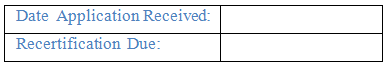
**City of Paterson Occupant Information**

Eligibility Form

HOUSEHOLD COMPOSITION: List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Member No. | Full Name | Relationship | Birth Date | Age | Sex | Social Security No. | Full Time Student [Y/N] |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

CONTACT INFORMATION:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYMENT:

HEAD OF HOUSING:

[] I am employed at this time

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Wage: $\_\_\_\_\_\_\_\_\_\_ Per: (Circle one) Hour Week Month Year

Hours Worked Per Week: \_\_\_\_\_\_ Tips or Commissions Per Week: $\_\_\_\_\_\_\_ Annual Bonus: $\_\_\_\_\_\_\_\_

Do you have more than one job? [] Yes [] No

CO-APPLICANT OR ADULT MEMBER:

[] I am not employed at this time.

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Wage: $\_\_\_\_\_\_\_\_\_\_ Per: (Circle one) Hour Week Month Year

Hours Worked Per Week: \_\_\_\_\_\_ Tips or Commissions Per Week: $\_\_\_\_\_\_\_ Annual Bonus: $\_\_\_\_\_\_\_\_

Do you have more than one job? [ ] Yes [ ] No

ASSETS: Assets include cash (wherever held), equity in real estate or capital investments, notes receivable, stocks, bonds, money market account, certificates of deposits, IRA's, retirement and pension funds, 401K's,403B's, luxury personal property (gems, jewelry, art, coin collections, etc...), etc. You must also include cash value of whole or universal life insurance policies as well as the value of any assets disposed of in the past 24 months for less than fair market value.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assets | Cash Value | Income From Assets | Name of Financial Institute | Account Number |
| Checking Account |  |  |  |  |
| Savings |  |  |  |  |
| Certificate of Deposit |  |  |  |  |
| Mutual Funds/Stocks/Bonds |  |  |  |  |
| 401KIIRA/Other Retirement account |  |  |  |  |
| Real Estate |  |  |  |  |
| Life Insurance |  |  |  |  |
| Savings Bonds |  |  |  |  |
| Other |  |  |  |  |
| TOTAL: |  |  |  |  |

[ ] 1/We have no assets at this time.

Have you disposed of any assets at less than fair market value within the last 24 months? [ ] Yes [ ] No

1/We certify that this unit 1/we occupy will be my/our only residence. 1/We understand the above information is being collected to determine my/our eligibility. 1/We authorize the owner/manager to verify all information provided on this application and to contact sources of credit and verification information, which, may be released to appropriate federal, state, or local agencies. 1/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. 1/We understand that false statements or information are punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature: Date: \_

Co-Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_

Adult Member: Date: \_

Owner/Manager: Date: \_ Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement

misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Applicant | Co-Applicant | Others Adult | Total |
| Gross Salary |  |  |  |  |
| Over time |  |  |  |  |
| Commissions |  |  |  |  |
| Unemployment  Benefits Worker’s |  |  |  |  |
| Compensation/Disability |  |  |  |  |
| Social Security Pension/Retirement |  |  |  |  |
| Funds |  |  |  |  |
| Alimony/ Child Support |  |  |  |  |
| TANF Payments |  |  |  |  |
| Income from Business |  |  |  |  |
| Gifts |  | | Total: |  |

ANNUAL INCOME: For each type of income that yours household received, give the source of

the income and the amount of income that can be anticipate from that source during the next 12 months.

Does any member of your household who is not now working, expect to work for any period during the next twelve months? [ ] Yes [ ] No

EMERGENCY CONTACT:

Name: Relationship: Phone:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_