

LOUNSBERRY MEADOW



1449 VALLEY ROAD, STIRLING, NEW JERSEY 07980 PHONE (908)647-0544 FAX (908) 647-3818

PRE-APPLICATION FOR ADMISSION

APPLICANT NAME: _____ APPLICATION NUMBER: _____

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. Give the relations of each family member to the head.

Member No.	Member's Full Name	Relationship	Birth Date	Age	Sex	Social Security No.

2. Race of Head of Household: (check one) (For statistical purposes only)

____ White ____ Black ____ American Indian/Alaskan Native ____ Asian/Pacific Islander
____ Prefer Not to Answer

3. Ethnicity of Head of Household: (For statistical purposes only)

____ Hispanic ____ Non-Hispanic ____ Prefer Not to Answer

4. Does anyone live with you now who is not listed above? ____ Yes ____ No

5. Do you expect a change in your household composition? ____ Yes ____ No

Explain if you answered yes to either question: _____

6. Is head of household or spouse handicapped or disabled? ____ Yes ____ No (for program and unit eligibility purposes only)

7. Please identify any special housing needs your household has: _____

8. Are you now living in a subsidized housing unit? ____ Yes ____ No

If Yes Where: _____

APPLICANT: _____

ASSETS:

1. List all checking and savings accounts (including IRAs, Keogh accounts and Certificates of Deposit) of all household members.

Member No.	Bank Name	Type Account	Acct. No.	Balance

2. List all stocks, bonds, trusts, pensions, or other assets and their value by any household member.

3. List any assets disposed of for less than their fair market value during the past two years:

INCOME AND ASSET INFORMATION:

Please answer each of the following questions. For each "yes", provide details in the charts below.

Does any member of your household:

- ____ Yes ____ No 1. Work full-time, part time or seasonally?
- ____ Yes ____ No 2. Expect to work for any period during the next year?
- ____ Yes ____ No 3. Work for someone who pays them cash?
- ____ Yes ____ No 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 child support?
- ____ Yes ____ No 7. Entitled to child support that he/she is not now receiving?
- ____ Yes ____ No 8. Now receive or expect to receive alimony?
- ____ Yes ____ No 9. Have an entitlement to receive alimony that is not currently being received?
- ____ Yes ____ No 10. Now receive or expect to receive public assistance (TANF)?
- ____ Yes ____ No 11. Now receive or expect to receive Social Security or disability benefits?
- ____ Yes ____ No 12. Now receive or expect to receive income from a pension or annuity?
- ____ Yes ____ No 13. Now receive or expect to receive regular contributions for organizations or from individuals living in the unit?
- ____ Yes ____ No 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- ____ Yes ____ No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- ____ Yes ____ No 16. Have you sold or given away real property or other assets (including cash) in the past two years?

APPLICANT: _____

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

Previous rental history:

Name and address of your **present** landlord:

Telephone No. _____

How long did you live there? _____

Reason for leaving? _____

Name and address of your **former** landlord:

Telephone No. _____

How long did you live there? _____

Reason for leaving? _____

Employment History:

Name and address of Head's Present Employment:

Telephone No. _____

Supervisor's Name: _____

How long did you work there? _____

Name and address of Head's Present Employment:

Telephone No. _____

Supervisor's Name: _____

How long did you work there? _____

APPLICANT CERTIFICATION:

I/We certify that if selected, the unit I/we occupy will be for 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 of 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 false statements or information are punishable under Federal law.

Signature of Head _____

Date: _____

Signature of Spouse/Co-Head _____

Date: _____

Owner/Manager/PHA Representative _____

Date: _____

