Dro_l	Eligibility Application					
Who is the Head of Household? (Lega				Race:		Ethnicity:
Last Last 4	Firs	t	M.I.	American Indian/ Asian or Pacific Is		
	bu require any modifications or accom es  [] No If yes, explain:	modatio	ns to fully utilize th	e unit or the program	and its services?	
Vhat	is your present address?					
	Street			City		State Zip
– Home	<b>T</b> + /				0	
mail	e Tel.(  ) Address (required): vere unable to reach vou. who coul		ntact locally?	)	Cell # (	)
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mail we Hand	Address (required):	d we co Currer Cape I	ntact locally? htly living in May County?	Yes No	d of household, ther HOUSEHOL GROSS Annual Incon	n spouse or co-head. D Source of Income ne
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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. If any information provided on this pre-application changes, I agree to notify the Cape May Housing Authority immediately.

It is the responsibility of each applicant to notify the Cape May Housing Authority <u>in writing</u>, each time you change your address. The Post Office provides a "Change of Address Form" with free mailing privilege for local mailing. This form should be used to notify the Authority office.

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. In the event this happens, it will be necessary for you to file a new application effective the date you resubmit it to this office.

## 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 \_\_\_\_\_