



**Wildwood Housing Authority**  
**3700 New Jersey Avenue**  
**P.O. Box 1379**  
**Phone: 609-729-0220 - Fax: 609-729-4168**  
**TDD: 1-800-545-1833 Ext. 851**  
**Website: www.wildwoodhousing.org**

**ADMISSIONS APPLICATION for Family Housing**  
**Please print neatly**

DATE \_\_\_\_\_ TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Other phone# \_\_\_\_\_ Other phone# \_\_\_\_\_

All applicants will be put on a waiting list. You will be notified when you reach the top of the waiting list:

\_\_\_\_\_ I am applying to live at Commissioners Court

The bedroom size: **(please choose only one-bedroom size as you can only be under one waiting list)**

\_\_\_\_\_ 2 Bedroom    \_\_\_\_\_ 3 Bedroom    \_\_\_\_\_ 4 Bedroom    \_\_\_\_\_ 5 Bedrooms

**\*Attention filing out this application does not guarantee housing!!**

**Below is the preference points we use to calculate your place on our list, the list can change at any given time depending on the points. Please be aware that we will need to obtain third-party verification to verify certain preferences)**

#	Preference Ranking	Points
1	Elderly (62 & older)/Working (30 hrs. per week) head/spouse/co-head	35
2	Disability	30
3	Near-Elderly (55 to 61) head/spouse/co-head	20
4	Displaced \ Substandard Housing	10
5	Veteran*	5
6	Wildwood Resident	5



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**I. Pre-Application:**

**1. Beginning with yourself, list each person who will be living with you in the Apartment.**

**Each box must be completed for each family member.**

Name	Sex	Age	Date of Birth	Social Security#	Relationship
					Head of household

**2. Does anyone live with you now, who is not listed above? Yes or No**

**3. Does anyone plan to live with you in the future who is not listed above? Yes or No (If expecting, list child with estimated due date)**

**4. If you answered yes to either #2 or #3, please explain, \_\_\_\_\_**

**5. Current Street Address: \_\_\_\_\_**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Contact Phone: \_\_\_\_\_

**6. Have you or any members of your household ever rented at a Public Housing or other Subsidized Housing (such as Section 8 before? Yes or No (If yes, where & Year: \_\_\_\_\_**

**7. Have you or any members of your household ever been evicted from Public Housing or other Subsidized Housing? Yes or No (If yes, where & year: \_\_\_\_\_**

**8. Do you or any members of your household own property? Yes or No    8a. Are you receiving income for property? Yes or No**

**9. Is the head of household disabled? Yes or No    9a. Any child(ren)/other adult in household disabled? Yes or No**

If yes to 9. Or 9a, please let us know if we can reasonably accommodate you in some way (You are not required to answer this question): \_\_\_\_\_

**10. Have you or anyone member of your household ever been convicted of any crime or offense at any age other than a traffic violation? Yes or No (if yes, please explain and list the violation(s) and the approximate date when the offence occurred to the best of your knowledge. If further space is needed, please continue on the back of the age \_\_\_\_\_**

**11. Are you or anyone in your household currently on parole or probation? Yes or No (If yes, please explain \_\_\_\_\_**

**12. Are you or any member of your household registered or required to register as a sex offender? Yes or No**

**13. Military Status: Are you or any member of your household a Veteran\*? Yes or No (If yes, please supply DD214\*\*)**

\*WHA ACOP defines "veteran" as a Head of Household who was honorably discharged\*\* or who is currently on active duty\*\*, also includes the spouse of a veteran who is currently on active duty, or the widow of a veteran who was killed in action.

**II. Landlord Information:**

1. Current landlord Name & Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Amount of rent: \_\_\_\_\_

2. Previous Address (if you have lived at present address for less than 3 years)

Previous landlord Name & Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Amount of rent: \_\_\_\_\_

**III. Family income:**

Answer the following questions. For each " Yes" answer, please report all income being received.

**Income:**

1. Are you or any member of your household employed, full-time, part-time or seasonally? Yes or No (if yes, explain below:

Name & Address of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employment Date: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

# of hours working \_\_\_\_\_ Paid? \_\_ Weekly \_\_ Biweekly \_\_ Monthly (please supply verification of hours, such as a paystub)

2. Do you or any member of your household receive, or expect to receive working compensation unemployment benefits? Yes or No (If yes list below)

3. Do you or any member of your household receive Pension Benefits or Veterans Pension? Yes or No (if yes list below)

4. Are you or any member of your household receiving Social Security, SSI or SSD? Yes or No (if yes list below)

5. Are you or any member of your household receiving Social Security Survivor Benefits or Social Security Child’s Insurance Benefits? Yes or No (if yes list below)

6. Are you or any member of your household receiving child support or alimony? Yes or No (if yes list below)

7. Do you or any member of your household receive welfare assistance (Tanf/Cash, Food Stamps)? Yes or No, (If yes list below)

8. Do you or any member of your household receive any income from individuals not living in the apartment (such as relatives), or from agencies: Yes or No (if yes, please explain: \_\_\_\_\_)

9. Are you or any member of your household receiving any other income not listed above? Yes or No (if yes list below)

Please list all income amounts being received in household.

Household Member Name	Income Type	Income Amount	Frequency Received Wkly/Mthly/Biweekly	Other income being received

**VI. Personal References:**

Please list two persons to contact for a personal reference:

Name Address Phone Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

**V. Minority Status (You should check as many as apply to you):** NOTE: "The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal government, acting through Rural Development of USDA or HUD that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disabilities are complied with. **This information will not be used in evaluating your application or to discriminate against you in any way.**

a. Minority Status:

\_\_\_\_\_ Caucasian/White      \_\_\_\_\_ African American/Black      \_\_\_\_\_ Asian      \_\_\_\_\_ Indian  
 \_\_\_\_\_ Native Hawaiian or Other Pacific Islander      \_\_\_\_\_ American Indian or Alaska Native      \_\_\_\_\_ Other

b. Ethnicity:

\_\_\_\_\_ Hispanic/Latino      \_\_\_\_\_ Non-Hispanic/Latino

Marital Status: Single\_\_\_\_\_ Married\_\_\_\_\_ Widower\_\_\_\_\_ Divorced\_\_\_\_\_ Separated\_\_\_\_\_

**VI. Assets:**

Net Family Assets include: House, Property, Stock, Bonds, Checking Accounts, Saving Accounts, CD's, and any type of interest bearing accounts:

Name	Holding Asset	Type of Asset	Amount	Interest, if known

I/We certify that all the information provided is true and complete to the best of My/Our knowledge in this application. I/We authorize inquiries to be made to verify that statements above are true. I/We further understand that if it is discovered that I/We have made any false statements, the application will be rejected. If application is rejected, I/We will be informed in writing and be offered an opportunity to appeal the decision. Family member in household 18 & over must sign below.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member of Household over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member of Household over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member of Household over 18

\_\_\_\_\_  
Date

It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status (having one or more children) or national origin.