

**HOUSING AUTHORITY TOWN OF NEWTON
32 LIBERTY STREET
NEWTON, NEW JERSEY 07860
TELEPHONE: 973-383-5191 X 21 FAX: 973-383-1181**

**INITIAL APPLICATION
APPLICANTS MUST BE 62 AND OLDER OR 55 + DISABLED**

PLEASE PRINT CLEARLY

Applicant Information			
Name:			
Date of birth:	Age:	SSN:	Phone:
Email:		Gender (Please Circle): Male Female	
Ethnicity (Please Circle): Hispanic Non-Hispanic		Race: Black <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Asian or Pacific Islander	
Are you currently collecting Social Security Disability (SSD), not SSI?			
Current address:			
City:		State:	ZIP Code:
Please circle: Own Rent		Monthly mortgage payment or rent:	How long?
Previous address:			
City:		State:	ZIP Code:
Please circle: Owned Rented		Monthly mortgage or rent:	How long?
Employment Information, If Applicable			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income:
Income Information			
Do you own a business or are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide documentation such as a tax return			
Do you or anyone expected to live with you receive money or financial support from someone outside of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain below and provide documentation			
GROSS Monthly Income (Indicate all sources):		Monthly Medical Expenses:	
SOURCE	AMOUNT	<input type="checkbox"/> Medicare \$ _____ monthly	
Wages		<input type="checkbox"/> Medicaid \$ _____ monthly	
Social Security		<input type="checkbox"/> Private Health Insurance. \$ _____ monthly	
SSI		<input type="checkbox"/> Co Pay for Out of Pocket Medical \$ _____ yearly (copay not covered by insurance for routine visits. Hospitalization and surgery <u>are not</u> considered routine)	
SSD		<input type="checkbox"/> Out of Pocket Prescriptions \$ _____ yearly (copay not covered by insurance for prescription medication)	
Pension			
Survivor Benefits			
TANF (Welfare)			
Worker's Compensation			
Unemployment			
Dividends from Assets			
Other			

Asset Information

Do you own or have an interest in any property (Real estate, mobile home, or land)? Yes No If yes, provide documentation

Do you have any stocks, savings certificates, money market funds, trust funds, retirement accounts or bonds? Yes No If yes, provide documentation

Have you received or anticipate receiving any inheritance or other lump sum payments including lottery winnings? Yes No If yes, provide documentation

Do you have any life insurance policies? Yes No If yes, please complete the information below

Insurance Agency Name & Address	Member Name	Policy Number	Amount / Value

Do you have checking and / or savings accounts? Yes No If yes, please complete the information below

Bank Name	Name(s) on Account	Account Number	Checking or Savings	Current Balance

Other Information

1. Have you ever used a Social Security Number other than the one you have listed above?
 Yes No

2. Have you or anyone in your immediate household ever received any type of housing assistance (Section 8 HCV, Public Housing)? Yes No If yes, provide agency name, address and year

3. Have you ever been evicted from public or do you owe any money to any housing assistance program for knowingly misrepresenting information for such housing programs or other reasons?
 Yes No If yes, provide agency name(s), address(es) and year(s)

NOTE: If you owe money to any housing assistance program, the balance must be paid before we can accept an application

4. Have you ever been evicted or asked to move? Yes No If yes, explain below or attach additional sheets as necessary:

5. Have you or anyone listed on this application engaged in the use, sale, manufacture or distribution of a controlled substances (such as heroin, marijuana, methamphetamine, codeine and other illegal drugs)?
 Yes No If yes, explain:

6. Have you or any members of your household ever been arrested, charged, and/or convicted of any felony and/or misdemeanor other than a traffic violation? Yes No If yes, explain below or attach additional sheets as necessary:

7. Are you or anyone on this application subject to lifetime registration as a sex offender? Yes No

8. Have you or anyone listed on this application ever abused or showed a pattern of abuse of alcohol, drugs or prescription drugs? Yes No If yes, explain below or attach additional sheets as necessary:

9. Do you understand that the Newton Housing Authority does not provide assistance with activities of daily living, such as cooking, grooming and personal hygiene, bill paying, house-keeping and that the facility offers affordable, independent living Yes No

10. Do you understand that if, at any time during your occupancy, you are unable to perform certain activities of daily living, such as cooking, grooming and personal hygiene, bill paying, or house-keeping, you may be required to obtain assistance, at your own expense, with these and other tasks in order to comply with the terms of your lease and maintain a decent, safe and sanitary standard of living? Yes

11. Do you require a reasonable accommodation due to a disability or handicap? Yes No If yes, explain:

12. Do you require an apartment with accessibility features, such as wheelchair access due to a disability or handicap? Yes No If yes, explain:

U.S. Citizenship or Eligible Immigration Status

Section 214 of the Housing and Community Development Act of 1980, titles, "The Noncitizen Rule" requires all family members to provide proof of either US Citizenship or Eligible Immigration Status.

