

Hightstown Housing Authority

131 Rogers Avenue

Hightstown, NJ 08520

P: (609) 448-2268 F: (609) 426-9440

www.hightstownhousing.org

Date Received

Authority Use Only

PRELIMINARY RENTAL APPLICATION

The Hightstown Housing Authority (Authority) is a US Department of Housing and Urban Development Public Housing (HUD) Agency.

In order to process this application, all information requested must be provided. Failure to complete the form in full will result in delays in processing your application. The information you give regarding household composition, income, family assets and deductions must be accurate, true, and complete to the best of your knowledge and belief.

APPLICANT ELIGIBILITY DETERMINATION WILL BE MADE WHEN
ALL THE INFORMATION PROVIDED IS VERIFIED AND PROVEN TO BE AUTHENTIC
BY THE HIGHTSTOWN HOUSING AUTHORITY

Applicant Family Unit

(Family Unit includes all persons intending to reside in the Hightstown Housing Authority Unit)

Applicant – Head of Household:

Name _____ SS# _____ - _____ - _____

Current Mailing Address _____

Number and Street

City State and Zip Code

Telephone Numbers _____

Primary

Secondary

Date of Birth ____ / ____ / ____ Gender: Male / Female Marital Status _____

Occupation _____ Driver's License Number and State _____

Applicants are considered for housing without regard to race, color, religion, gender, disability, family status or national origin. To help comply with Federal and State record keeping, reporting and other legal requirements, please check the appropriate boxes below:

RACE/ETHNICITY – Choose One (Optional)

Hispanic (Optional)

Asian	Black	Native American/Alaskan	Native Hawaiian/Pacific Islander	White		Yes	No

(Optional)

Hightstown Resident	Elderly	Disabled	Do You Require a Wheelchair Accessible Unit?

Household Members: List below the **Legal Names** of all household members that will reside with you in Our Public Housing. Start with Co-Head, then Other Adults (18 or older), and then Minors (oldest to youngest). Fraudulent Social Security Cards (Numbers) WILL NOT be accepted. If you do not possess a valid Social Security Card, please leave the column blank; you may be eligible for housing as a “mixed family”. Please speak with a Housing Authority Representative for more information.

Adult (Co-Head) (Legal Name) 18 or Older

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Marital Status S/M/D/SP	Occupation

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

Adult (Legal Name) 18 or Older

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Marital Status S/M/D/SP	Occupation

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

Adult (Legal Name) 18 or Older

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Marital Status S/M/D/SP	Occupation

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

Child (Name as it Appears on SS Card)

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Absent Parent Name &Address	School Name & Grade

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

Child (Name as it Appears on SS Card)

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Absent Parent Name &Address	School Name & Grade

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

Household Members: Continued

Child (Name as it Appears on SS Card)

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Absent Parent Name &Address	School Name & Grade

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

Child (Name as it Appears on SS Card)

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Absent Parent Name &Address	School Name & Grade

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

Child (Name as it Appears on SS Card)

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Absent Parent Name &Address	School Name & Grade

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

Child (Name as it Appears on SS Card)

Name	DOB	SS#	Gender M/F	Relationship to Head of Household	Absent Parent Name &Address	School Name & Grade

RACE/ETHNICITY (Optional)

Asian	Black	Hispanic	Native American/Alaska Native	Pacific Islander/Hawaiian Native	White	Other

All Income Information

Family Member	Source of Income (Government Agency, Employer, etc.)	Rate/Frequency (Weekly, Bi-Monthly, Monthly, etc.)	Type of Income (Social Security, Wage, Public Assistance, etc.)	Monthly Income

Disclosure of Assets – including, but not limited to, cash, savings and checking accounts, stocks, bonds, property, land trusts, IRA’s, etc.

Financial Institution Name and Address	List All Types of Accounts (Savings, Checking, IRA’s, etc.)	Current Balance	Projected Annual Interest Income

Income Information

List the full name, age, occupation, and total weekly and/or annual income from all sources for all persons 18 or older that are listed on the Application as a Household Member. **All adults MUST be listed in either the Employment Status or the Benefit or Other Financial Support portions, including unemployed adults.**

Employment Status:

Head of Household – Name _____

Employer’s Name _____

Employer’s Address _____

Employer’s Telephone # _____ Current Gross Weekly/Yearly Income _____

Length of Employment _____ Occupation _____

Household Member – Name _____

Employer’s Name _____

Employer’s Address _____

Employer’s Telephone # _____ Current Gross Weekly/Yearly Income _____

Length of Employment _____ Occupation _____

Income Information: Continued

Benefits or Other Financial Support (including, but not limited to Social Security, Disability, Veteran's Benefits, Welfare, Pensions, Unemployment, Child Support, etc.):

Name of Recipient _____

Type of Benefit _____ Monthly Amount _____ Claim # _____

Name of Agency _____ Telephone # _____

Address _____

Name of Recipient _____

Type of Benefit _____ Monthly Amount _____ Claim # _____

Name of Agency _____ Telephone # _____

Address _____

Full-Time Students

Under 18:

