THE ROOSEVELT

Address: 1 Ethel Lawrence . 2dzfŜØI-WŘ
a 2dzyú [I-dzWŜf, NJ 080pn

Email: r22ăŜØŜfúI-LJúă X FI-ŴWăKI-WŜŘŜØŜf2LJY Ŝyú©2WE

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 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):	$

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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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