

Dear Applicant:

Please be advised that in order for our Agency to process your RAD Project based Section 8 application, you **MUST** attach the following information that applies to you or your household:

1. **INCOME VERIFICATION** – **MUST BE IN LETTER FORM.**
  - A. Job letter stating when your employment began and your annual gross salary.
  - B. Social Security S.S.I. /S.S.D. – stating monthly benefit amount.
  - C. TANF.– stating monthly social services benefit amount.
  - D. Child Support – Letter from County Probation.
2. **ASSET VERIFICATION** – Statements from the bank or any statement savings, passbook, past 6 months checking account statements, stocks, bonds, money markets, or Certificate of Deposit you may own. Also, verification of all property /real estate.
3. **BIRTH CERTIFICATE** – Voter's registration card or baptismal record.
4. **SOCIAL SECURITY CARD(s)** – For everyone in the household over six (6) years of age.
5. **SENIOR/DISABLED APPLICANTS ONLY** – If you pay for Blue Cross/Blue Shield, AARP, or any other health insurance, please attach copy of your premium.

**Failure to submit the required information and or documentation will result in your application returned to you for completion.**

**APPLICATIONS WILL BE ACCEPTED MONDAY THROUGH FRIDAY, BETWEEN THE HOURS OF 9:00 AM AND 3:00 PM ONLY.**

FOR OFFICE USE ONLY

LAKESWOOD HOUSING AUTHORITY  
 317 SAMPSON AVENUE  
 P.O. BOX 1599  
 LAKESWOOD, NJ 08701  
 (732) 364-1300

Case No. \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Initials: \_\_\_\_\_

APPLICATION FOR RAD Project Based Section 8

Date of Application: \_\_\_\_\_

Name \_\_\_\_\_ Phone#: \_\_\_\_\_  
 (Last) (First) (MI)

Address \_\_\_\_\_  
 (Number) (Street) (Apt. #)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)

1. List the names of all persons who will occupy apartment, including yourself. List yourself first as HEAD OF HOUSEHOLD

Full Name	Relation to family Head	Sex	Date of Birth	Place of Birth	Social Security Number
1.	HOH				
2.					
3.					
4.					

Minority/Race: White \_\_\_ Black \_\_\_ American Indian or Alaskan Native \_\_\_ Asian of Pacific Islander \_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

2. Name and Address of Previous Landlords:

1. \_\_\_\_\_  
 (Name) (Address) (City) (State) (Zip)  
 2. \_\_\_\_\_  
 (Name) (Address) (City) (State) (Zip)

3. Do you own an automobile? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, fill out below

\_\_\_\_\_ (Make) \_\_\_\_\_ (year) \_\_\_\_\_ (License Plate #) \_\_\_\_\_ (Color)

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, complete question below.

Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Are you, your spouse, or any other person whom you expect to occupy the apartment with you presently disabled or handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Name of person Disabled: \_\_\_\_\_

b. Date of birth of Disabled person: \_\_\_\_\_ Age: \_\_\_\_\_

c. If person who is disabled is under the age of sixty-two (62), is such person disabled by determination from the Social Security Administration as defined in Section 223 of the Social Security Act or in Section 102 (b) (5) of the Developmental Disabilities Services and Facilities Construction Amendments of 1970? Such Determination can be obtained from the Social Security Administration, and must accompany this application. Yes \_\_\_ No \_\_\_

5. Living Conditions:

a. In which of the following are you presently living: (Check one)

Apartment \_\_\_\_\_ Own Home \_\_\_\_\_ Renting \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Are you living with family, friends or relatives and paying rent and utilities? If so, give name relationship, and living arrangements in detail:

\_\_\_\_\_  
\_\_\_\_\_

b. Monthly rent now being paid: \$ \_\_\_\_\_

Cost of utilities per month: \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

6. Total income for all occupants. List by name or occupants and source of income:

**Name of Occupant**                      **Source of Income**                      **Income per Month**

\_\_\_\_\_  
\_\_\_\_\_

Do you expect an increase or decrease in income: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

8. List deductions. (Medical, Medical Insurance, etc.)

Name of Occupant	Type of Deduction	Amount per Month
_____	_____	_____
_____	_____	_____

10. List your assets below. (Saving, Checking, Stocks, Bonds, Real Estate, etc) DO NOT list personal automobiles, home furnishings:

Name of Owner	Description of Assets	Market Value or Amount
_____	_____	_____
_____	_____	_____

11. Have you disposed of Real Estate or property within the last two (2) years: Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, please list description of property to whom given or sold, date of transaction and market value of the property. Please provide a copy of said transaction.

