



**APPLICATION TO DETERMINE ELIGIBILITY
(PLEASE PRINT)**

Affordable Rental Housing at Tavistock
C/O Cherry Hill Township
820 Mercer Street Room 202
Cherry Hill, NJ 08002

APPLICANT NAME: _____ **CURRENT LANDLORD:** _____

ADDRESS: _____ **ADDRESS:** _____

TELEPHONE #: (W) _____ **TELEPHONE:** _____
(H) _____

PART I List each family member who will live in unit, including yourself:

#	Family Member Name	Age	Sex	Family Relation	Social Security #
1					
2					
3					
4					
5					
6					

Separate bedrooms shall be allocated for persons of the opposite sex (other than adults who have a spousal relationship).

PART II List employment information for each family member who will live in the unit:

#	Family Member Name	Employer Name, Address, Phone	Monthly Salary
1			
2			
3			

PART III List all other family income:

	Family Member Name	Social Security (per month)	SSI (per month)	Pension (per month)	Child Support (per month)	Assets held (savings, stocks, certificates, bonds, real estate & trusts)
1						
2						
3						

- NOTE: You must provide **COPIES OF** the following: four consecutive, most recent pay stubs, federal income tax returns for the past year with W-2 Forms, and bank and/or financial statements verifying any and all other assets, copies of I.D, for all household members.

PART IV

By signing this application, I grant ARHAT permission to obtain consumer reports as defined by Section 604 of the Federal Fair Credit Reporting Act (15USC1681b) as amended by the Consumer Credit Reporting Reform Act of 1996, hereinafter called FCRA. I agree to pay a fee of up to \$50.00 for such reports.

**I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT.
ALL ADULT FAMILY MEMBERS MUST SIGN THIS APPLICATION.**

DATE _____

DATE _____