

**CITY OF CAMDEN
DEPARTMENT OF PLANNING & DEVELOPMENT
DIVISION OF HOUSING SERVICES**

GENERAL APPLICATION



PROGRAMS: FTHP PIP RPP OTHER: _____

PERSONAL INFORMATION

DATE: _____

APPLICANT: _____

D.O.B: _____

CO-APPLICANT: _____

D.O.B: _____

ADDRESS: _____

HOME TELEPHONE: _____ **CELLULAR TELEPHONE:** _____

DATE PROPERTY ACQUIRED/SETTLEMENT: _____

ADDRESS OF PROPERTY TO BE PURCHASED

PURCHASE PRICE: _____

PRIVATE LENDER

CONTACT PERSON & NUMBER

TAXES CURRENT? YES NO

BALANCE \$ _____

WATER & SEWER CURRENT YES NO

BALANCE \$ _____

HOUSEHOLD COMPOSITION:

PLEASE NAME ALL HOUSEHOLD MEMBERS EXCLUDING APPLICANT(S)

	NAME	RELATIONSHIP TO OWNER	D.O.B	SEX
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

MONTHLY INCOME

<input type="checkbox"/> - S.S.I	\$ _____	<input type="checkbox"/> - S.S.D	\$ _____
<input type="checkbox"/> - TANF	\$ _____	<input type="checkbox"/> - CHILD SUPPORT	\$ _____
<input type="checkbox"/> - PENSION	\$ _____	<input type="checkbox"/> - UNEMPLOYMENT COMP	\$ _____
<input type="checkbox"/> - STOCKS/BONDS	\$ _____	<input type="checkbox"/> - DIVIDENS	\$ _____
<input type="checkbox"/> - BONUS/GIFTS	\$ _____	<input type="checkbox"/> - RENTAL PROPERTIES:	\$ _____
<input type="checkbox"/> - CHECKING/SAVING ACCT	\$ _____	<input type="checkbox"/> - OTHER:	\$ _____
<input type="checkbox"/> - EMPLOYMENT _____	Work# _____		\$ _____
<input type="checkbox"/> - EMPLOYMENT _____	Work# _____		\$ _____
TOTAL MONTHLY GROSS INCOME \$ _____		X 12=(YEARLY)	\$ _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY:

RACIAL DESCRIPTION: BLACK WHITE HISPANIC ASIAN OTHER

MARITAL STATUS: - SINGLE - MARRIED - FEMALE HH - WIDOW TWO PARENTS

AGE 62 AND OVER: YES NO

HANDICAPPED/DISABLED YES NO

LOW/MODERATE INCOME YES NO

OWNER-OCCUPIED YES NO

FAMILY SIZE: _____

ARE YOU RELATED BY BLOOD OR MARRIAGE TO OR HAVE BUSINESS TIES WITH ANY PERSON WHO WORKS FOR ANY ORGANIZATION THAT RECEIVES FEDERAL MONEY?

YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF PERSON: _____

TITLE: _____

PLACE OF EMPLOYMENT: _____

RELATIONSHIP: _____ (If additional names, attach separate sheet)

I (WE) HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) ALSO UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION CONTAINED ON THIS APPLICATION WILL AUTOMATICALLY EXCLUDE ME (US) FROM ANY FURTHER CONSIDERATION OF ASSISTANCE.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

CITY REPRESENTATIVE

DATE

GENERAL RELEASE FORM

I _____ hereby authorize the CITY OF CAMDEN, Department of Planning & Development, Division of Housing Services or it's designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income, (including IRS returns), credit, residency and banking information from all persons, companies or firms, holding or having access to such information. This authorization hereby gives the City of Camden, Department of Planning & Development, Division of Housing Services the right to request all information that we can or could obtain from any person, company or firm or any matter referred to above. I (We) agree to have no claim for defamation, violation of privacy or otherwise against any person or firm or corporation by reason of any statement or information released by them to the CITY OF CAMDEN, Department of Planning & Development, Division of Housing Services for the purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of two (2) years.

SIGNATURE

SIGNATURE

ADDRESS

STATE OF NEW JERSEY
COUNTY OF CAMDEN

On this _____ day of _____, 20 _____, before me personally came _____, to me known, who being by me duly sworn, did depose and say that he/she reside at _____, That he/she are the persons described herein and who executed the foregoing instrument, and acknowledged that he/she executed the same.

_____. Notary

FINANCIAL PRIVACY NOTICE TO APPLICANTS

This is a notice to you as required by the Right to Financial Privacy Act of 1978, that the Department of Planning & Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the _____ for which I have applied. Financials are records involving your transaction and will be available to the Department of Housing and Urban Development during the term of the loan or grant and three years thereafter without further notice or authorization, but will not be disclosed or released to another Government agency or department, without your consent except as required or permitted by law.

RECEIVED:

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE