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/medical expenses expenses (insurance/copays or bills), 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.

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

FOR OFFICE USE ONLY
Application #_____
Date Received: _____
Time: _____
Initials: _____

APPLICATION FOR RAD Project Based Section 8.
*This application is intended for seniors (62+) or disabled individuals (18+).
Applications for non-disabled, age 50-61, will be accepted but only served if the senior/disabled list is exhausted

Date of Application: _____

Head of Household Name: _____
(Last) (First) (MI)

Address_____
(Number) (Street) (Apt. #)

_____
(City) (State) (Zip Code)

Telephone# 1:_____ Telephone# 2: _____

Family- List of everyone who will occupy the apartment- INCLUDE YOUSELF FIRST

Full Name	Social Security	Race	Relationship to Head	DOB	Gender	Disabled
(Head of Household's Name) **1.**	SSN: _____ Citizen: Y or N Alien Reg # _____	White__ Black __ Hispanic __ Asian __ Indian __ Hawaiian __ Native American ___	Head XX	DOB: _____	_____	**Y** **N**
2.	SSN: _____ Citizen: Y or N Alien Reg # _____	White__ Black __ Hispanic __ Asian __ Indian __ Hawaiian __ Native American ___	Spouse __ Co-Head __ Live-In aide __ Other adult __	DOB: _____	_____	**Y** **N**
3.	SSN: _____ Citizen: Y or N Alien Reg # _____	White__ Black __ Hispanic __ Asian __ Indian __ Hawaiian __ Native American ___	Spouse __ Co-Head __ Live-In aide __ Other adult __	DOB: _____	_____	**Y** **N**
4.	SSN: _____ Citizen: Y or N Alien Reg # _____	White__ Black __ Hispanic __ Asian __ Indian __ Hawaiian __ Native American ___	Spouse __ Co-Head __ Live-In aide __ Other adult __	DOB: _____	_____	**Y** **N**

Income Information

Family Member	Source of Income	Income Information	Monthly (Gross)
1.	Employer ___ SS/SSI/SSD __ Public Assistance __ Pension __ Other __ No Income __	Name/ Contact Information _____ _____ _____ _____	 _____ _____ _____ _____
2.	Employer ___ SS/SSI/SSD __ Public Assistance __ Pension __ Other __ No Income __	Name/ Contact Information _____ _____ _____ _____	 _____ _____ _____ _____
3.	Employer ___ SS/SSI/SSD __ Public Assistance __ Pension __ Other __ No Income __	Name/ Contact Information _____ _____ _____ _____	 _____ _____ _____ _____
4.	Employer ___ SS/SSI/SSD __ Public Assistance __ Pension __ Other __ No Income __	Name/ Contact Information _____ _____ _____ _____	 _____ _____ _____ _____

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

Asset & Banking Information

Asset Information: Have you or any member of your household disposed of assets for less than their fair market value within the past 2 years from the date of this application? Yes____ No____
Do you own or have interest in: real estate, a boat and/or mobile home? Yes____ No____
Have you sold any real estate within the last 2 years? Yes____ No____
Do you own any rental properties? Yes____ No ____
Do you have any checking, savings or investments accounts? Yes ____ No ____

If yes, please complete the information below.

Asset Description: _____ Market Value$ _____ Cash Value$ _____
Asset Description: _____ Market Value$ _____ Cash Value$ _____
Asset Description: _____ Market Value$ _____ Cash Value$ _____
Asset Description: _____ Market Value$ _____ Cash Value$ _____

Program Integrity Information

Have you ever been evicted? Yes____ No____ When/Where? _____

Have you received Government Assistance Housing before? Yes____ No____
Please Indicate City/State: _____

Do you owe any money to a public housing agency or Section 8 program? Yes____ No____
If yes, Who: _____ How much? _____ Why? _____

Are you or anyone in the household a registered sex offender? Yes____ No____
If yes, please indicate household member: _____

Previous Addresses:

Street Address: _____
(Street) (City) (State) (Zip)

Landlord Name: _____ Move In Date: _____Move Out Date: _____

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.: _____

References:

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

_____
_____
_____

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 denial of housing/assistance or 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 may 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)**

HOUSING ASSISTANCE LIST

General Housing Assistance – Nj.gov-affordable housing listed by towns/counties:
Lakewood Resource & Referral – 732-942-9292
Ocean, Inc. – 732-244-5333
Salvation Army – 732-270-8393
Interfaith Hospitality Network of Ocean County – 732-736-1550
Ocean County Board of Social Services Toms River – 732-349-1500 – emergency
Website: **http://www.co.ocean.nj.us/socialservices** (Special Response, General Assistance, SNAP)
Toms River Rental Assistance – (Dept of Community Affairs-DCA) – 732-255-0818
STEPS – 732-942-9292
HOMELESS PREVENTION – 732-255-0829
Brick Housing Authority – 732-920-9400
Berkley Housing Authority-Bayville – 732-269-2312
Community Investment Strategies (affordable housing-families, 55 & 62 & older) – 609-298-2229/cisnj.com
Regan Development Corp. (Affordable rental housing, special needs, active adults/seniors & affordable home ownership) – 914-693-6613/regandevelopment.com

