

RED BANK HOUSING AUTHORITY
52 Evergreen Terrace
Red Bank, New Jersey 07701
Telephone: (732) 741-1808 Fax: (201) 741-0104

The Housing Authority is an Equal Housing Provider

PHA use Only:	
Date of application: _____	Time of Application: _____

Pre-application for Public Housing

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____ Current City, State and Zip _____
 Current Area Code and Phone # _____

For Statistical Purposes Only

4. Race of Head: African American/Black Asian or Pacific Islander
 Native American/ Alaskan Native Caucasian/White
5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Fulltime Student ?
H				_____	Head			
2				_____				
3				_____				
4				_____				
5				_____				
6				_____				
7				_____				
8				_____				

Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.? Yes No

6. Is the applicant family displaced by governmental action through no fault of their own? Yes No

7. Is the applicant family displaced by domestic violence? Yes No

8. Is any adult family member employed in Red Bank? Yes No

9. Are you a veteran? Yes No

10. Are you a resident of Red Bank, New Jersey? Yes No

11. **Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per
			Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>
			Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>
			Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>
			Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>

12. Current Landlord's name and phone # _____
Date Family Moved to this location _____

13. Most recent former address, Street, Apt. # _____ Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____

14. Most recent prior landlord's name, phone # _____
Date Family Moved to this location _____

PHA may be contacting all former landlords for the period three years from the date of application.

NOTE: This is a pre-application and submission should not be construed as being eligible for the public housing program. This is also not an offer of a unit. Units will be offered to eligible applicants as their name comes to the top of the waiting list. Eligibility will be determined at the times that an applicant is being offered a unit.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Red Bank Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.