



APPLICATION FOR AFFORDABLE HOUSING

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

#	MEMBERS FULL NAME	RELATION	BIRTH DATE	SEX	SOCIAL SECURITY #
1		Applicant			
2					
3					
4					
5					
6					

2. Does anyone live with you now who is not listed above: Yes No

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

Explain if you answered yes to either question: _____

4. Please identify any special housing needs. _____

5. Number of bedrooms requested based on family composition: _____

6. Are you a veteran? Yes No



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, part-time, or seasonally?
Yes	No	2.	Expect to work for any period during the next year?
Yes	No	3.	Work for someone who pays you cash?
Yes	No	4.	Expect 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 now not 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 rental assistance (ex. Section 8)?
Yes	No	12.	Now receive or expect to receive Social Security or disability benefits?
Yes	No	13.	Now receive or expect to receive income from a pension or annuity?
Yes	No	14.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
Yes	No	15.	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?
Yes	No	16.	Own real estate or any assets for which you receive no income (checking account, cash)?
Yes	No	17.	If you own a home, do you maintain a mortgage on the property?
Yes	No	18.	Have you sold or given away real property or other assets (including cash) in the past two years?
Yes	No	19.	Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$_____



MEMBER NO.	SOURCE OF INCOME/ TYPE OF INCOME	TOTAL GROSS ANNUAL INCOME

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificate of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets, including a house, and their value owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:



PREVIOUS RENTAL HISTORY OR OWNERSHIP HISTORY

Name and address of your Present Landlord or Current Address:

_____ Telephone: _____
How long have you lived here? _____
Reason for leaving? _____

Name and address of your Former Landlord or Previous Address:

_____ Telephone: _____
How long have you lived there? _____
Reason for leaving? _____

EMPLOYMENT HISTORY

Name and address of Head of Household's present employment:

_____ Telephone: _____
Supervisor's Name? _____
How long have you worked there? _____

Name and address of spouse's or co-head employer:

_____ Telephone: _____
Supervisor's Name? _____
How long have you worked there? _____



APPLICANT CERTIFICATION

I/we certify that if selected to receive an affordable, 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 authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

Signature of Administrative Agent _____ Date: _____

Please submit this form to:

Sycamore Landing, 1000 Birch Lane, Phillipsburg, NJ 08865

Or via email to sycamorelandingnj@edgewoodproperties.com

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