Are you a citizen or the USA? Yes No If no, please submit documentation

Are you a legal resident of the USA? Yes No If no, please submit documentation

APPLICATION PREFERENCES

Town of Newton Resident (Does not include applicants who have a Newton mailing address, but reside in another municipality)

Sussex County Resident

Displaced as a result of federally-declared disaster

AUTHORIZATIONS, REPRESENTATIONS & CERTIFICATIONS:

I do hereby authorize the Newton Housing Authority to obtain a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec 1681 a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

FAILURE TO FILL OUT ENTIRE APPLICATION IN FULL WILL PREVENT THE HOUSING AUTHORITY FROM PROCESSING YOUR APPLICATION. YOU ARE REQUIRED TO NOTIFY THE NEWTON HOUSING AUTHORITY OF ANY CHANGE OF ADDRESS. IF WE CANNOT CONTACT YOU AT THE GIVEN ADDRESS, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST, AND YOU WILL HAVE TO RE-APPLY.

WARNING: SECTION 1001 OF TITLE 18 OF U.S. CODES MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS WITHIN ITS JURISDICTION.

APPLICANT SIGNATURE _____ DATE _____

Co-applicant Information, If Applicable, ONLY IF APPLYING AS A 2-PERSON HOUSEHOLD

Name: _____

Date of birth: _____ Age: _____ SSN: _____ Phone: _____

Email: _____ Gender (Please Circle): Male Female

Ethnicity (Please Circle): Hispanic Non-Hispanic Race: Black White Indian Asian or Pacific Islander

Are you currently collecting Social Security Disability (SSD), not SSI? _____

Current address:

City: _____ State: _____ ZIP Code: _____

Please circle: Own Rent Monthly payment or rent: _____ How long? _____

Previous address:

City: _____ State: _____ ZIP Code: _____

Please circle: Owned Rented Monthly payment or rent: _____ How long? _____

Co-applicant Employment Information, If Applicable

Current employer: _____

Employer address: _____ How long? _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ State: _____ ZIP Code: _____

Position: _____ Hourly Salary (Please circle) Annual income: _____

Income Information

Do you own a business or are you self-employed? Yes No If yes, provide documentation such as a tax return

Do you or anyone expected to live with you receive money or financial support from someone outside of your household?
 Yes No If yes, please explain below and provide documentation

GROSS Monthly Income (Indicate all sources):

SOURCE	AMOUNT
Wages	
Social Security	
SSI	
SSD	
Pension	
Survivor Benefits	
TANF (Welfare)	
Worker's Compensation	
Unemployment	
Dividends from Assets	
Other	

Monthly Medical Expenses:

Medicare \$ _____ monthly

Medicaid \$ _____ monthly

Private Health Insurance. \$ _____ monthly

Co Pay for Out of Pocket Medical \$ _____ yearly (copay not covered by insurance for routine visits. Hospitalization and surgery are not considered routine)

Out of Pocket Prescriptions \$ _____ yearly (copay not covered by insurance for prescription medication)

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Do you own or have an interest in any property (Real estate, mobile home, or land)? Yes No If yes, provide documentation

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- Sussex County Resident
- Displaced as a result of federally-declared disaster

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CO-APPLICANT
SIGNATURE _____

DATE _____

LANDLORD REFERENCES: (if applicable)

Please identify the address and the last three landlords below, starting with most recent:

Landlord Name:

Landlord Address:

Landlord's telephone:

Your address (only if different from landlord's)

From

To

Reason for leaving:



Landlord Name:

Landlord Address:

Landlord's telephone:

Your address (only if different from landlord's)

From

To

Reason for leaving:



Landlord Name:

Landlord Address:

Landlord's telephone:

Your address (only if different from landlord's)

From

To

Reason for leaving:



Newton Housing Authority 32 Liberty Street, Newton, NJ 07860

NOTICE TO ALL APPLICANTS AND TENANTS

Please be advised that the Newton Housing Authority has contracted with The National Tenant Network in order to improve our screening and renewal procedures at the Newton Housing Authority. Please fill out this form completely and sign the Authorization for the Release of Information form

Newton Housing Authority 32 Liberty Street Newton, NJ 07860

Applicant's Name _____

Social Security Number _____

Date of Birth _____

Present Address _____

Previous Address _____

I hereby authorize the Newton Housing Authority to obtain information it deems desirable in the processing of my application, including credit reports; civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information, and release the Newton Housing Authority, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. The applicant hereby waives any claim for damages by reason of non-acceptance of this application, which the Newton Housing Authority or its agent may reject.

Signature: _____

Date: _____

Print Name: _____