

GRIGGS FARM

ONE MONUMENT DRIVE • PRINCETON, NEW JERSEY • 08540

PHONE: 609-924-3822 • FAX: 609-924-3827

Dear Applicant:

Thank you for your interest in Princeton Community Housing and Griggs Farm.

If you are interested in renting an affordable unit at Griggs Farm, please complete the enclosed application and return the application to our office via mail, fax or email. If you wish to speak with someone in person, we encourage you to call and set up an appointment. If you wish to simply drop off the application, please note our office hours below.

Monday	11:00 am to 4:30 pm
Tuesday	8:30 am to 4:30 pm
Wednesday	8:30 am to 2:00 pm
Thursday	8:30 am to 2:00 pm
Friday	8:30 am to 4:30 pm

Within 14 days from when we receive your application, you will receive a letter of determination with regard to your preliminary eligibility and waitlist status for an affordable rental at Griggs Farm. If your application is complete and your income is within the guidelines noted below, you will be placed on our waiting list:

1 person	\$20,940 to \$41,880
2 persons	\$23,940 to \$47,880
3 persons	\$26,940 to \$53,880
4 persons	\$29,910 to \$59,820
5 persons	\$32,310 to \$64,620
6 persons	\$34,710 to \$69,420

Please note that all the information requested must be provided in order to process the application.

It is important that you contact our office if there are any changes to your information, including your mailing address, phone number and/or household income and size.

If you have any questions, please feel free to visit our website at www.princetoncommunityhousing.org or contact us via phone or email: 609-924-3822, ext. 1116 or email: info@princetoncommunityhousing.org.

Thank you.
Griggs Farm, Inc.

3/13/15

PRINCETON COMMUNITY HOUSING

provides, manages and advocates for affordable housing

Application _____

GRIGGS FARM
One Monument Drive
Princeton, NJ 08540
609-924-3822 fax 609-924-3827
TTY 1-800-852-7899

Preliminary Housing Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email address: _____

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 _____

Do you or anyone in your household have special needs? ____ Yes ____ No. If yes, please describe _____

DRIVER'S LICENSE # _____ State _____ Head of Household

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

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

Preference: Buy ____ Rent ____ Both ____ Princeton Habitat for Humanity ____

Are you subject to a lifetime sex offender registration program in any state? Yes ____

Name _____ Date _____ State _____ No ____

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.

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 ____ Other

(B) ____ Hispanic ____ Non-Hispanic