Family Affordable Housing Developments:
Toms River Crescent, Toms River, NJ – 732-901-2110
Dover Chase Apartments (Toms River) – 609-786-1100
Willow Point at Vista Center (Jackson) – 732-833-4100
Hopes Crossing Management (Toms River) – 732-473-1020
Manchester Village – 732-408-9844
Winteringham Village (Toms River) – 732-244-4550
Lakewood Plaza I – 732-364-2625
Lakewood Plaza II – 732-364-6780
Windsor Crescent (Jackson) – 732-370-1500
Victoria Gardens (Brick) – 732-295-7380
Patriots Cove (Barnegat) – 609-660-2305
Verdena Howell – 848-346-3631
Laurel Oaks Apartments (Barnegat) 609-607-8800
Stafford Park Apartments (Manahawkin) 609-597-3300
Whispering Hill Apartments (Barnegat) – 609-607-8800
Akabe Village Affordable Housing (Howell) – 732-294-1111
Freedom Village (Toms River) – 732-994-1455
Walnut Hollow Apartments (Toms River) 732-244-0480
County Side Place (Howell) – 732-409-7099
Jackson Family Apartments (Jackson) – 609-607-9500
Eagles Crest (Toms River) – 732-508-0080
Ponds at Jackson – 732-987-9222

Senior/Disabled Affordable Housing Developments:
Chambers Bridge Residents (Brick) – 732-451-1600
Howell Senior Citizen Housing (Howell) – 732-370-9110
Seaside Senior Apartments (Seaside Heights) – 609-607-9500 – multiple locations
Heritage Village at Sea Breeze (Forked River) – 609-242-1211
West Lake Mews (Jackson) – 732-928-3323
Freehold Senior Citizens Housing Corp. – 732-431-4880/732-431-4883

Stafford Senior Apartments (Stafford) – 609-607-9500 – multiple locations
Willow at Whiting – 856-662-1730 - multiple locations

Senior/Disabled Affordable Housing Developments (Con't)

Kershaw Commons (Freehold) – 732-431-0500
Heritage at Whiting – 732-350-2426
Corner Stone at Lacey – 609-607-8800 (also Family)
Corner Stone at Toms River – 732-240-2787
Corner Stone at Barnegat – 609-607-5526
Corner Stone at Seaside Heights – 609-607-9500
Corner Stone at Stafford – 609-607-9500
Village at Bay Lea (Green View Way) – 609-786-1100
Harbor View Tuckerton – 609-296-3332
Ocean Dunes Seaside Heights – 732-642-5432
Birchwood at Waretown – 609-607-6560

Websites Listing Possible Available Units for Rent:

www.apartmentguide.com	www.trulia.com	www.craigslist.com
www.rentbits.com	www.forrent.com	www.realtor.com
www.nj211.org	www.zillow.com	www.gosection8.com

Coughlin Management Group:

Managing affordable housing programs ; Sec. 8, Sec. 202, Sec. 236, PRAC, Rent Supplement, RAD conversions. cmc@coughlinmgt.com

O.C.E.A.N., Inc (Multiple Resources)

http://www.oceaninc.org/

Home Energy Assistance-Lakewood, Ocean County

O.C.E.A.N., Inc's Home Energy Assistance Satellite Office at 507 River Avenue in Lakewood offers Home Energy Assistance through LIHEAP (Low Income Home Energy Assistance Program), Gift of Warmth and
NJ Shares (by appointment only).
For more Home Energy information and assistance in Lakewood, call 732-942-3405; Fax 732-942-3409

Emergency Housing Sources/Assistance:

Haven/Beat the Street – 386-315-0168 – www.havenstreets.org
The Society of St. Vincent DePaul – 732-534-9375
St. Dominics – Brick – 732-840-1410
St. Lukes – Toms River – 732-286-2222
Good Samaritan House Men's Shelter – 367 Rt. 9, Waretown, NJ – 609-698-8561
Site to reference; choose state and gives all housing resources per township – www.shelterlisting.org
House of Hope (Support, resources, referrals, food & limited financial assistance – 732-341-4447

Domestic Violence–Providence House (women & children) Toms River – 732-341-1489
HOTLINE – 1-800-799-7233
Long-Term Housing (Dotties House) 2141 Rt. 898 E., Suite 4, Brick, NJ – 732-262-2009
http://dottieshouse.org
Military/Veteran Services – American Legion – Church Rd, Toms River – 732-685-7768