	CELL PHONE	
EMAIL	WORK PHONE	

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.**

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

Answers to questions 2 & 3 are voluntary and used for statistical purposes only.

2. HEAD OF HOUSEHOLD (Race) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan Native	3. HEAD OF HOUSEHOLD (Ethnicity) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
4. DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ABOVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. DOES ANYONE PLAN TO LIVE WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
EXPLAIN IF YOU ANSWERED YES TO EITHER QUESTION ABOVE <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

- 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:

TYPE OF INCOME	RECEIVED BY: (NAME OF FAMILY MEMBER)	ANNUAL GROSS AMOUNT OF INCOME (BEFORE TAXES)
EMPLOYMENT		
EMPLOYMENT		
SELF-EMPLOYED		
CHILD SUPPORT/ALIMONY		
SOCIAL SECURITY		
SSI		
PENSION		
VA BENEFITS		
UNEMPLOYMENT		
BANK/ INVESTMENT INTEREST INCOME		

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/Housing Choice Voucher 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/Housing Choice Voucher 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

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

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 KNOWINGLY SUPPLYING FALSE OR INACCURATE INFORMATION IS PUNISHABLE UNDER FEDERAL OR STATE CRIMINAL LAW AND WILL TERMINATE MY APPLICATION FOR HOUSING.

SIGNATURE OF HEAD:	DATE:
SIGNATURE OF SPOUSE/ CO-HEAD:	DATE:
OWNER/MANAGER/PHA REPRESENTATIVE (OFFICE USE)	DATE:

I am interested in the following developments (please check all that apply):

_____ **Kennedy Towers**

_____ **Chester Arthur Apts.**

_____ **Hobart Manor**