Application for Admission

THE HOUSING AUTHORITY OF THE TOWNSHIP OF IRVINGTON
624 NYE AVENUE
IRVINGTON NJ 07111
(973)375-2121

For Office Use Only

I. Applicant Information

Applicant SSN _____
Applicant Name _____

Street Address _____
City, State, Zip _____
Home Telephone _____
Work Telephone _____
Message Telephone _____

Household Size _____
Emancipated Minor ☐ YES ☐ NO

Accessibility features requested?
Vision _____
Hearing _____
Wheelchair _____
Physical _____

Pet Information
Cats _____ Dogs _____ Other _____
Comments _____

Mailing address same as current address? ☐ YES ☐ NO
Mailing Address _____
City, State, Zip _____

Current Information
Lived there from _____ to _____
Number of bedrooms _____ Rent _____

Reason for Moving
About to be or without housing ☐ Sub-Standard housing ☐ Other (Please specify) ☐ _____

Current Landlord _____
Address _____
City, State, Zip _____ Telephone _____

Current Utility Information
Gas Company _____ Deposit _____
Electric Company _____ Deposit _____
Water Company _____ Deposit _____

II. Previous Information

Previous Address _____
City, State, Zip _____
Lived there from _____ to _____
Number of bedrooms _____ Rent _____

Previous Landlord _____
Address _____
City, State, Zip _____ Telephone _____

Previously lived in Public Housing? ☐ YES ☐ NO
Previous HA Name _____
Address _____
City, State, Zip _____ Telephone _____
Lived there from _____ to _____

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Waiting List Applied For	Application Number	Application Date / Time	Beds Applied

III. Program Integrity

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? ☐ YES ☐ NO
   If yes: Who? When? For What? _____

2. Does anyone in your household currently use a controlled or illegal drug? ☐ YES ☐ NO
   If yes, please explain. _____

3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? ☐ YES ☐ NO
   If yes: Who? When? For What? _____

4. Does anyone outside of your household pay for any of your bills or expenses? ☐ YES ☐ NO
   If yes: Who? When? For What? _____

IV. Family Composition Information

	Name	SSN	Student	Relation to Head	Birthday
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

	Birth Place	Gender (M/F)	Race (mark as needed) 1	2	3	4	5	Ethnicity Hispanic?	Eligibility EC	EN	IN	PV	Alien Registration	Handicap	Disabled
Head															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Eligibility Codes: EC = Eligible Citizen
EN = Eligible Noncitizen
IN = Ineligible Noncitizen
PV = Eligibility Pending

Race Codes: 1 = White
2 = Black/African American
3 = American Indian/Alaska Native
4 = Asian
5 = Native Hawaiian/Other Pacific Islander

V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member _____ Source/Company _____
Income Type _____ Position _____
Start Date _____ How Long _____ Address _____
Income Per _____Hour _____Week _____Month _____Year City, State, Zip _____
_____Weeks per Year _____Hours per Week Telephone _____
Income Amount

Family Member _____ Source/Company _____
Income Type _____ Position _____
Start Date _____ How Long _____ Address _____
Income Per _____Hour _____Week _____Month _____Year City, State, Zip _____
_____Weeks per Year _____Hours per Week Telephone _____
Income Amount

Family Member _____ Source/Company _____
Income Type _____ Position _____
Start Date _____ How Long _____ Address _____
Income Per _____Hour _____Week _____Month _____Year City, State, Zip _____
_____Weeks per Year _____Hours per Week Telephone _____
Income Amount

Family Member _____ Source/Company _____
Income Type _____ Position _____
Start Date _____ How Long _____ Address _____
Income Per _____Hour _____Week _____Month _____Year City, State, Zip _____
_____Weeks per Year _____Hours per Week Telephone _____
Income Amount

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Income Type _____ Position _____
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Income Per _____Hour _____Week _____Month _____Year City, State, Zip _____
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Income Amount

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Income Amount

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Income Type _____ Position _____
Start Date _____ How Long _____ Address _____
Income Per _____Hour _____Week _____Month _____Year City, State, Zip _____
_____Weeks per Year _____Hours per Week Telephone _____
Income Amount

Income Type Codes:

P = Pension	S = SSI	G = General Assistance	I = Indian Trust/per capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other Non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	HA = PHA Wages	U = Unemployment Benefits	IW = Annual Imputed Welfare Income

VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.
Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
Annual Income _____ City, State, Zip _____
Telephone _____

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
Annual Income _____ City, State, Zip _____
Telephone _____

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
Annual Income _____ City, State, Zip _____
Telephone _____

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
Annual Income _____ City, State, Zip _____
Telephone _____

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
Annual Income _____ City, State, Zip _____
Telephone _____

VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member _____ Payee _____
Type of expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year Address _____
Expense Cost _____ City, State, Zip _____
Telephone _____

Family Member _____ Payee _____
Type of expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year Address _____
Expense Cost _____ City, State, Zip _____
Telephone _____

Family Member _____ Payee _____
Type of expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year Address _____
Expense Cost _____ City, State, Zip _____
Telephone _____

Family Member _____ Payee _____
Type of expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year Address _____
Expense Cost _____ City, State, Zip _____
Telephone _____

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Type of expense _____ Contact _____
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Telephone _____

Family Member _____ Payee _____
Type of expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year Address _____
Expense Cost _____ City, State, Zip _____
Telephone _____

VIII. References

Enter references that can be contacted to determine housing suitability

Bank References

Bank 1 _____
Address _____
City, State, Zip _____
Telephone _____
Checking Account # _____
Savings Account # _____

Bank 2 _____
Address _____
City, State, Zip _____
Telephone _____
Checking Account # _____
Savings Account # _____

Credit References

Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

Personal References

Emergency Contact _____
Address _____
City, State, Zip _____
Telephone _____

Name _____
Address _____
City, State, Zip _____
Telephone _____

Name _____
Address _____
City, State, Zip _____
Telephone _____

IX. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____ Date _____

Co-applicant _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

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Management Code _____ Caseworker _____

Offers/Vouchers

Unit Number/ Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials