

DOCUMENTATION REQUIRED TO BE SUBMITTED WITH APPLICATION

PERSONAL DOCUMENTATION:

- Social security card (copies for all applications)
- Birth certificates (for all applications)
- (2013) Federal and State Tax return - If you did not file a federal or state tax return you must request an income waiver for this office.
- Alien documentation

INCOME DOCUMENTATION:

- Current **LETTER** from Social Security stating your monthly benefits for 2014. A 1099 will **NOT** be accepted. If you do not have a letter you may call, 1-800-772-1213 and they will send you one. It will take approx. 2 weeks.
- Retirement, Pension or VA verification stating monthly benefit amount for 2014
Submit copies of latest check stubs or statement
- Employer verification - Must complete employment verification
- Unemployment - Form 2000, Form UC 30, or latest check stub
- SSI
- AFDC - Award letter or recent stub
- Workman's compensation - DOL 203, recent check stub
- Alimony- copy of court order
- Trade Union benefits-recent check stub
- Other public assistance-award letter
- Mortgage note

ASSET DOCUMENTATION: (INCOME FROM ASSET ONLY)

- Monthly bank statements which include closing balance and rate of interest paid on all interest bearing accounts, i.e. checking, savings, CD's
- Statements from CD's, Money Markets, IRS's Mutual funds, etc.
- Statement from broker or custodian for stocks and bonds
- Copy of most recent real estate tax bill

RECORDS OF FAMILY CIRCUMSTANCE/FAMILY COMPOSITION/ALLOWANCES

- Statement of disability
- Copies of medical bills
- Payment receipts for dependent care, childcare, etc.
- Landlord verification

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

SPRING GARDENS SENIOR HOUSING
 1781 S. SPRING ROAD
 VINELAND, NJ 08361
 OFFICE (856) 507-0790 * FAX (856) 507-0798

Received by _____ Date _____ Time _____



Applicant Name: _____ File _____
 Current Address: _____
 City, State, Zip Code _____
 Home Phone _____ Work Phone _____
 Spouse/Co-Head Work _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- 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. Please identify all children who are the subject of joint custody agreement with someone who will not be residing in the unit.

	Member's Full Name	Joint Custody	Relationship	Birth date	Age	Social Security Number
HH						
2						
3						
4						
5						

- Race of Head of Household (Check one) (For statistical purposes only)
 White Black American Indian/Alaskan Native Asian/Pacific Islander

- Ethnicity of Head of Household (Check one) (For statistical purposes only)
 Hispanic Non- Hispanic

- Does anyone live with you now who are not listed above: Yes No

- Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question 4 or 5: _____

- Is Head of Household, spouse or co-head 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 subsidized housing unit? () Yes () No

9. Name of Complex: _____

10. Name of Manager: _____

11. Manager's telephone Number: _____

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 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. On 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 (welfare)?
- () 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 from organizations or from individuals not living in the unit? (Include the payment of rent and/or utilities.)
- () 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?

MEMBER NUMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSET INFORMATION

1. List all checking and saving accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members.

FAMILY MEMBER	BANK NAME	CHECKING/ SAVINGS	ACCOUNT NUMBER	CURRENT

2. List the value of all stocks, bonds, trusts, pension contributions, or other assets owned by any household member _____

3. () Yes () No Do you own a home or other real estate?
 4. () Yes () No Have sold or given away real estate or other assets in the past two years?
 5. () Yes () No Do you or any member of your household have life insurance? If yes, List the Insurance Company and Policy Name: _____

EXPENSES

1. () Yes () No Do you incur child care expenses for the care of a child 12 or younger:
 2. If yes, give name, address and phone number of child care provider and the weekly cost:

Name: _____
 Address: _____
 Phone Number: _____
 Weekly Cost: _____

3. () Yes () No Do you pay a care attendant or for any equipment for a handicapped or disabled household member(s) that is necessary to enable that person or someone else in the household to work?

4. If you pay a care attendant, provide their name, address, phone number and the weekly cost:

Name: _____
 Address: _____
 Phone Number: _____
 Weekly Cost: _____

5. What is the nature and cost of any equipment? _____

FOR FAMILIES WHERE HEAD, SPOUSE OR CO-HEAD IS ELDERLY (62 OR OLDER), HANDICAPPED OR DISABLED:

1. () Yes () No Do you have Medicare?

If yes, what is your monthly premium? _____

2. () Yes () No Do you have any other kind of medical insurance?

If yes, provide the following information:

Name: _____

Address: _____

Phone Number: _____

3. Do you have outstanding medical bills on which you are paying?

If yes, list them below: _____

4. What medical expenses do you expect to incur in the next twelve months?

5. If you use the same pharmacy regularly, please provide the name and address:

Name: _____

Address: _____

PREVIOUS RENTAL HISTORY

Name and address of your present landlord:

Name: _____

Address: _____

Phone Number: _____

How long have you live there? _____

Reason for leaving? _____

Name and address of your former landlord:

Name: _____

Address: _____

Phone Number: _____

How long did you live there? _____

Reason for leaving? _____

() Yes () No Have you ever been evicted? If yes, when and why? _____

EMPLOYMENT HISTORY

Name and address of your present employer

Company's Name: _____ How long have you work there? _____
Address: _____ Supervisor's Name _____
Phone Number: _____

Name and address of spouse or co-head employer

Company's Name: _____ How long have you work there? _____
Address: _____ Supervisor's Name _____
Phone Number: _____

EMERGENCY INFORMATION

Name and address of nearest relative **NOT** living with you

Name: _____ Relationship: _____
Address: _____ Phone Number: _____

Name and address of person to be contacted in case of an emergency

Name: _____ Relationship: _____
Address: _____ Phone Number: _____

CRIMINAL HISTORY

Have you or any member of your household ever been arrested or convicted of a crime?
(List all Family members)

Head of Household () Yes () No
Spouse/Co-head () Yes () No

_____ () Yes () No
_____ () Yes () No
_____ () Yes () No

Note: for all yes answers please provide additional information, including the date, location and nature of the crime, on a separate sheet of paper.

STUDENT INFORMATION

Will any member of the household be enrolled as a full or part-time student at an institution of higher education? () Yes () No
(If yes, completion of a Student Certification is required.)

APPLICANT CERTIFICATION

I/we represent and acknowledge that the landlord considers all information to be material in nature and understand that if selected for occupancy any false statements and/or information provided on this application will be deemed material non-compliance with my lease and grounds for eviction.

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorized the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies. I/we certify that the statement made I this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statement or information are punishable under Federal Law.

Signature of Head of Household

Date

Signature of Co-head of Household

Date

Manager

Date