Student #1 Name _____ School Name _____ Grade _____

Student #2 Name _____ School Name _____ Grade _____

Student #3 Name _____ School Name _____ Grade _____

Student #4 Name _____ School Name _____ Grade _____

Student #5 Name _____ School Name _____ Grade _____

18 or Older:

Student #1 Name _____ School Name _____ Grade _____

Student #2 Name _____ School Name _____ Grade _____

Student #3 Name _____ School Name _____ Grade _____

Tenancy History/Information

Current Address _____
Street City/State Zip Code

How long have you lived at this address? _____ Reason for leaving _____

Name of Owner/Management Company _____

Address of Owner/Management Company _____

Telephone # _____ Monthly Rent _____

Other Information

All information must be provided, except when optional.

Failure to respond to the questions may jeopardize the approval of the application.

- Are you or anyone in your family visually impaired? (optional) Yes___ No___
- Are you or anyone in your family hearing impaired? (optional) Yes___ No___
- If you are single, and 57 or older, please indicate which waitlist(s) you would like to be on
Family Side: Studio_____ 1 Bedroom_____ Senior Side: Studio_____ 1 Bedroom_____
- If you are a couple, and at least one of you is 57, please indicate which waitlist(s) you would like to be on
Family Side: 1 Bedroom_____ Senior Side: 1 Bedroom_____
- Are you able to live in a 2nd or 3rd floor unit (no elevator)? Yes___ No___
- Do you have any pets? Yes_____ No_____
- If yes, please describe_____
- Has anyone on this application ever been arrested or detained by the police for a crime (other than traffic violations)? Yes___ No___
- If yes, who?_____
- Describe criminal activity (conviction/pending)_____ Action taken/judgment_____
- Are you or any applicant member of your household subject to a lifetime state sex offender registration program in ANY and ALL 50 States, also including Puerto Rico, Guam, and the District of Columbia? Yes___ No___
- If yes, please describe_____
- Has anyone on this application ever been evicted from a rental unit within the last five (5) years?
Yes_____ No_____
- If yes, give date, address, and reason why_____
- Are you a United States citizen? Yes_____ No_____
- Is anyone on this application NOT a United States citizen? Yes_____ No_____
- If yes, please provide NAME and ALIEN REGISTRATION NUMBER_____
- _____
- Have you or any other adult listed on this application ever used any Name(s) or Social Security Number(s) other than the one you are currently using? Yes_____ No_____
- If yes, please explain_____
- Have you or any other member of your family lived in any assisted housing, including, but not limited to public housing, Section 8 housing, other types of federally-assisted housing? Yes_____ No_____
- If yes, list where and when_____
- Do you own any real estate? Yes_____ No_____
- If yes, please explain_____

Applicant/Tenant Certification and Notice

I/We certify that the information* given to the Hightstown Housing Authority on household composition, income, rental history, and other information is accurate and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

*After verification by this Authority, the information will be submitted to HUD on Form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form. See the Federal Privacy Act Notice for more information about its use.)

APPLICANT/TENANT RELEASE FORM

In compliance with the Fair Credit Reporting Act, this notice is to inform you, as the applicant and/or tenant, that the processing of this application includes, but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. These actions are in accordance with the regulations of the US Departments of Housing and Urban Development (HUD), and the Admissions and Occupancy Policy of the Hightstown Housing Authority.

I hereby grant the Hightstown Housing Authority and its designee, the credit-reporting agency as contracted by the Authority, the right to process this credit application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the terms stated in the Admissions and Occupancy Policy of the Authority. I agree that this application shall remain the property of the Hightstown Housing Authority, regardless if a rental lease is granted or renewed.

WARNING

Title 18, Section 1001 of the United States Code, states that a person is GUILTY OF A FELONY for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

“...any person who, with intent to defraud the Authority...makes any false statements to or for the Authority shall, upon conviction thereof, be fined not more than \$1,000.00 or imprisoned for not more than one year or both.” Section 23, US Housing Act, 1973, as amended.

I do hereby swear and attest that all the information above about my household and me is true and correct. I also understand that all changes in household members, current address, or income must be reported to the Hightstown Housing Authority IN WRITING within ten (10) days of its occurrence.

I declare under penalty of perjury under the laws of the United States of America and the State of New Jersey that the information contained in this statement of facts is true, correct, and complete.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Certification

I hereby certify that I have been informed by the Hightstown Housing Authority that I **MUST** report to the Hightstown Housing Authority **in writing** any change in my address within two weeks of moving.

I fully understand that if I fail to do so, and the Authority is unable to reach me for any reason due to my failing to provide my new address, I can, and probably will, be dropped from the waiting list. If that happens, I will have no recourse but to reapply when application intake resumes. I also understand that failure by the U. S. Post Office to forward mail to my new address will not be accepted as an excuse for re-installment. In short, I understand and agree that **IT IS MY** responsibility to inform the Hightstown Housing Authority of any changes in address.

Print Name

Signature

Date