

**BOROUGH OF GLASSBORO HOUSING AUTHORITY
ADMINISTRATIVE OFFICES**

181 DELSEA MANOR DRIVE – GLASSBORO, NJ 08028
PHONE 856-881-5211- FAX 856-863-8692

Who is the Head of Household? (Legal Name)			Sex:	SSN	DOB
			M F		
Last	First	M.I.			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> YES (Please explain below) <input type="checkbox"/> NO		

What is your present address?

Current			
_____	_____	_____	_____
Street	City	State	ZIP
Previous			
_____	_____	_____	_____
Street	City	State	ZIP
Home Tel () Work Tel () Cell ()			

If we were unable to reach you, who could we contact locally? _____

Household member: List the legal names of all household members below. Start with the head of household, then spouse or co-head.

No	Legal Name	Sex M/F	Relationship to Head	SSN	DOB
1					
2					
3					
4					
5					
6					
7					
8					

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does anyone live with you now who is not listed above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever lived in assisted housing before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
When? _____ Where? _____		
Under what name? _____		
Who was Head of Household? _____		
Have you ever used a name other than the one you are using now?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What name? _____		
Have you ever used a Social Security number other than the one listed above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is it? _____		
Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Who? _____ When? _____ What? _____		
Are you or any member of your family subject to a lifetime sex offender registration Required in any State?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Who? _____ When? _____ Where? _____		
Have you ever been evicted from Public or Assisted housing for violent Criminal or Drug related activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever violated a family obligation in a HUD-assisted housing program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you owe any money to a Public Housing Agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Current Expenditures

Rent	Phone	Medical	Credit Cards
Electric	Auto Pmt	Cable	Credit Cards
Gas	Auto Ins	Insurance	Loan
Water	Child Care	Rentals	Other
Do you have any other regular monthly payments besides those listed above?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Specify:			

Income Information

Family Member	Source of Income	Rate/Frequency	Type of Income	Annualized Income

Assets Information

Family Member	Asset Description	Current/Disposed	Market Value	Cash Value	Int. Rate %	Annual Income

Banking Information

Name of Bank	Acct Number	Type of Account	Joint/Individual	Balance	
				Current	6 Mo. Avg.

Local Preference may be claimed by **GLASSBORO** Residents Only.

<input type="checkbox"/> Glassboro Resident <input type="checkbox"/> Working in Glassboro <input type="checkbox"/> Elderly/Disabled	<input type="checkbox"/> Displaced by Natural Disaster <input type="checkbox"/> Displaced by Government Action <input type="checkbox"/> Veteran
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The information given on this application is correct to the best of my knowledge. I have no objections to inquiries for the purpose of verifying the facts herein stated.

APPLICATION/TENANT CERTIFICATION**Giving True and Complete Information**

I certify that the information provided on household composition, income, family assets and items for allowance and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and/or the HUD Form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

Reporting Changes in income of Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing assistance or whether or not any money is owed. I certify that in this previous assistance I did not commit fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstance. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions or False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Signature and Date of Household Adults

- 1) _____ Date _____
- 2) _____ Date _____
- 3) _____ Date _____
- 4) _____ Date _____

**NOTIFICATION OF CHANGES OF ADDRESS
MUST BE SUBMITTED WITH APPLICATION**

It is the responsibility of each applicant to notify the Glassboro Housing Authority, 181 Delsea Manor Dr., Glassboro, NJ 08028, **in writing**, each time you change your address. The Post Office provides a "Change of Address" with free mailing privilege for local mailing. This form should be used to notify the Authority office.

Failure to keep this office informed of all changes of address will prevent us from contacting applicant by mail and will leave us no alternative but to remove your application from the waiting list. In the event this happens, it will be necessary for you to file a new application effective the date you resubmitted to this office.

I understand my obligation as described above and assume full responsibility for notifying the Glassboro Housing Authority concerning changes of address.

I understand that this application is for Glassboro Public Housing **ONLY**; I acknowledge **AND** understand that the submission of this application **WILL NOT** place me on the Glassboro Housing Choice Voucher Program (Section 8) waiting list. This application is for the Public Housing waitlist **ONLY**.

- 1) Signature _____ Date _____
- 2) Signature _____ Date _____
- 3) Signature _____ Date _____
- 4) Signature _____ Date _____