

Church Street Corporation
25 Hancock Street
Keansburg, NJ 07734
732 787 6161

McGrath Towers

Thank you for expressing an interest in residency at McGrath Towers, the requirements are as follows:

- **62 years or older or handicapped/disabled (with preference to 62 yrs and older)**
- **Maximum income limit for 1 person is \$47,900.00 and \$54,750.00 for 2 people.**
- **Rent is 30% of gross income (Social Security, Pensions and any income received from assets such as interest on bank accts, annuity payments etc.)**
- **Heat is included in rent. Residents are responsible for their electric bill, phone and cable.**
- **All applicants are subject to and must pass a criminal background check**
- **Please complete the application, sign and date it. If your application is incomplete, it will delay the process and possibly void your application.**

If you have any questions, please call 732 787 6161

APPLICATION FOR SEC. 8 HOUSING



This is an application for housing at: McGrath Towers
 25 Hancock St
 Keansburg, NJ 07734

Please complete this application and Church Street Corporation
 Either mail it or bring it to: 25 Hancock Street
 Keansburg, NJ 07734

To be eligible you must be at least 62 years of age or disabled or handicapped. If you are not 62, you must provide a copy of your award letter from Social Security concerning your disability or handicap.

Applicant Name: _____ Phone: _____
 Co-Applicant: _____ Relationship: _____
 Address: _____
 Street Apt# City State Zip Code

Applicant

Are you a citizen Yes ___ No ___

Date of Birth _____
 Month Day Year

Place of Birth _____

Soc. Sec. No. _____

Source of Income

Monthly Amount

Social Security \$ _____
 SSI \$ _____
 Pension \$ _____
 UN / Dis \$ _____
 Work. Comp \$ _____
 Employment \$ _____
 Alimony \$ _____
 Other \$ _____
 Veteran's Ben. \$ _____

Co-Applicant

Are you a citizen Yes ___ No ___

Date of Birth _____
 Month Day Year

Place of Birth _____

Soc. Sec. No. _____

Source of Income

Monthly Amount

Social Security \$ _____
 SSI \$ _____
 Pension \$ _____
 UN / Dis \$ _____
 Work. Comp \$ _____
 Employment \$ _____
 Alimony \$ _____
 Other \$ _____
 Veteran's Ben. \$ _____

Assets

Balances

Checking Account \$ _____
 Savings Account \$ _____
 Trust Account \$ _____
 Cert of Dep. \$ _____
 Credit Union \$ _____
 Mutual Funds \$ _____
 Stocks \$ _____
 Savings Bonds \$ _____

Do you own property? Yes ___ No ___
 If yes, Type _____
 Location _____
 Appraisal value \$ _____

Assets

Balances

Checking Account \$ _____
 Savings Account \$ _____
 Trust Account \$ _____
 Cert of Dep. \$ _____
 Credit Union \$ _____
 Mutual Funds \$ _____
 Stocks \$ _____
 Savings Bonds \$ _____

Do you own property? Yes ___ No ___
 If yes, Type _____
 Location _____

Additional Information:

Are you or co-applicant currently using an illegal substance? Yes _____ No _____
Have you or co-applicant ever been evicted from any housing? Yes _____ No _____
If yes, describe _____

Have you or co-applicant ever filed for bankruptcy? Yes _____ No _____
If yes, describe _____

Briefly describe your reason for applying _____

Reference Information:

Current Landlord: Name _____
Address _____
Home phone _____ Business phone _____ How long _____

Three personal non-related references:

Name _____ Relationship _____
Address _____ Phone _____
Name _____ Relationship _____
Address _____ Phone _____
Name _____ Relationship _____
Address _____ Phone _____

Vehicle Information:

Vehicles: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____
Color _____ License Plate # _____

AUTHORIZATION

I/We do hereby authorize the Church Street Corporation and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organization to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by the Church Street Corporation.

Signature(s)

Applicant

Co-Applicant

Date

Date

Please check which of the following best describes the Head of Household in both [A] and [B] for NJ Division of Civil Rights and HUD statistical purposes only.

[A] ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ White
___ Native Hawaiian/Other Pacific Islander ___ Other ___ I choose not to answer
[B] ___ Hispanic or Latino ___ Not-Hispanic or Latino ___ I choose not to respond

Please check which of the following best describes the Co-Applicant in both [A] and [B] for NJ Division of Civil Rights and HUD statistical purposes only.

[A] ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ White
___ Native Hawaiian/Other Pacific Islander ___ Other ___ I choose not to answer
[B] ___ Hispanic or Latino ___ Not-Hispanic or Latino ___ I choose not to respond

HUD Notice H 2009-11

State Lifetime Sex Offender Registration

Pursuant to HUD Notice #H2009-11(24 CFR Part 5, Subpart 1) an applicant and or resident at move in or recertification must declare if they or any member of their family is required to state if they are subject to life time sex offender registration program in any state.

YES _____

NO _____

****Failure to respond to this question may jeopardize the approval of this application****

Please list all states you or your relatives have resided in so we may verify this information.

I/We hereby certify that I/We do/will not maintain subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature(s)

Applicant

Co-Applicant

Date

Date

Please attach a copy of your Social Security Card(s) and Birth Certificate

If you or any household member did NOT disclose or do not have a Social Security number, please answer the question below...

Were you age 62 or older as of January 31, 2010, and whose initial determination, prior HUD Housing, eligibility began before January 31, 2010?

YES _____

NO _____

**** Please make sure your application is complete! Anything unanswered will void your application. ****