\_\_\_\_\_

12. Have you ever had any problems or disputes with landlords or neighbors? Yes \_\_\_ No \_\_\_

13. Have you or any member of your family ever been evicted for non-payment of rent or for any other reason? Yes \_\_\_\_\_ No \_\_\_\_\_

14. List names of all members of your family at which you lived for the past five years. Provide names, addresses and telephone numbers of all landlords.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. List names and phone numbers of three references, Employees or Personal (not Relatives)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Have you or any member of your family who will reside with you used or still use and illegal control substance (drug) or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

17. If yes, you or the member(s) of your family attend or presently attend drug rehabilitation programs? Yes \_\_\_\_\_ No \_\_\_\_\_ List names and address of facility attended.

\_\_\_\_\_

\_\_\_\_\_

18. Have you or anyone in your household ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Are you or anyone in household a registered lifetime sex offender? Yes \_\_\_\_\_ No \_\_\_\_\_

**If applicant cannot readily supply the required information at the time of submission of the application, it is the applicant's responsibility to make every effort to obtain such information and to submit it to the Authority as soon as possible.**

The above information is correct to the best of my knowledge. We/I am aware that a misrepresentation on this application may result in an eviction, in addition to other penalties under applicable laws, rules or regulations.

I have no objections to inquire for the purpose of verifying the facts stated herein. I also understand that this is not a contract and does not bind either party.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### CERTIFICATION

I hereby certify that I have been informed by the Lakewood Housing Authority that I must report to the Lakewood Housing Authority in writing any change in my address within two weeks of moving.

I fully understand that if I fail to do so, and the Authority is unable to reach me for any reason due to my failing to provide my new address, I can, and probably will, be terminated from the waiting list. If that happens, I will have no recourse but to reapply when application intake resumes. I also understand that failure by the U.S. Post Office to forward mail to my new address will not be accepted as an excuse for re-instatement. In short, I understand and agree that it is my responsibility to inform the Lakewood Housing Authority of any changes in address.

I also acknowledge receiving copy of this Certification for my records.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

## Housing Assistance List

### General Housing Assistance

#### Nj.gov-affordable housing listed by towns/counties

Ocean Inc. 732-244-5333

Salvation Army 732-270-8393

Interfaith Hospitality Network of Ocean County 732-736-1550

Ocean County Board of Social Services Toms River 732-349-1500-emergency

Toms River Rental Assistance (DCA) 732-255-0818

STEPS 732-942-9292

HOMELESS PREVENTION 732-255-0829

Brick Housing Authority 732-920-9400

Berkley Housing Authority (Bayville) 732-269-2312

Community Investment Strategies (affordable housing-families, 55 and 62 and older) 609-298-2229 /cisnj.com

Regan Development Corporation (Affordable rental housing, special needs, active adults/seniors & affordable home ownership) 914-693-6613/regandevlopment.com

### Family Affordable Housing Developments:

Toms River Crescent, Toms River NJ 732-901-2110

Dover Chase Apartments (Toms River) 609-786-1100 Freedom Village (TR) 732-994-1455-multiple locals

Willow Point at Vista Center (Jackson) 732-833-4100 Walnut Hollow Apt (TR) 732-244-0480

Country Side Place (Howell) 732-409-7099 Jackson Family Apt (Jackson) 609-607-9500

Hopes Crossing Management (Toms River) 732-473-1020

Manchester Village 732-408-9844

Winteringham Village (Toms River) 732-244-4550

Lakewood Plaza I 732-364-2625

Lakewood Plaza II 732-364-6780

Windsor Crescent (Jackson) 732-370-1500

Victoria Gardens (Brick) 732-295-7380

Patriots Cove (Barnegat) 609-660-2305

Verdana Howell 732-701-71743

Laurel Oaks Apt. (Barnegat) 609-607-8800

Stafford Park Apts. (Manahawkin) 609-597-3300

Whispering Hill Apts. (Barnegat) 609-607-8800

Akabe Village Affordable Housing (Howell) 732-294-1111

### Senior Affordable Housing Developments:

Chambers Bridge Residents (Brick) 732-451-1600

Howell Senior Citizen Housing (Howell) 732-370-9110

Seaside Senior Apt (seaside heights) 609-607-9500-multiple locations

Heritage Village at Sea Breeze (Forked River) 609-242-1211

West Lake Mews (Jackson) 732-928-3323

Freehold Senior Citizens Housing Corp 732-431-4880/732-431-4883

Stafford Senior Apt (Stafford) 609-607-9500-multiple locations

Willow at Whiting- 856-662-1730-multiple locations

### Disable Housing

Kershaw Commons (Freehold) 732-431-0500