

**THE HADDON TOWNSHIP HOUSING AUTHORITY  
ROHRER TOWERS 1  
25 WYNNEWOOD AVENUE  
HADDON TOWNSHIP, NJ 08108  
856-854-3700**

**PLEASE MAIL THE APPLICATION BACK TO OUR OFFICE (address above)  
WITH ALL REQUIRED DOUMENTS (LISTED BELOW)**

**YOU MUST BE 62 YEARS OF AGE OR OLDER TO APPLY**

**CHECKLIST FOR APPLICATION**

- A. SOCIAL SECURITY AWARD LETTER**
- B. PENSION STATEMENT**
- C. W2 FROM PREVIOUS YEAR AND LAST 6 PAYCHECKS**
- D. INCOME FROM EMPLOYMENT, UNEMPLOYMENT, ANNUITIES)**
- E. SIX MONTHS BANK STATEMENT (CHECKING, SAVINGS, CD'S)**
- F. HOMEOWNERS: STATEMENT FROM REALTOR OF COMPARABLE VALUE OF HOMES**
- G. ALL OTHER ASSET INFORMATION, IRA'S, STOCKS, OR ANY OTHER ASSET**
- H. PRESCRIPTION INFORMATION – PRINTOUT FROM PHARMACY FOR 1 YEAR**
- I. BIRTH CERTIFICATE WITH RAISED SEAL**
- J. DRIVER'S LICENSE OR LEGAL IDENTIFICATION**
- K. SOCIAL SECURITY CARD**
- L. HEALTH INSURAND PREMIUM NOTICE**
- M. MEDICARE CARD**

THE HOUSING AUTHORITY OF THE TOWNSHIP OF HADDON  
25 WYNNEWOOD AVENUE, WESTMONT, NJ 08108  
856-854-3700

APPLICATION FOR SENIOR HOUSING UNIT

FAMILY HEAD \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

WIFE'S MAIDEN NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

VETERAN YES \_\_\_\_\_ NO \_\_\_\_\_ BRANCH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ SPOUSE \_\_\_\_\_

RACE: 1 (WHITE), 2 (BLACK), 3 AMERICAN INDIAN, 4 ASIAN/PACIFIC ISLANDER

LIST OF NAMES OF ALL PERSONS WHO WILL LIVE WITH YOU INCLUDING YOURSELF:

First Name	MI	Last Name	DOB	Relationship to head of household	Sex M/F N/A	Social Security Number	citizen

PRESENT HOUSING DATA

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Family about to be without housing due to court order of eviction for causes other than the fault of the family: yes \_\_\_\_\_ no \_\_\_\_\_

Has family been displaced by a low-income housing project slum clearance or redevelopment project? Yes \_\_\_\_\_ no \_\_\_\_\_

If so, state place of residence at the time of displacement and date family moved.

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## INCOME SUMMARY & ASSETS SUMMARY

1. HEAD OF HOUSHOLD'S EMPLOYER \_\_\_\_\_

2. SPOUSE'S EMPLOYER \_\_\_\_\_

HEAD OF HOUSEHOLD: DATES EMPLOYED \_\_\_\_\_

SPOUSE: DATES EMPLOYED \_\_\_\_\_

### EARNINGS FROM ABOVE:

HEAD OF HOUSHOLD: HOURS PER WEEK: \_\_\_\_\_ HOURLY RATE \$ \_\_\_\_\_ WEEKLY PAY \$ \_\_\_\_\_

SPOUSE: HOURS PER WEEK: \_\_\_\_\_ HOURLY RATE \$ \_\_\_\_\_ WEEKLY PAY \$ \_\_\_\_\_

NAME	SOCIAL SECURTY	VETERANS	WELFARE/SUPPORT	PENSION/OTHER

### OTHER INCOME & ASSETS

	BANK/FINANCIAL INSTITUTION	ADDRESS	AMOUNT	
SAVINGS				
CHECKING				
STOCKS/BONDS				
CD'S				

### MORTGAGE HELD BY APPLICANT

PAYER	ADDRESS	AMT OF MTGE	MONTHLY PYMT	INTEREST RATE

### PROPERTY OWNED BY APPLICANT/SPOUSE

ADDRESS	AMT OF MTGE	VALUE	INCOME PER MONTH	

GIVE THE FOLLOWNG INFORMATION FOR ALL CHILDREN AND NEXT OF KIN

NAME	ADDRESS	PHONE #	AGE	RELATIONSHIP

INDICATE BY (\*) WHICH OF THE ABOVE MAY BE CALLED IN CASE OF ILLNESS OR OTHER DIFFICULTY. IF NO RELATIVE PLEASE GIVE THE NAME OF A PERSON WHO MAY BE CALLED IN CASE OF EMERGENCY

