



A FAIR SHARE HOUSING DEVELOPMENT, INC. COMMUNITY

Address: 5 Evans Francis Estates Blvd
Cherry Hill, NJ 08003

Email: evansfrancis@fairsharedevelopment.org

To be completed by office staff:	
Application Number	_____
Date Application Rec'd	_____
Time Application Rec'd	_____
Initials of Staff Member	_____

HEAD OF HOUSEHOLD

M F

NAME: _____ **SSN:** _____
 (First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ **HOME #:** _____
 (House #) (Street Name) (Apt. #)

CELL #: _____

 (City) (State) (Zip Code) **WORK #:** _____

EMAIL: _____ **D.O.B:** _____

How did you hear about us?: _____

Unit Size (1, 2 or 3 bedrooms): _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



Preferences for Determining Waiting List Position (if applicable)

Y N

Do you or any member of your household have a DISABILITY?				
Do you have a portable voucher (i.e. Section 8)?				
Are you currently employed?				
Are you a student or recent graduate of an educational or training program?				
Are you a Veteran?				
Are you homeless?				
Do you require a unit with special features? (i.e. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)				
If yes above, please circle features required:				
Unit for mobility impaired:	Unit for visually impaired:	Unit for hearing impaired:		
Grab bars:	No steps:	Other:		
Describe:				

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

***Important: You must notify us promptly should any information on this application change.**

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

Tax Credit	30%	50%
	60%	Veteran

April 2023

