


Housing Authority of the City of Vineland
Administrative Offices
191 W. Chestnut Avenue – Vineland, NJ 08360
856-691-4099 • Fax 856-691-8404

PRE-APPLICATION FOR PUBLIC HOUSING ASSISTANCE

Who is the Head of Household? (Legal Name)			Sex	SSN	DOB	AGE
Last	First	M.I.	M F			
Race:		Ethnicity:		Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?		
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Veteran		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below:		

What is your present address?

Street address _____					
Street	City	State	Zip		
Mailing Address _____					
Street	City	State	Zip		
Home Tel. ()	Business Tel. ()	Cell # ()			

What was your street address before you moved to where you live now?

Street address _____					
Street	City	State	Zip		

If we were unable to reach you, who could we contact locally?

Name _____			Tel. _____		
Address _____			Relation _____		

Local Preferences (mark all that apply)

<input type="checkbox"/> Vineland Resident	<input type="checkbox"/> Natural Disaster
<input type="checkbox"/> Working	<input type="checkbox"/> Government Action
<input type="checkbox"/> Elderly/Disabled	<input type="checkbox"/> Veteran

Household member: List the legal names of all household members below. Start with the head of household, then spouse or co-head.

No.	Legal Name	Sex (M/F)	Relationship to head	SSN	DOB	Age	Place of Birth
1							
2							
3							
4							
5							
6							
7							
8							

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months? Yes No

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

Have you ever lived in assisted housing before? Yes No If yes:
 When? _____ Where? _____

Under what name? _____ Who was Head of Household? _____

Have you ever used a name other than the one you are using now? Yes No If yes:
 What name? _____

Have you ever used a social security number other than the one you listed above? Yes No If yes:
 What is it? _____

Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled substances? Yes No If yes:
 Who? _____ When? _____ What? _____

Are you or any member of your family subject to a lifetime sex offender registration requirement in any state? Yes No If yes:
 Who? _____ When? _____ What? _____

Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity? Yes No

Have you ever violated a family obligation in a HUD-assisted housing program? Yes No

Do you owe any money to a Public Housing Agency? Yes No

Current Expenditures

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt	Cable	Credit Card
Gas	Auto Ins	Insurance	Loan
Water	Child Care	Rentals	Other
Do you have any other regular monthly payments besides those listed above?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
Specify: _____			

Income Information

Family Member	Source of Income	Rate/Frequency	Type of Income	Annualized Income

Asset Information

Family Member	Asset Description	Current/Disposed	Market Value	Cash Value	Int. Rate	Annual Income
			\$	\$	%	\$
			\$	\$	%	\$
			\$	\$	%	\$

Banking Information

Name of Bank	Account Number	Type of Account	Joint/Ind.	Balance	
				Current	6 Mo. Avg.

Public Housing Suitability Screening

Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
By whom? _____	When? _____ Why? _____

List the address and landlord references of applicant for past three years.

Address	Landlord	From	To	Telephone #

The information given on this application is correct to the best of my knowledge. I have no objections to inquiries for the purpose of verifying the facts herein stated.

Signature _____ Date _____

Interviewed by _____ Date & Time _____

APPLICATION/TENANTS CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowance and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and/or the HUD Form 50058 or 50059, whichever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Resident or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstance. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions or False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Signature and Date of Household Adults

- 1) _____ Date _____
- 2) _____ Date _____
- 3) _____ Date _____
- 4) _____ Date _____

**NOTIFICATION OF CHANGE OF ADDRESS
MUST BE SUBMITTED WITH APPLICATION**

It is the responsibility of each applicant to notify the Vineland Housing Authority, 191 W. Chestnut Ave., Vineland, NJ 08360, **in writing**, each time you change your address. The Post Office provides a "Change of Address Form" with free mailing privilege for local mailing. This form should be used to notify the Authority office.

Failure to keep this office informed of all changes of address will prevent us from contacting applicants by mail and will leave us no alternative but to remove your application from the waiting list. In the event this happens, it will be necessary for you to file a new application effective the date you resubmit it to this office.

I understand my obligation as described above and assume full responsibility for notifying the Vineland Housing Authority concerning change of address.

Date _____ Signature _____