I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTION TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

SIGNATURE OF HEAD OF HOUSEHOLD: \_\_\_\_\_

SIGNATURE OF SPOUSE: \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE

ANY SERIOUS ILLNESS THAT REQUIRES IMMEDIATE HOUSING:

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GENERAL REMARKS:

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THE HADDON TOWNSHIP HOUSING AUTHORITY  
25 Wynnewood Avenue  
Haddon Township, New Jersey, 08108  
Phone – 856.854.3700  
Fax – 856.854.7122

## ASSET CHECKLIST

INSTRUCTIONS: At the Certification or Re-Certification interviews, the head of household should answer the questions below about Assets and sign the Certification Statement.

### FAMILY MEMBER

### VALUE OF ASSET


- |   |                |       |
|---|----------------|-------|
| 1. Do you have Cash?  | ____yes ____no | _____ |
| 2. Savings account?   | ____yes ____no | _____ |
| 3. Checking account?  | ____yes ____no | _____ |
| 4. Safety Deposit Box   | ____yes ____no | _____ |
| 5. Other places   | ____yes ____no | _____ |
| 6. Trust Funds available  | ____yes ____no | _____ |
| 7. Capital Investments  | ____yes ____no | _____ |
| 8. Stocks/Investments   | ____yes ____no | _____ |
| 9. Retirement or Pension  | ____yes ____no | _____ |
| 10. Will you receive any lump sum receipts  | ____yes ____no | _____ |
| 11. Are you holding any personal<br>Items as investments (antique<br>cars, coins, stamp collection,<br>etc. | ____yes ____no | _____ |
| 12. Do you have Whole Life<br>Insurance?  | ____yes ____no | _____ |
| 13. Pre-paid Funeral  | ____yes ____no | _____ |

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### TENANT'S CERTIFICATION:

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

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

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

\_\_\_\_\_  
PHA Witness



November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose                        | This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
| Penalties for Committing Fraud | <p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▪ Evicted from your apartment or house;</li><li>▪ Required to repay all overpaid rental assistance you received;</li><li>▪ Fined up to \$ 10,000;</li><li>▪ Imprisoned for up to 5 years; and/or</li><li>▪ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
| Asking Questions               | When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
| Completing The Application     | <p>When you answer application questions, you must include the following information:</p> <table><tr><td>Income</td><td><ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul></td></tr><tr><td>Assets</td><td><ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul></td></tr></table> | Income | <ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul> | Assets | <ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul> |
| Income                         | <ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |
| Assets                         | <ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                            |

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signing the Application | <ul style="list-style-type: none"> <li>▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.</li> <li>▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.</li> <li>▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.</li> </ul> |
| Recertifications        | <p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> <li>▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.</li> <li>▫ Any move in or out of a household member; and,</li> <li>▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.</li> </ul>               |
| Beware of Fraud         | <p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> <li>▫ Do not pay any money to file an application;</li> <li>▫ Do not pay any money to move up on the waiting list;</li> <li>▫ Do not pay for anything not covered by your lease;</li> <li>▫ Get a receipt for any money you pay; and,</li> <li>▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).</li> </ul>                                                                                                                                                                                                 |
| Reporting Abuse         | <p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:<br/>HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>                                                                                                                                                                                                                                                |



## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.



# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):

HUD  
1 NEWARK CENTER  
NEWARK, NJ 07102

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):

WALTER NORRIS  
EXECUTIVE DIRECTOR

**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:



Head of Household



Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**



Name of Applicant or Tenant (Print)



Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

Name of Project Owner or his/her representative

Title

Signature & Date

cc:Applicant/Tenant

Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

**Haddon Township Housing Authority**  
**25 Wynnewood Avenue**  
**Westmont, NJ 08108**

**BACKGROUND CHECK**

**REQUESTOR'S NAME:** Haddon Township Housing Authority NJ CODE: NJ064  
**ROHRER TOWERS 1**

PHONE NUMBER: 856-854-3700

FAX NUMBER: 856-854-7122

I, (HTHA), certify that prior to requesting any screening reports, I have obtained the consumer's written consent and have permissible purpose, as required by the contract between applicant and National Tenant Network and any applicable law or regulation.

PERMISSIBLE PURPOSE ☒ OTHER ☐

SIGNATURE: X

Screening Services  
Criminal Services

Credit Check Report  
Statewide Current Address Previous Address  
Additional Searches

**Applicant Information**

**Applicant's Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Jr. ☐ Sr. ☐

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **Apt.#** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Current Rent:** \$ \_\_\_\_\_ (monthly)

**Current Mortgage:** \$ \_\_\_\_\_ (monthly)