



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 FAMILY PUBLIC HOUSING

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.