



City View Landing

Address: 195 West Kinney Street
Newark, NJ 07103
Phone: 973-799-0083
Fax: 973-799-0428
Email: cityview@pennrose.com
TTY: 800-654-5984

To be completed by office staff:

Application Number _____

Date Application Rec'd _____

Time Application Rec'd _____

Initials of Staff Member _____

HEAD OF HOUSEHOLD

NAME: _____

(First)

(Middle Initial)

(Last)

SSN: _____

M

F

CURRENT ADDRESS: _____

(House #) (Street Name)

(Apt. #)

HOME #: _____

CELL #: _____

WORK #: _____

(City)

(State)

(Zip Code)

EMAIL: _____

HOUSEHOLD MEMBERS

Name	M/F	Relationship	Soc. Sec. Number

ANNUAL HOUSEHOLD INCOME

EMPLOYMENT / WAGES	\$
SOCIAL SECURITY INCOME	\$
SOCIAL SECURITY DISABILITY INCOME	\$
PUBLIC ASSISTANCE (WELFARE/TANF)	\$
CHILD SUPPORT	\$
PENSION	\$
OTHER INCOME (PLEASE SPECIFY):	\$



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Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?

Is the Head of Household or Spouse 62 years of age or older or disabled?

Are you currently employed?

Are you a student or recent graduate of an educational or training program?

Were you involuntarily displaced due to a natural disaster?

Are you homeless?

Do you require a unit with special features?

*(e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)*If yes above, please **tick** features required:Unit for mobility impaired ☐Unit for visually impaired ☐Unit for hearing impaired ☐Grab bars ☐No steps ☐Other: ☐

Describe: _____

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I _____ hereby give my permission for a credit and criminal background check, which is part of the application process

I _____ hereby give my permission for a credit and criminal background check, which is part of the application process

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Types of Program Assistance (For Office Use ONLY)****Important: You must notify us promptly should any information on this application change**

Tax Credit	<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>
ACC	<input type="checkbox"/>	30%	<input type="checkbox"/>	50%	<input type="checkbox"/>

March 2017



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