



# Hopes Crossing

**Address:** 1 Vans Way  
 Toms River , NJ 08755  
**Phone:** 732-473-1020  
**Fax:** 732-473-0074  
**Email:** [hopescrossing@pennrose.com](mailto:hopescrossing@pennrose.com)  
**TTY:** 800-654-5984

To be completed by office staff:  
 Application Number \_\_\_\_\_  
 Date Application Rec'd \_\_\_\_\_  
 Time Application Rec'd \_\_\_\_\_  
 Initials of Staff Member \_\_\_\_\_

## HEAD OF HOUSEHOLD

NAME: \_\_\_\_\_  
 (First) (Middle Initial) (Last)

SSN: \_\_\_\_\_

M	F
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CURRENT ADDRESS: \_\_\_\_\_  
 (House #) (Street Name) (Apt. #)

HOME #: \_\_\_\_\_

CELL #: \_\_\_\_\_

(City) (State) (Zip Code)

WORK #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## HOUSEHOLD MEMBERS

Name	M/F	Relationship	Soc. Sec. Number

## ANNUAL HOUSEHOLD INCOME

EMPLOYMENT / WAGES	\$
SOCIAL SECURITY INCOME	\$
SOCIAL SECURITY DISABILITY INCOME	\$
PUBLIC ASSISTANCE (WELFARE/TANF)	\$
CHILD SUPPORT	\$
PENSION	\$
OTHER INCOME (PLEASE SPECIFY):	\$



**Preferences for Determining Waiting List Position (if applicable)**

Do you or any member of your household have a DISABILITY? Y N

Is the Head of Household or Spouse 62 years of age or older or disabled? Y N

Are you currently employed? Y N

Are you a student or recent graduate of an educational or training program? Y N

Were you involuntarily displaced due to a natural disaster? Y N

Are you homeless? Y N

Do you require a unit with special features? Y N

*(e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)*

If yes above, please circle features required:

Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired
Grab bars	No steps	Other:

Describe: \_\_\_\_\_

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I \_\_\_\_\_ hereby give my permission for a credit and criminal background check, which is part of the application process

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Types of Program Assistance (For Office Use ONLY)**

**\*\*Important: You must notify us promptly should any information on this application change**

Tax Credit	<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>
ACC	<input type="checkbox"/>	30%	<input type="checkbox"/>	50%	<input type="checkbox"/>

March 2017

