

PRINCETON COMMUNITY HOUSING

provides, manages and advocates for affordable housing

www.princetoncommunityhousing.org

ELM COURT

300 Elm Road

Princeton, NJ 08540

Office (609) 921-0929 Fax (609) 921-1068

TTY 1-800-852-7899

APPLICATION # _____

For EC Office Use Only: Received _____ Staff Initials _____ Income Level: ELI _____ VLI _____ LI _____

Preliminary Housing Application

(Do not include supporting documents at this time)

Applicant's Name _____ Gender _____

Social Security # _____ Date of Birth _____

Co-Applicant (if any) _____ Gender _____

Social Security # _____ Date of Birth _____

Address _____ Length of Residency _____

City _____ County _____ State _____ Zip _____

Applicants **must** provide a complete list of all states/countries in which Applicant/Co-Applicant has resided.
(use a separate sheet of paper if necessary and attach it to this application):

Own your own home? Yes _____ No _____ Rent? Yes _____ No _____

If renting, give name, address, and phone number of current and previous Landlord _____

What is your present housing? (Type, size, condition?) _____

Current monthly rent _____ Does rent include utilities? Yes _____ No _____

Are you currently living in federally assisting housing? Yes _____ No _____

If yes, name and location of housing property: _____

Is any member of your household active U.S. military or a U.S. military veteran? Yes _____ No _____

Is any member of your household seeking housing as a result of a "Presidentially-Declared Disaster"?

Yes _____ No _____

I am interested in a 1 bedroom _____; studio _____ (only one person can occupy a studio); either _____

**** ALL apartments are SMOKE FREE. ****

Do you work full time, part time or seasonally? Yes _____ No _____

Earnings \$ _____ per _____ How long employed _____ from _____ to _____

INCOME: *This section must be completed with source and amount.*

Examples: Social Security, SSI, Public Assistance, SS Debit Card, Employment Income, Unemployment Income, Pensions, Annuities, Alimony, Business Net Income, Disability Payments, P.A.A.D. Lifeline Electric Assistance, I-864 Immigration Sponsor Contributions to Household (legal non-citizens only), etc.

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

ASSETS: *This section must be completed. Provide the monetary value of your assets and anticipated income:*

Examples: Checking/Savings/Brokerage/Money Market accounts, Annuity, Mutual Funds, IRAs, 401K, Stocks, Bonds, Whole Life Insurance Policy, Revocable Trust Fund, Revocable Pre-paid Funeral, CDs, Real Estate (market value), cash held at home or in safe deposit box, etc. Distributions from a retirement account are considered income.

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Federal Tax Return for Prior Year? No ____ Yes ____ (If yes, must be provided at Eligibility Interview)

Do you or anyone in your household have special needs as defined by Section 223 of Social Security Act?

Yes ____ No ____ If yes, please describe: _____

Has a Form I-864 Affidavit of Support been signed on your behalf? Yes ____ Date _____ No ____

Are you subject to a lifetime sex offender registration program in any state? Yes ____ No ____

If Yes, Provide: Name _____ Date _____ State(s) _____

MUST BE PROVIDED (if applicable):

Driver's License (Applicant) # _____ State _____

Driver's License (Co-Applicant) # _____ State _____

Personal References

1. _____

2. _____

How did you learn about Elm Court? Check all that apply.

____ Princeton Community Housing website

____ Friend/Family

____ NJ Housing Resource Center

____ Church (specify) _____

____ Resident of Princeton Community Housing

____ Community Agency _____

APPLICANT CERTIFICATION:

I understand that Elm Court is a smoke-free community; no smoking of any type will be permitted in any apartment or common areas; violations of policy will result in eviction.

I understand that the filing of this application does not, in any way, bind Management to reserve or assign an apartment to me. I understand that I must be BOTH age and income eligible at the time of application AND when called for an Eligibility Interview.

I understand that ALL requested information must be completed for this application to be deemed complete. If there are blanks, the application will be deemed incomplete and returned to me. In the event that a section does not apply to me, I will mark it N/A.

I agree to notify Management in writing immediately regarding any changes in household address, telephone number, and household composition. I understand that if Management cannot reach me by telephone or U.S. mail, my name will be removed from the Wait List.

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 Management 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 Management, 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.

Signature _____ Date _____
Co-Applicant _____ Date _____
Telephone _____ Cell Phone _____
Email address: _____

Please check which of the following best describes the Head of Household in both categories). This information is for compliance with Fair Housing laws, NJ Division of Civil Rights and HUD statistical purposes only.

RACE: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
 ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other

ETHNIC: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

11/2014



SMOKE FREE BUILDING