

Dear Applicant:

Please be advised that in order for our Agency to process your RAD Project based Section 8 application, you **MUST** attach the following information that applies to you or your household:

1. **INCOME VERIFICATION** – **MUST BE IN LETTER FORM.**
 - A. Job letter stating when your employment began and your annual gross salary.
 - B. Social Security S.S.I. /S.S.D. – stating monthly benefit amount.
 - C. TANF – stating monthly social services benefit amount.
 - D. Child Support – Letter from County Probation.
2. **ASSET VERIFICATION** – Statements from the bank or any statement savings, passbook, past 6 months checking account statements, stocks, bonds, money markets, or Certificate of Deposit you may own. Also, verification of all property /real estate.
3. **BIRTH CERTIFICATE** – Voter’s registration card or baptismal record.
4. **SOCIAL SECURITY CARD(s)** – For everyone in the household over six (6) years of age.
5. **SENIOR/DISABLED APPLICANTS ONLY** – If you pay for Blue Cross/Blue Shield, AARP, or any other health insurance, please attach copy of your premium.

Failure to submit the required information and or documentation will result in your application being returned to you for completion.

FOR OFFICE USE ONLY

LAKWOOD HOUSING AUTHORITY
317 SAMPSON AVENUE
LAKWOOD, NJ 08701
(732) 364-1300

Case No. _____
Date: _____
Time: _____
Initials: _____

APPLICATION FOR RAD Project Based Section 8

Date of Application: _____

Name _____ Phone#: _____
(Last) (First) (MI)

Address _____
(Number) (Street) (Apt. #)

(City) (State) (Zip Code)

1. List the names of all persons who will occupy apartment, including yourself. List yourself first as HEAD OF HOUSEHOLD

Full Name	Relation to family Head	Sex	Date of Birth	Place of Birth	Social Security Number
1.	HOH				
2.					
3.					
4.					

Minority/Race:

White ___ Black ___ American Indian or Alaskan Native ___ Asian of Pacific Islander ___

Ethnicity: Hispanic _____ Non-Hispanic _____

2. Name and Address of Previous Landlords:

1. _____
(Name) (Address) (City) (State) (Zip)
2. _____
(Name) (Address) (City) (State) (Zip)

3. Do you own an automobile? Yes _____ No _____

If your answer is yes, fill out below

_____ (Make) _____ (year) _____ (License Plate #) _____ (Color)

Do you have a valid Driver's License? Yes _____ No _____

If answer is yes, complete question below.

Date of Issuance: _____ Expiration Date: _____

State of Issuance: _____ Driver's License No.: _____

4. Are you, your spouse, or any other person whom you expect to occupy the apartment with you presently disabled or handicapped? Yes _____ No _____

a. Name of person Disabled: _____

b. Date of birth of Disabled person: _____ Age: _____

c. If person who is disabled is under the age of sixty-two (62), is such person disabled by determination from the Social Security Administration as defined in Section 223 of the Social Security Act or in Section 102 (b) (5) of the Developmental Disabilities Services and Facilities Construction Amendments of 1970? Such Determination can be obtained from the Social Security Administration, and must accompany this application. Yes _____ No _____

5. Living Conditions:

a. In which of the following are you presently living: (Check one)

Apartment _____ Own Home _____ Renting _____ Other (please explain) _____

Are you living with family, friends or relatives and paying rent and utilities? If so, give name relationship, and living arrangements in detail:

b. Monthly rent now being paid: \$ _____

Cost of utilities per month: \$ _____

Total \$ _____

6. Total income for all occupants. List by name or occupants and source of income:

Name of Occupant **Source of Income** **Income per Month**

Do you expect an increase or decrease in income: Yes _____ No _____

If yes, explain: _____

8. List deductions. (Medical, Medical Insurance, etc.)

Name of Occupant	Type of Deduction	Amount per Month
-------------------------	--------------------------	-------------------------

10. List your assets below. (Saving, Checking, Stocks, Bonds, Real Estate, etc) DO NOT list personal automobiles, home furnishings:

Name of Owner	Description of Assets	Market Value or Amount
----------------------	------------------------------	-------------------------------

11. Have you disposed of Real Estate or property within the last two (2) years: Yes _____ No _____

If answer is yes, please list description of property to whom given or sold, date of transaction and market value of the property. Please provide a copy of said transaction.

12. Have you ever had any problems or disputes with landlords or neighbors? Yes ___ No ___

13. Have you or any member of your family ever been evicted for non-payment of rent or for any other reason? Yes _____ No _____

14. List names of all members of your family at which you lived for the past five years. Provide names, addresses and telephone numbers of all landlords.

15. List names and phone numbers of three references, Employees or Personal (not Relatives)

16. Are you or anyone in household a registered sex offender? Yes _____ No _____

17. Preferences:

Live or work in Lakewood Township? Yes _____ No _____

Victim of Domestic Violence? Yes _____ No _____

Veteran? Yes _____ No _____

If applicant cannot readily supply the required information at the time of submission of the application, it is the applicant's responsibility to make every effort to obtain such information and to submit it to the Authority as soon as possible.

The above information is correct to the best of my knowledge. We/I am aware that a misrepresentation on this application may result in an eviction, in addition to other penalties under applicable laws, rules or regulations.

I have no objections to inquire for the purpose of verifying the facts stated herein. I also understand that this is not a contract and does not bind either party.

(Signature)

(Date)

CERTIFICATION

I hereby certify that I have been informed by the Lakewood Housing Authority that I must report to the Lakewood Housing Authority **in writing** any change in my address within two weeks of moving.

I fully understand that if I fail to do so, and the Authority is unable to reach me for any reason due to my failing to provide my new address, I can, and probably will, be terminated from the waiting list. If that happens, I will have no recourse but to reapply when application intake resumes. I also understand that failure by the U.S. Post Office to forward mail to my new address will not be accepted as an excuse for re-instatement. In short, I understand and agree that **it is my** responsibility to inform the Lakewood Housing Authority of any changes in address.

I also acknowledge receiving copy of this Certification for my records.

(Name)

(Date)