

O.C.E.A.N., Inc. HOUSING APPLICATION

Please indicate which type of housing you are applying for by circling the following:

Senior Citizen Homeless Disabled Veteran Impacted by Hurricane Sandy

A. GENERAL INFORMATION

Application Date: _____
 Applicant's Name: _____
 Social Security Number: _____
 Co-Applicant's Name: _____
 Social Security Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone #: _____
 Cell Phone #: _____

B. HOUSEHOLD COMPOSITION

*****PLEASE REFER TO THE LIST BELOW*****

List all individuals who live in the home (including applicant and co-applicant)	Relationship to head of household	Current gross monthly income	Source of Income	Date of Birth/Age	Race/Ethnicity	Gender
1	HEAD					
2						
3						
4						
5						
6						

RACE

Asian
 American Indian or Alaskan Native
 Black or African American
 Native Hawaiian/Pacific Islander
 White
 Asian and White
 Black/African American and White
 Black/African American and American Indian or Alaskan Native
 American Indian/Alaskan Native/White
 Multi-Racial

ETHNIC

Hispanic or Latino
 Non-Hispanic or Latino

RELATIONSHIP TO HEAD OF HOUSE

1 = Spouse
 2 = Daughter/Son
 3 = Step Daughter/Son
 4 = Mother/Father
 5 = Aunt/Uncle
 6 = Non-related

HEAD OF HOUSEHOLD CODE

1 = Single/non-elderly
 2 = Elderly
 3 = Related/single parent
 4 = Related/two parent
 5 = other

SOURCE OF INCOME

Social Security Disability Income (SSDI)
 Veteran's Disability Payment
 Private Disability Insurance
 Worker's Compensation
 Temporary Assistance for Needs Families (TANF)
 General Assistance (GA)
 Retirement Income – Social Security
 Veteran's Pension
 Pension from a former job
 Child Support
 Alimony or other spousal support
 Any other sources

Do you anticipate any additions to this household within the next 12 months? Yes/No
Explain: _____

Are any adult members of the household full time students? Yes/No

What is the highest level of school completed: _____

Are all school age children (5-17) currently attending public/private school? Yes/No

Do you currently have children under the age of five (5) in need of day care/pre-school assistance? Yes/No

C. ASSESTS

Checking Account(s)	# _____	Balance _____
	# _____	Balance _____
Savings Account(s)	# _____	Balance _____
	# _____	Balance _____
Trust Account(s)	# _____	Balance _____
Certificate(s)	# _____	Balance _____
Credit Union	# _____	Balance _____
Savings Bond(s)	# _____	Balance _____

Do you own any property? Yes/No

If yes, what type of property? _____

Appraised market value \$ _____

Mortgage or outstanding loans balance due? _____

Amount of annual insurance premium? _____

Amount of most recent tax bill? _____

Have you sold/dispensed of any property in the last two years? Yes/No

If yes, what type of property? _____

Amount sold/dispensed for? _____

Date of transaction? _____

Have you disposed of any other assets in the last two years? Yes/No

If yes, describe asset. _____

D. NON-CASH BENEFITS

Do you receive assistance with your rent such as Section 8, SRAP, public housing, rental assistance or a housing voucher? Yes/No

Do you receive TANF benefits? Yes/No

Do you utilize TANF funded transportation services, such as Ocean Ride? Yes/No

Do you utilize CHS Child Care Services? Yes/No

Do you and/or any members of your household receive food stamps? Yes/No

Do you participate in the MEDICAID health insurance program? Yes/No

Do you participate in the MEDICARE health insurance program? Yes/No

Do you participate in the NJ FAMILY CARE health insurance program? Yes/No

Do you participate in WIC? Yes/No

Do you receive Veteran's Administration (VA) medical services? Yes/No

E. ADDITIONAL INFORMATION

Are you a veteran of the U.S. Armed Forces? Yes/No

Do you consider yourself to have a physical disability? Yes/No

Have you experienced domestic or intimate partner violence? Yes/No

Are you or any members of your household using an illegal substance? Yes/No

Have you or any members of your household ever been convicted of a misdemeanor or felony? Yes/No

Drug Related? Yes/No

Sex Crime? Yes/No

Burglary/Theft? Yes/No

If yes, please explain: _____

Have you or any members of your household ever been evicted from housing? Yes/No

Have you ever filed for bankruptcy? Yes/No

F. PERMANENT RESIDENCE

What is the address of your last permanent residence? _____

When did you leave this residence? (month/year) _____

G. REFERENCE INFORMATION

Current Landlord: Name: _____

Address: _____

Home/Work phone: _____

Previous Landlord: Name: _____

Address: _____

Home/Work phone: _____

I/We certify that all information in this application is true to the best of our knowledge and I/We understand that false information or statements are punishable by law and will lead to cancellation of this application or termination of tenancy after occupation.

SIGNATURES:

APPLICANT: _____

CO-APPLICANT: _____

PLEASE RETURN COMPLETED APPLICATION TO:

O.C.E.A.N., Inc.
40 Washington Street
PO Box 328
Toms River, NJ 08754

For official use only:

Rental entry date: _____

Rental exit date: _____