

THE HOUSING AUTHORITY
of the
BOROUGH OF COLLINGSWOOD
 30 Washington Avenue
 Collingswood, NJ 08108
 856-854-1077

Mark J. Lonetto
 Executive Director

<u>Office Use Only</u>	
Mailed	_____
Returned	_____
Tour	_____
Resident	_____
Comments:	_____

Dear Applicant:

In accordance with your request, we enclose our application form and credit/criminal background form. Please complete all 3 pages and bring it back to our office. All applications must be returned in person. We will advise you whether we are authorized to accept your application after checking your credit and criminal background.

NOTE: Efficiency apartments will be offered to one person – NO EXCEPTIONS.
One bedroom apartments will be offered to couples – NO EXCEPTIONS.

NAME: _____

ADDRESS: _____

CO-APPLICANT: _____

RELATIONSHIP TO APPLICANT: _____

DATE OF BIRTH: _____ **PHONE NUMBER:** _____

SOCIAL SECURITY NUMBER _____

MARITAL STATUS: _____

INCOME: (dollar amounts)

ASSETS: (dollar amounts)

Social Security \$ _____
 Medicare \$ _____
 Pension \$ _____
 Interest Received \$ _____
 Dividends Received \$ _____
 Wages/Salary \$ _____
 Other _____

House (value) \$ _____
 Checking Account \$ _____
 Savings Account \$ _____
 Certificates \$ _____
 Bonds \$ _____
 Stocks \$ _____
 Other _____

Medical Insurance in addition to Medicare \$ _____

Indicate whether a resident of Collingswood: _____

Former Collingswood Address: _____

Do you own a car? _____ Do you have a pet? _____

Comments:

DATE: _____ SIGNATURE: _____

Collingswood Housing Authority
30 Washington Avenue
Collingswood, NJ 08108
(856) 854-1077

Name of applicant: _____

Co-Applicant: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Previous address (if less than one year): _____

State: _____ Zip: _____

App Home #: _____ Co-App Home#: _____

Applicant Info:

DOB: ____ / ____ / ____

SS#: ____ - ____ - ____

Co-Applicant Info:

____ / ____ / ____

____ - ____ - ____

Employer: _____

Position: _____

How Long: _____

Salary: _____

Work/Cell #: _____

Work/Cell #: _____

Please be advised that I (we) hereby authorize Collingswood Housing Authority to obtain consumer reports including but not limited to credit, housing court, social search, sex offender search, criminal background check, and whatever is necessary to process my application for this apartment, and in the future should I default on my lease/obligations. This release can also include all relevant information such as present balances on my current accounts, income/salary information, past employment history and past history as a tenant. I (we) understand that this notice will also apply to future update reports that may be requested. All statements and or documents may be subsequent copies of this release will have full force thereof as though it were original.

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____