



Hopes Crossing

Address: 1 Vans Way
 Toms River, NJ 08755
Phone: 732-473-1020
Fax: 732-473-0074
Email: HopesCrossing@penrose.com
TTY: 800-545-1833 x648

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: _____
 DOB: _____

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

 (City) (State) (Zip Code)

HOME #: _____
 CELL #: _____
 WORK #: _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number
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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
Grab bars

Unit for visually impaired
No steps

Unit for hearing impaired
Other:

Describe: _____

How did you hear about us?: _____

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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Date: _____

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"/>

February 2018

