

Date Sent _____

Date Received _____

Case Number _____

**CITY OF PLAINFIELD
OFFICE OF COMMUNITY DEVELOPMENT
515 Watchung Avenue, 2nd Floor, Plainfield, N.J. 07060
Tel 908 753-3377 or (908) 753-3229 Fax 908 226-4909**

Safe Housing & Transportation Program Application

Applicant Name

Social Security Number

Spouse and/or Co-Applicant

Social Security Number

_____ Street Address	_____ City	_____ State	_____ Zip Code
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_____ Mailing Address or P.O. Box #	_____ City	_____ State	_____ Zip Code
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[] _____ Home Telephone	[] _____ Business Telephone	[] _____ Fax Number
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Date of Birth _____
(Verification of Date of Birth must be attached to this application)

How did you hear about the program? _____

The following information for statistical purposes only.

Marital Status: _____ Single _____ Married _____ Widow/Widower _____ Divorced

Ethnicity: Black _____ White _____ Hispanic _____
Asian _____ Native American _____ Other _____

Disabled: Yes _____ No _____

Female Headed Household: Yes _____ No _____

I. Household Composition (Please name all household members)

<u>Name</u>	<u>Relationship</u>	<u>Sex</u>	<u>Date of Birth</u>
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1. _____

2. _____

3. _____

4. _____

II. Employment Information

Please complete for each household member who receives income from employment. Any member with multiple income sources should report each job separately.

1. Name _____

Employer's Name _____

Employer's Address _____

Employer's Telephone _____

Job Title _____ Annual Gross Income _____

2. Name _____

Employer's Name _____

Employer's Address _____

Employer's Telephone _____

Job Title _____ Annual Gross Income _____

3. Name _____

Employer's Name _____

Employer's Address _____

Employer's Telephone _____

Job Title _____ Annual Gross Income _____

4. Name _____

Employer's Name _____

Employer's Address _____

Employer's Telephone _____

Job Title _____ Annual Gross Income _____

III. Income Information

Please state the amount of income received by each household member (use a separate page for each household member.) **Calculate all gross income on an annual basis.** Income verification must be attached to this application.

Name of Household Member _____ Social Security Number _____

Gross Salary or Wages, Overtime \$ _____

Pension \$ _____

Social Security \$ _____

Unemployment \$ _____

Disability Payment \$ _____

Alimony/Child Support \$ _____

Total Assets and Income from Assets \$ _____

Other Income from any source \$ _____

Total Annual Gross Income From All Sources \$ _____

Adjusted Gross Income as Shown on Most Recent Federal Tax Return \$ _____

Do you own a business or other income-producing real estate? Yes _____ No _____

Do you receive income (rent/receipts) from this asset? Yes _____ No _____

What is the annual net income from this asset? \$ _____

IV. Certification

I certify that the information provided herein is true and complete to the best of my knowledge and belief under penalty of law. I also understand that this information is to be used only for determining my eligibility for funding provided by the Safe Housing Program, Union County Department of Human Services and any statistical analysis purposes that may be required for program evaluation.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

STATE OF NEW JERSEY, COUNTY OF _____ SS:

I CERTIFY that on _____, _____
Personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document and
- (b) signed, sealed and delivered this application.

Notary Public or Attorney at Law

RETURN COMPLETED APPLICATION TO:

City of Plainfield
Office of Community Development
515 Watchung Avenue, 2nd Floor
Plainfield, New Jersey 07060
Tel (908) 753-3377 or (908) 753-3229
Fax (908) 226-4909