

Cape May Housing Authority
609-884-8703



Pre-Eligibility Application

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

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. # _____

Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently living in Cape May County? <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 Cape May Housing Authority immediately.

It is the responsibility of each applicant to notify the Cape May Housing Authority **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.

Applications MUST be mailed to Cape May Housing Authority, 191 W. Chestnut Ave, Vineland, NJ 08360. Hand-delivered applications will not be accepted. Please contact our office if you require a reasonable accommodation.

Signature of Head of Household

Name _____ Date _____