



# THE ROOSEVELT

**Address:** Fair Share Housing Development Inc  
1 Ethel Lawrence Boulevard  
Mount Laurel, NJ 08054  
Attention: The Roosevelt

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

**Email:** r \_\_\_\_\_

## 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 or 2 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%
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February 2024

