



**Housing Authority
of the County of Morris**
99 Ketch Road
Morristown, NJ 07960
(973) 540-0389



Roberta L. Strater
Executive Director

Eligibility Application Form

Family Application []

Senior Application []

General Family Information

Legal Name of Head of Household _____

Present Street Address _____

City, State, Zip Code _____ How Long? _____

Mailing Address _____

City, State, Zip Code _____ Home Telephone _____

Previous address _____ Work Telephone _____

E-Mail Address _____

Household Members

List the legal names of all the people who will be living with you. Start with yourself as head of household, then spouse or co-head, then other adults, and then minors (oldest to youngest).

Adults Legal Names	Relation to Head	Sex	Age	Birth Date	Social Security Number	Occupation	Birthplace
Children (Legal Name)	Relation to Head	Sex	Age	Birth Date	Social Security Number	Absent Parent's Name	Absent Parent's Address

Do you expect anyone to move in or out of your household within the next twelve months? [] Yes [] No

If yes, explain _____

Does anyone live with you who is not listed above? [] Yes [] No

If yes, who? _____

Ethnicity: [] Hispanic [] Non-Hispanic

Race: [] White [] Black/African American [] American Indian/Alaska Native [] Asian [] Native Hawaiian/Other Pacific Islander

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?
[] Yes [] No If yes, please explain _____

Limited English Proficiency: If English is not your primary language, will you require the Housing Authority to provide an interpreter? If yes, please indicate your primary language _____

Program Integrity Information: (These questions apply to all household members)

Have you ever lived in assisted housing before? Yes No

If yes, When? Where? Under what name(s)? _____

Who was the head of household? _____

Have you ever used a name(s) other than the one you are using now? Yes No

If yes, what name(s)? _____

Have you ever used a social security number other than the one you listed on this application? Yes No

If yes, what is it? _____

Provide a complete list of all states in which any household member has resided: _____

Is anyone in your household subject to a lifetime sex offender registration requirement in any state? Yes No

Has anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of controlled substances? Yes No If yes, Who? When? For what? _____

Does anyone in your household currently use a controlled or illegal drug? Yes No

If yes, explain: _____

Has anyone in your household ever been arrested or convicted of a criminal activity? Yes No

If yes, Who? When? For what? _____

Have you ever been evicted from Public or Assisted Housing for violent criminal or drug related activity? Yes No

If yes, explain: _____

Do you owe any money to any public housing agency? Yes No

Total Household Income: List all money received or earned by everyone living in the household. Include all money from Employment, Self-Employment, Unemployment Compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Worker's Compensation, TANF, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Annuities and all other sources of income.

Provide a complete explanation of "Income"

Family Member Name	Source of Income/Employer	Number of Hours Worked Per Week	Annual Income
			\$
			\$
			\$
			\$
			\$

Has anyone in your household applied for any benefits or money which is in the process of being approved? Yes No

Does anyone outside of your household pay for any of your bills or expenses? Yes No If yes, explain: _____

Are you entitled to: Child Support? Yes

Alimony? Yes No

Maintenance? Yes No

Do you receive Child Support, Alimony or Maintenance? Yes No

If yes, from whom? Amount? _____

Does anyone in your household receive an educational scholarship or grant? Yes No

If yes: Name: _____ Source _____ Amount \$ _____ Per _____

Real Estate/Property Asset Information

Do you or any household member own or have an interest in any real estate, boat, and/or mobile home [] Yes [] No
 Have you sold any real estate in the last five years? [] Yes [] No

Description of Asset	Location of Asset	Value of Asset
		\$
		\$
		\$

Asset/Banking Information

Where do you bank? What type of accounts do you have there?

List all stocks, bonds, annuities, saving bonds, credit union shares and all other types of assets for all adults in household.

Name of Bank	Account #	Type of Account	Joint/Individual	Current Balance	6-Month Average Balance
				\$	
				\$	
				\$	
				\$	

Allowances and Deductions

Do you pay child care expenses? [] Yes [] No

If yes: To Whom: _____ Amount: \$ _____ Per _____
 Week/Month

Handicapped Assistance Expenses

Family Member Name	Amount	Per	Reason
	\$		
	\$		

Medical and Unusual Expenses: (Elderly Families Only)

Medicare? \$ _____ Per _____
 Other health insurance? \$ _____ Per _____
 Regular payments on medical bills? \$ _____ Per _____
 Regular payments for medicine? \$ _____ Per _____
 Anticipated health care related expenses in next twelve months \$ _____ Per _____

Current Monthly Expenses (From preceding month)

Rent	\$ _____	Phone	\$ _____	Medical	\$ _____	Credit Card	\$ _____
Gas	\$ _____	Auto Pmt	\$ _____	Insurance	\$ _____	Credit Card	\$ _____
Electric	\$ _____	Auto Ins	\$ _____	Cable	\$ _____	Loan	\$ _____
Water	\$ _____	Child Care	\$ _____	Rentals	\$ _____	Other	\$ _____

Do you have any other regular monthly payments besides those above? [] Yes [] No

If yes, specify: _____

Work History of Adults Members

List the last place of employment for all adult household members below:

Family Member Name	Employer	Employer City, State	From	To

Additional Public Housing Suitability Screening

Have you ever been evicted? [] Yes [] No

If yes, whom? When? Why _____

List the names of your present and former landlord(s) for the past three years.

Landlord	Landlord's Address	Telephone	From	To

Credit References: List 4 credit references

Company / Bank	Account #	Telephone

Pets

Do you have any pets? [] Yes [] No

If yes, what kind? _____ Size: _____ Weight: _____ Pounds

Vehicles: How many vehicles does the family own?

Owner	Make	Model	Year	Color	License Plate	State

Authorizations, Representations and Certifications

I/we do hereby authorize the Housing Authority of the County of Morris to obtain a "consumer report" as defined in the Fair Credit Reporting Act along with information it deems necessary in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police, vehicle records, and any other relevant information.

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

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

Signature of Adult Household Member: _____ Date: _____

If either Head or Spouse/Co-Head is not present, please explain: _____

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.