

# 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](http://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

