

# 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](http://www.princetoncommunityhousing.org) or contact us via phone or email: 609-924-3822, ext. 1116 or email: [info@princetoncommunityhousing.org](mailto: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

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## 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

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### Employers/Income for all household members:

Household Member Name

Employer

Gross Annual Income

How Long Employed?

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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

