

PRINCETON COMMUNITY HOUSING
provides, manages and advocates for affordable housing
HARRIET BRYAN HOUSE
310 Elm Rd.
Princeton, NJ 08540
609 683-8858 fax 609 683-1234
TTY 1-800-852-7899

Application _____

Preliminary Housing Application

Applicant's Name _____ Gender _____

Social Security # _____ Date of Birth _____

Co-Applicant (if any) _____ Gender _____

Social Security # _____ Date of Birth _____

Address _____ Length of Residency _____

City _____ County _____ State _____ Zip _____

Former Address _____

Own your own home? Yes _____ No _____ Rent? Yes _____ No _____

If renting, give name, address, and phone number of Landlord _____

What is your present housing? (Type, size, condition?) _____

Current monthly rent _____ Does rent include utilities? Yes _____ No _____

Occupation (past or present) _____

Place of Employment _____

Earnings \$ _____ per _____ How long employed _____ from _____ to _____

Income and Assets

Source and amount of all other income (Social Security, Employment, Disability, etc.)

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

List total dollar value of assets (include savings accounts, stocks, CDs, real estate, etc.)

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Do you or anyone in your household have special needs? Yes _____ No _____

If yes, please describe _____

Has a Form I-864 Affidavit of Support been signed on your behalf? Yes ___ Date _____ No ___

Are you subject to a lifetime sex offender registration program in any state? Yes _____

Name _____ Date _____ State _____ No _____

Would you use Congregate Services? Yes _____ No _____
(Congregate Services include a hot noonday meal in the dining room, some assistance with cleaning, shopping, and/or personal care. A fee based on a sliding scale is charged for these services.)

Additional information you want us to be aware of _____

Drivers License (Applicant) # _____ State _____

Drivers License (Co-Applicant) # _____ State _____

Personal References

1. _____
2. _____

Optional Questions

Have you ever worked in Princeton? Yes _____ No _____ Where? _____

Do you have a relative who lives or works in Princeton? Yes _____ No _____

Are you a former resident of Princeton Borough or Township? Yes _____ No _____

Applicant Certification:

I certify that all statements made on this application form have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I understand that providing false statements or incomplete information may result in punishment under Federal law.

I hereby authorize Landlord to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Landlord, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or Federal government agencies, including, without limitations, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission and, if admitted, will be grounds for eviction.

I understand that the filing of this application does not, in any way, bind the Landlord to reserve or assign an apartment to me.

I understand that ALL requested information must be completed for this application to be deemed complete. If there are blanks, the application will be deemed incomplete and returned to me. In the event that a section does not apply to me, I will mark it N/A.

Signature _____ Date _____

Co-Applicant _____ Date _____

Telephone _____ Cell Phone _____

Email address _____

Please check which of the following best describes the Head of Household in both (A) and (B) for NJ Division of Civil Rights and HUD statistical purposes only.

(A) _____ White _____ Black _____ Indian/Asian _____ Islander _____ Asian Pacific _____ Other

(B) _____ Hispanic _____ Non-Hispanic



Supplemental and Optional 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.

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.	

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

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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.