



**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**

**ADMISSIONS APPLICATION FOR Senior/Disabled Housing**  
**(Applicants must be age 62 or older OR age 50+ and disabled)**

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

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

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 Sandman Towers \_\_\_\_\_ I am also applying to be on the Assisted Living Program

The bedroom size: (you can only choose one bedroom size)

\_\_\_\_\_ Efficiency \_\_\_\_\_ 1 Bedroom

**Caring, Inc. - Assisted Living Program**

Please read the following to see if you qualify to apply for the Caring, Inc. program:

The Assisted Living Program is only available for those who require assistance with three activities of daily living. These activities include needing help with mobility, dressing, bathing, grooming, or transferring. Income must not exceed \$2,022 per month for a single person. Individual's qualifying for the Assisted Living Program must be either age 50+ and disabled OR age 65 and over. Individuals must be approved by the program Registered Nurse. Participants must be Medicaid eligible through Global Options.

I believe I am a candidate for the Assisted Living Program: \_\_\_\_\_yes \_\_\_\_\_ No  
 If yes, do you have a Medicaid Waiver? \_\_\_\_\_yes \_\_\_\_\_ No

**\*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.**

#	Preference Ranking	Points
1	Assisted Living(automatically moved to the top of the list)	
2	Elderly (62 & older)/Working(30 hrs per week head/spouse/co-head)	35
3	Disability	30
4	Near-Elderly(55 to 61)	20
5	Displaced \ Substandard Housing	10
6	Veteran	5
7	Wildwood Resident	5



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**I. Pre-Application:**

1. List each person who would live with you (Start with yourself).

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

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

3. Does anyone plan to live with you in the future who are not listed above? Yes or No

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

5. Current Address: 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 have Section 8 before? Yes or No (If yes, where: \_\_\_\_\_)

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: \_\_\_\_\_)

8. Do you or any members of your household own property? Yes or No

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

If yes, 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 in your household ever been convicted of any crime or offence at any age other than a traffic violations? 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 page \_\_\_\_\_

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

**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, make certain income is reported.

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

**Wages:** Name & Address of Employer: \_\_\_\_\_

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

2. Do you or any member of your household receive, or expect to receive working compensation unemployment benefits? Yes or No, If Yes please explain: \_\_\_\_\_

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

4. Do you or any member of your household receive welfare assistance? Yes or No, (If Yes please explain: \_\_\_\_\_

5. Do you or any member of your household receive any income from individuals not living in the unit, or from agencies: Yes or No (if yes, please explain: \_\_\_\_\_

6 Do you or any member of your household receive Social Security, SSI, Pension Benefits? Yes or No (if yes list below)

Name	Wage	SSI/SSA	Pension	Child support	other

**VI Personal References:**

Please list two persons to contact for a personal reference:

Name Address Phone Relationship

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

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

**V. Minority Status (Check One or More that you qualify for):**

a. Minority Status:

\_\_\_\_\_ White      \_\_\_\_\_ African American      \_\_\_\_\_ Asian      \_\_\_\_\_ Alaskan Native  
\_\_\_\_\_ Indian      \_\_\_\_\_ Native American      \_\_\_\_\_ Pacific Islander

b. Ethnicity:

\_\_\_\_\_ Hispanic      \_\_\_\_\_ Non-Hispanic

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 certify that the information provided is true and complete to the best of my knowledge. I authorize inquiries to be made to verify that statements above are true. I further understand that if it is discovered that I have made any false statements, my application will be rejected. If my application is rejected, I will be informed in writing and be offered an opportunity to appeal the decision.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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.