



# HOUSING APPLICATION

**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR BOTH THE TENANT AND CO-TENANT (if applicable)**

**1. HEAD OF HOUSEHOLD NAME** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**2. CO-TENANT NAME** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**How did you hear about our property?** \_\_\_\_\_

When are you looking to Move In? : \_\_\_\_\_

How many people will live in the unit? \_\_\_\_\_ How many bedrooms are you interested in? \_\_\_\_\_

Has the Tenant or Co-Tenant been determined disabled by a federal or state agency? Y ( ) N ( )

Does the Tenant, Co-Tenant or family member require a unit adapted for wheelchairs? Y ( ) N ( )

Do you receive Section 8 Assistance? Y ( ) N ( ) Do you have a pet? Y ( ) N ( ) Type: \_\_\_\_\_

**Household Composition:**

	<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>FT Student?</b>
1			HEAD OF HOUSEHOLD	Y ( ) N ( )
2				Y ( ) N ( )
3				Y ( ) N ( )
4				Y ( ) N ( )
5				Y ( ) N ( )
6				Y ( ) N ( )
7				Y ( ) N ( )
8				Y ( ) N ( )

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# HOUSING APPLICATION

**Head of Household** Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex: M F Marital Status: Married Divorced Single/Never Married

Photo ID/Driver's Lic. #: \_\_\_\_\_ Expires: \_\_\_\_\_

Are you a U.S. Citizen? Yes ( ) No ( ) Alien Registration: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tenant Racial/Ethnic Description OPTIONAL** (Check Appropriate description for statistical purposes only)

White ( ) Black ( ) Native Amer. ( ) Asian ( ) Hispanic ( ) Other ( ) \_\_\_\_\_

**Co-Tenant** Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Sex: M F Marital Status: Married Divorced Single/Never Married

Photo ID/Driver's Lic. #: \_\_\_\_\_ Expires: \_\_\_\_\_

Are you a U.S. Citizen? Yes ( ) No ( ) Alien Registration: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Co-Tenant Racial/Ethnic Description OPTIONAL** (Check Appropriate description for statistical purposes only)

White ( ) Black ( ) Native Amer. ( ) Asian ( ) Hispanic ( ) Other ( ) \_\_\_\_\_

## Tenant History

Have you or the co-tenant ever filed for bankruptcy? Yes ( ) No ( )

Have you or the co-tenant ever been evicted? Yes ( ) No ( )

Have you or the co-tenant ever intentionally refused to pay rent when due? Yes ( ) No ( )

If yes to any of the above, please explain: \_\_\_\_\_

Have you or the co-tenant been convicted of a crime? Yes ( ) No ( )

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

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## INCOME & ASSETS

### IT IS IMPORTANT TO REPORT ALL SOURCES OF INCOME

Which may include, but is not limited to Employment Wages, Social Security, SSI, SSDI, Veteran's Benefits, Survivor's Benefits, pensions, AFDC, General Assistance, aid to the blind, Alimony, Child Support, Unemployment, Worker's Compensation, Financial Aid etc.

	TENANT	CO-TENANT	OTHER MEMBER
Monthly Gross Employment Wages	\$	\$	\$
Monthly Social Security benefits	\$	\$	\$
Monthly SSI benefits	\$	\$	\$
Monthly SSDI benefits	\$	\$	\$
Monthly Pension	\$	\$	\$
Veteran's benefits	\$	\$	\$
Survivor's benefits	\$	\$	\$
Monthly Alimony	\$	\$	\$
Monthly Unemployment Compensation	\$	\$	\$
Monthly Worker's Compensation	\$	\$	\$
Monthly Child Support	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL GROSS INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## DISPOSITION OF ASSETS

**Have you and/or co-tenant given away or sold any property or asset in the past 2 years?**

Yes ( ) No ( ) If Yes, please explain: \_\_\_\_\_

### IT IS IMPORTANT TO REPORT ALL ASSETS

including but not limited to checking and savings accounts, IRA accounts, Money Market, Certificates of Deposit, KEOGHs, Whole Life Insurance Policies. Please be sure to provide name and address of Banks and Financial Institutions

1. Bank/Financial Institution: \_\_\_\_\_ Account Number ending in: \_\_\_\_\_

Address: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type of Account: \_\_\_\_\_

2. Bank/Financial Institution: \_\_\_\_\_ Account Number ending in: \_\_\_\_\_

Address: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type of Account: \_\_\_\_\_

PLEASE USE A SEPARATE SHEET OF PAPER TO LIST ADDITIONAL ACCOUNTS IF NEEDED

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# HOUSING APPLICATION

## LIST ANY STOCKS AND BONDS OWNED BY TENANT AND/OR CO-TENANT

1. Name of Stock: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Address: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

2. Name of Stock: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Address: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

PLEASE USE A SEPARATE SHEET OF PAPER TO LIST ADDITIONAL STOCKS IF NEEDED

## TENANT CURRENT EMPLOYMENT INFORMATION

1. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_ FT ( ) PT ( ) How Long at job? \_\_\_\_\_

2. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_ FT ( ) PT ( ) How Long at job? \_\_\_\_\_

## CO-TENANT CURRENT EMPLOYMENT INFORMATION

1. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_ FT ( ) PT ( ) How Long at job? \_\_\_\_\_

2. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_ FT ( ) PT ( ) How Long at job? \_\_\_\_\_

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# HOUSING APPLICATION

**TENANT Current Housing:** RENT ( ) OWN ( ) OTHER( ) \_\_\_\_\_

**IF YOU RENT:**

Monthly Rent: \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_ How Long have you lived there? \_\_\_\_\_

1. Name of Landlord or Apartment Complex: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_

Name of Previous Landlord or Apartment Complex: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF YOU OWN YOUR HOME:**

Do you have a mortgage? Yes ( ) No ( ) What is your mortgage balance? \$ \_\_\_\_\_

Current Market Value \$ \_\_\_\_\_ Monthly Mortgage Payment \$ \_\_\_\_\_

Annual Real Estate Taxes \$ \_\_\_\_\_ Annual Insurance Premium \$ \_\_\_\_\_

**Do you plan to sell the property?** Yes ( ) No ( ) **Do you plan to rent the property?** Yes ( ) No ( )

**CO- TENANT Current Housing:** RENT ( ) OWN ( ) OTHER( ) \_\_\_\_\_

**IF INFORMATION IS THE SAME AS ABOVE PLEASE CHECK HERE ( )**

Monthly Rent: \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_ How Long have you lived there? \_\_\_\_\_

1. Name of Landlord or Apartment Complex: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_

Name of Previous Landlord or Apartment Complex: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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## 4. FINANCIAL DISCLOSURE AGREEMENT FORM

I, (We), certify that the information in this application is true and complete to the best of my/our knowledge and belief.

I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.

By signing this document, I/we hereby authorize Lutheran Social Ministries of NJ and Lutheran Social Ministries of Camden to request, compile, review and obtain copied documentation of any financial records that the Program deems necessary to ascertain eligibility for affordable housing. These may include but are not limited to Federal Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Savings, Certificates of Deposit, Dividends and any interest bearing accounts, profit and loss statements, etc.

I/we also understand that all financial information will remain confidential and will be used only for the above described purpose.

**WARNING:** Section 1001 of Title I B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction it is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

**PLEASE RETURN APPLICATION TO:  
LSM of Camden, 539 State St. Camden, NJ 08102**

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