

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

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

Name: _____
 Address _____ PO Box _____ Cell Phone: _____
 City: _____ State _____ Zip _____ Home Phone: _____
 Email: _____ Work Phone: _____
 # Bedrooms _____ Rent paid \$ _____ Landlord's name & phone: _____
 Emergency Contact: _____ Phone: _____

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: _____
- Yes No Has anyone named on this application been convicted of a felony? (If yes, attach separate sheet with detailed explanation)
- Yes No Has anyone named on this application been arrested for possessing, dealing or

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:

- White
- Black
- Asian/Pac Islander
- Native American

ETHNICITY:

- Non-Hispanic
- Hispanic

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.

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