

Return to:
SUMMIT HOUSING AUTHORITY
 512 Springfield Avenue • Summit, NJ 07901

APPLICATION FOR SENIOR HOUSING (all family members must be 62 years or older)

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Name: _____

Address _____ PO Box _____ Cell Phone: _____

City: _____ State _____ Zip _____ Home Phone: _____

Email: _____ Work Phone: _____

Bedrooms _____ Rent paid \$ _____ Landlord's name & phone: _____

Emergency Contact: _____ Phone: _____

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List all persons who will live in the rental unit:

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>AGE</u>	<u>SEX</u>
1. _____	<u>HEAD OF HOUSEHOLD</u>	_____	_____	_____
SS # _____				
2. _____	_____	_____	_____	_____
SS # _____				
3. _____	_____	_____	_____	_____
SS # _____				
4. _____	_____	_____	_____	_____
SS # _____				
5. _____	_____	_____	_____	_____
SS # _____				
6. _____	_____	_____	_____	_____
SS # _____				

CIRCLE THE ANSWER TO ALL OF THE FOLLOWING QUESTIONS:

- Yes No Do you expect any additions to the household within the next twelve months?
If yes, explain: _____
- Yes No Do you have full custody of your child(ren)?
If no, explain: _____
- Yes No Are there any absent household members who under normal conditions would live with you? If yes, explain: _____
- Yes No Does your household have or anticipate having any pets?
- Yes No Are **all** members of your household U.S. citizens or permanent residents of the U.S.?
If no, explain: _____
- Yes No Has anyone named on this application ever lived in public or rent subsidized housing?
If yes, list housing authority & date of occupancy: _____

ASSET INFORMATION **CIRCLE THE ANSWER TO ALL OF THE FOLLOWING QUESTIONS.**

Does anyone in the household have any of the following:

- Yes No Checking or savings account?
- Yes No CDs, money market accounts or treasury bills?
- Yes No Stocks, bonds or securities?
- Yes No Life insurance policies or trust funds?
- Yes No Pensions, IRAs, Keogh, 401(k) or other retirement/investment accounts?
- Yes No Real estate, rental property, land contracts/contract for deeds or other real estate holdings? If yes, list all addresses, market value and rental income:

- Yes No Has anyone in the household disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
If yes, explain: _____

LIST ALL ASSETS: (REFER TO LIST ABOVE & fill out completely, attach separate sheet if needed.)

Account/Asset Type (For example, checking, savings, brokerage, mutual fund, etc.)

	Institution Name	Balance
	Address	Interest Rate
	Account #	
	Institution Name	Balance
	Address	Interest Rate
	Account #	
	Institution Name	Balance
	Address	Interest Rate
	Account #	

CHILDCARE FOR DEPENDENTS UNDER AGE 13

Childcare: If all adult family members are employed or attending school, you may be eligible for a deduction. List the child care provider's name, address and phone number and cost of care per week.

Name & Address: _____
Cost: _____

SENIOR CITIZEN / DISABLED / HANDICAPPED ONLY: (you may be eligible for deductions)

Medical Insurance: Name of Company _____ Cost to you: \$ _____ per year

Outstanding medical bills / ongoing out-of-pocket medical expenses: \$ _____ per year

Cost of prescription medications / year:
Name of pharmacy _____
Cost to you: \$ _____ per year

SENIOR HOUSING ONLY: Are you the parent of a Summit resident? _____

Son's/Daughter's Name: _____ Tel# _____

Address: _____ Summit, NJ 07901

VEHICLE (S) License Plate #, State issued, Make/Model/Year of each vehicle you drive:

Vehicle #1 _____

Vehicle #2 _____

RACE / ETHNICITY

For HUD record-keeping we request that you indicate BOTH your race and ethnicity:

RACE:

ETHNICITY:

White

Non-Hispanic

Black

Hispanic

Asian/Pac Islander

Native American

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WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.
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CERTIFICATION BY APPLICANT:

BY SIGNING THIS APPLICATION, I / WE DECLARE THAT ALL OF MY / OUR RESPONSES ARE TRUE AND COMPLETE AND I / WE AUTHORIZE THE TO VERIFY THIS INFORMATION. I / WE UNDERSTAND THAT IN ORDER FOR MY / OUR APPLICATION TO REMAIN CURRENT I / WE MUST NOTIFY THE OF ANY CHANGE IN ADDRESS. I / WE UNDERSTAND THAT THE IS SMOKE-FREE INCLUDING THE APARTMENT UNITS. **I / WE UNDERSTAND THAT ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF MY APPLICATION OR IMMEDIATE TERMINATION OF MY LEASE.**

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Signature of Other Adult Date

- In the selection of all tenants the Housing Authority does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.
- Attention Hearing/Speech Impaired Individuals: Operator Assistance for TTY/TTD users: 1-800-855-1155