Housing Authority of the City of Vineland Administrative Offices 191 W. Chestnut Avenue – Vineland, NJ 08360 856-691-4099 ● Fax 856-691-8404



Who is the Head of Household? (Legal Name) Race: Hispanic Hispanic American Indian/Alaska Native Asian or Pacific Islander Do you require any modifications or accommodations to fully utilize the unit or the program and its services? Yes No If yes, explain:	Current Open Lists – <mark>Se</mark>	lect to Apply			
Who is the Head of Household? (Legal Name)	Oakview Apartments (Millville) 2	3, & 4 Bedroom Un	its		
Who is the Head of Household? (Legal Name)					
Last as digits of Social Security #	Pre-Eligibility Application Who is the Head of Household? (Lega	I Name)		□ H	ispanic
That is your present address? Street	Last First Last 4 digits of Social Security #	M.	I.	Alaska Native	on-Hispanic
Street Street Street State St	Do you require any modifications or accommunity of the second of the se	nodations to fully utili	ze the unit or the progran	n and its services?	
Home Tel. () Business Tel. () Cell # () mail Address (required): we were unable to reach you, who could we contact locally? Handicapped/Disabled?	What is your present address?				
we were unable to reach you, who could we contact locally? Handicapped/Disabled? Yes No Veteran? Yes No Currently living in Yes No Vineland? Ousehold 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 Relationship DOB HOUSEHOLD Source of household HEAD 1	Street		City		State Zip
we were unable to reach you, who could we contact locally? Name	Home Tel. ()	Business Tel. ()	Cell # ()
Handicapped/Disabled?	Email Address (required):				
Handicapped/Disabled?	If we were unable to reach you. who could	d we contact locally	?		
Currently living in	<u> </u>		Name		Tel. #
OUSehold 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 (MIF) to head of household HEAD HEAD HEAD 1 HEAD 2 HEAD 3 HEAD 4 HEAD 5 HEAD 1 HEAD 2 HEAD 4 HEAD 5 HEAD 6 HEAD 1 HEAD 1 HEAD 1 HEAD 1 HEAD 1 HEAD 4 HEAD 5 HEAD 6 HEAD 6 HEAD 7 HEAD 8 HEAD 1 HEA					
No. Legal Name Sex (MF) to head of household HEAD HEAD HEAD Source of Income (Monthly x12 months) HEAD TOTAL HOUSEHOLD INCOME I certify that the information provided herein is true and complete to the best of my knowledge and that any isrepresentation of income or household size herein shall be cause for program disqualification. If any information provided in this pre-application changes, I agree to notify the Vineland Housing Authority immediately. It is the responsibility of each applicant to notify the Vineland Housing Authority, 191 W Chestnut St, Vineland NJ 8360, im writing, each time you change your address. The Post Office provides a "Change of Address Form" with free ailling 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 ill leave us no alternative but to remove your application from the waiting list. In the event this happens, it will be necessary	Currently living in Yes No Vineland?		n Yes No		
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HEAD	No. Legal Name	(M/F) to head of	•	GROSS Annual Income	
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pplications MUST be mailed to Vineland Housing Authority, 191 W Chestnut Avenue, Vineland, NJ 08360. Hand- elivered applications will not be accepted. Please contact our office if you require a reasonable accommodation.					
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ame Date					