



HOUSING AUTHORITY OF THE CITY OF SALEM

205 Seventh Street, Salem, NJ 08079

Telephone: (856) 935-5022 Fax: (856) 935-5290

Web Site: salemhousingnj.org

ADMISSIONS APPLICATION FOR SENIOR/DISABLED HOUSING

(Applicants must be age 62 or older **OR** age 55 and disabled)

DATE: _____ TIME: _____

NAME: _____

PHONE # _____

CURRENT ADDRESS: _____

CURRENT LANDLORD NAME: _____

ADDRESS: _____

PHONE#: _____

HOW LONG HAVE YOU LIVED THERE?: _____

PREVIOUS LANDLORD (If you have lived at present address for less than 3 years):

NAME: _____

ADDRESS: _____

PHONE # _____

HAVE YOU EVER BEEN EVICTED FROM PUBLIC HOUSING OR OTHER SUBSIDIZED HOUSING? ____ YES ____ NO

IS HEAD OF HOUSEHOLD OR SPOUSE DISABLED? ____ YES ____ NO

IF YES, PLEASE LET US KNOW IF WE CAN REASONABLY ACCOMMODATE YOU IN SOME WAY (You are not required to answer this question): _____

ARE YOU CURRENTLY EMPLOYED: _____ YES _____ NO

IF YES, PLEASE LIST EMPLOYER

NAME: _____

ADDRESS: _____

PHONE # _____

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL ACTIVITY WITHIN THE LAST 3 YEARS? _____ YES _____ NO

How many bedrooms are you requesting? _____

PLEASE LIST BELOW EACH PERSON WHO WILL LIVE IN THE UNIT. PLEASE LIST YOURSELF FIRST.

| NAME | MALE OR FEMALE | DATE OF BIRTH | PLACE OF BIRTH | S.S. # |
|------|----------------|---------------|----------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MINORITY STATUS (Check One or More):

White _____ Afr-American _____ Asian _____ Native American _____ Alaskan Native _____ Pacific Islander _____

ETHNICITY: HISPANIC _____ NON-HISPANIC _____

MONTHLY INCOME SOURCES:

| NAME | WAGES | SSI/SSA | PENSIONS | OTHER |
|------|-------|---------|----------|-------|
| | | | | |
| | | | | |
| | | | | |

ASSETS

NET FAMILY ASSETS INCLUDE: HOUSE, PROPERTY, STOCKS, BONDS, CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CD's, ANY TYPE OF INTEREST BEARING ACCOUNTS:

| Name of Person Holding Asset | Type of Asset | Amount | Interest, if known |
|------------------------------|---------------|--------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THAT STATEMENTS ABOVE ARE TRUE. I FURTHER UNDERSTAND THAT IF IT IS DISCOVERED THAT I HAVE MADE ANY FALSE STATEMENTS, MY APPLICATION WILL BE REJECTED. IF MY APPLICATION IS REJECTED, I WILL BE INFORMED IN WRITING AND BE OFFERED AN OPPORTUNITY TO APPEAL THE DECISION.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SPOUSE OR SIGNIFICANT OTHER

DATE

** IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN) OR NATIONAL ORIGIN.