



Pre-Eligibility Application

Who is the Head of Household? (Legal Name)
Race:
Ethnicity:
Do you require any modifications or accommodations to fully utilize the unit or the program and its services?

What is your present address?

Street City State Zip
Home Tel. Business Tel. Cell #

Email Address (required):

If we were unable to reach you, who could we contact locally?
Handicapped/Disabled? Currently living in Cape May County?

Household member: List the legal names of all household members below. Start with the head of household, then spouse or co-head.

Table with 7 columns: No., Legal Name, Sex (M/F), Relationship to head of household, DOB, HOUSEHOLD GROSS Annual Income (Monthly x12 months), Source of Income. Includes a row for TOTAL HOUSEHOLD INCOME.

I certify that the information provided herein is true and complete to the best of my knowledge and that any misrepresentation of income or household size herein shall be cause for program disqualification.
It is the responsibility of each applicant to notify the Cape May Housing Authority in writing, each time you change your address.
Failure to keep this office informed of all changes of address will prevent us from contacting applicants by mail and will leave us no alternative but to remove your application from the waiting list.

Applications MUST be mailed to:
Cape May Housing Authority, Care of Vineland Housing Authority, 191 W. Chestnut Ave, Vineland, NJ 08360.
Hand-delivered applications will not be accepted. Please contact our office if you require a reasonable accommodation.

Signature of Head of Household
Name Date