

PLEASANTVILLE HOUSING AUTHORITY  
156 North Main Street, Pleasantville, New Jersey 08232

Phone (609) 646-3023 Fax (609) 646-9317

**PRELIMINARY APPLICATION**

This Preliminary Application will determine if you are eligible for subsidized housing. If eligible, you will be contacted to complete a FORMAL APPLICATION. Mail completed form to above address or fax to (609) 646-9317.

**INSTRUCTIONS FOR COMPLETION:**

- 1) Do not attach any documents to this pre-application! (YOU WILL BE REQUIRED TO PROVIDE CERTAIN DOCUMENTATION WHEN YOU COMPLETE YOUR FORMAL APPLICATION.)
- 2) Please PRINT all information.
- 3) We **MUST** have a mailing address.
- 4) If this preliminary application is not completed in full, you will not be contacted to complete a formal application.

**NOTE: APPLICATIONS ARE BEING ACCEPTED ONLY FOR THOSE INDIVIDUALS WHO MEET THE FOLLOWING CRITERIA:**

Persons 62 years of age or older;

\_\_\_\_\_  
Name (Head of Household)

\_\_\_\_\_  
Telephone (day number)

\_\_\_\_\_  
Address (WE **MUST** HAVE A MAILING ADDRESS)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

	Name of Each Person who will live in apartment	Age	Sex	Relationship to Head of Household
1				HEAD OF HOUSEHOLD
2				

AGE OF ALL HOUSEHOLD MEMBERS IS REQUIRED.

INDICATE ALL INCOME SOURCES

Source of Income	Gross Monthly Income	Source of Income	Gross Monthly Income
Wages	\$	Pension	\$
Social Security	\$	Other	\$
SSI	\$	Total Monthly Income	\$

MINORITY (Circle all that apply to Head of Household. Information is required by HUD for statistical purposes.)

White

Black

American Indian or Alaskan Native

Asian or Pacific Islander

ETHNIC CODE (circle one)

Hispanic

Non-Hispanic

\_\_\_\_\_  
SIGNATURE

(applfrmreappl rev.07162008)

\_\_\_\_\_  
DATE