

PRINCETON COMMUNITY HOUSING

provides, manages and advocates for affordable housing

Application _____

PRINCETON COMMUNITY VILLAGE

1 Holly House Office

Princeton, NJ 08540

609-921-1686 fax 609-921-3404

www.princetoncommunityhousing.org

TTY 1-800-852-7899

Preliminary Housing Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ (cell) _____ (work) _____

Name of all household members
who plan to live w/you
(include self)

Relationship to
head of
household

Birthdate

Sex
(M/F)

Social Security
Number

HEAD

Employers/Income for all household members:

Household Member Name

Employer

Gross Annual Income

How Long Employed?

Total Household Annual Income: \$ _____

Dollar value of all assets (savings, stocks, bonds, etc.):

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Source and amount of other annual income (social security, disability, unemployment, child support, etc.):

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

DRIVER'S LICENSE # _____ State _____ Head of Household
DRIVER'S LICENSE # _____ State _____ Other Adult (over 18)
DRIVER'S LICENSE # _____ State _____ Other Adult (over 18)

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. *(All household members 18 and older must sign application)*

Applicant: _____ Date: _____
Signature

Co-Applicant: _____ Date: _____
Signature

Co-Applicant: _____ Date: _____
Signature

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

(B) ☐ Hispanic ☐ Non-Hispanic

