



APPLICATION FOR SCATTERED SITES

Pre-Eligibility Application

www.oceancityha.org/OCCDC_PreApplication.pdf

<p>Who is the Head of Household? (Legal Name)</p> <p>_____</p> <p>Last First M.I.</p> <p>Last 4 digits of Social Security # _____</p>	<p>Race:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p>	<p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p>
<p>Do you require any modifications or accommodations to fully utilize the unit or the program and its services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____</p>		

What is your present address?

_____	_____	_____	_____	_____
Street	City	State	Zip	
Home Tel. ()	Business Tel. ()	Cell # ()		

Email Address (required): _____

If we were unable to reach you, who could we contact locally? _____

Name Tel. #

Number of Bedrooms? _____

Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently living in Ocean City? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently working in Ocean City? <input type="checkbox"/> Yes <input type="checkbox"/> No

Household member: List the legal names of all household members below. Start with the head of household, then spouse or co-head.

No.	Legal Name	Sex (M/F)	Relationship to head of household	DOB	HOUSEHOLD GROSS Annual Income (Monthly x12 months)	Source of Income
1			HEAD			
2						
3						
4						
5						
6						
7						
8						
TOTAL HOUSEHOLD INCOME					\$ _____	

I certify that the information provided herein is true and complete to the best of my knowledge and that any misrepresentation of income or household size herein shall be cause for program disqualification. If any information provided on this pre-application changes, I agree to notify the Ocean City Housing Authority immediately.

It is the responsibility of each applicant to notify the Ocean City Housing Authority, 204 4TH Street, Ocean City, NJ 08226, **in writing**, each time you change your address. The Post Office provides a "Change of Address Form" with free mailing privilege for local mailing. This form should be used to notify the Authority office.

Failure to keep this office informed of all changes of address will prevent us from contacting applicants by mail and will leave us no alternative but to remove your application from the waiting list. In the event this happens, it will be necessary for you to file a new application effective the date you resubmit it to this office.

Paper applications MUST be mailed to Ocean City Housing Authority, 204 4TH Street, Ocean City, NJ 08226. Hand-delivered applications will not be accepted. Please contact our office if you require a reasonable accommodation.

Signature of Head of Household

Name _____ Date _____

For questions, please contact the Brooke Group: 856-691-4099 x:170