PUBLIC NOTICE

Announcing the opening of the waiting list for 7 Units
Oakwood Avenue Development
1-One Bedroom, 3- Two Bedrooms, 3- Three Bedrooms
To be eligible you must have a combined gross income of **NO MORE THAN:**

1 PERSON	2 PERSONS	3PERSONS	4 PERSONS	5 PERSONS	6 PERSONS
$30,700	$35,100	$39,500	$43,850	$47,400	$50,900

Please complete the application below and mail it to:
Orange Housing Development Corporation – 340 Thomas Blvd. Orange, N.J. 07050
All applications **must be returned by mail only** no later than November 7, 2014:
PLEASE PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Applicant Name: _____
Last First middle initial
Social Security #_____ Date of Birth: _____ Full time student YES ____ or NO_____

Other Occupants – Full Names	Date of Birth	Social Security #	Relationship to Applicant	Student Status Full, Part or N/A

Do you anticipate any change in household composition within the next 12 months? _____

Current Address: _____ street
apt# city state zip

_____ _____ _____
Home Phone # Work Phone # Cell Phone #

Date: from_____ to _____ Monthly Rent $_____ Monthly Utilities $_____

Does any member in your household have a disability that requires an accessible unit? _____ Do they require a live-in Aide? ____

SECTION 8 APPLICANTS PLEASE COMPLETE THIS SECTION & PROVIDE A COPY OF YOUR VOUCHER
Housing Authority you receive assistance from: _____
Name & phone number of your caseworker: _____
Have you been released to move to a new apartment? _____ Number of bedrooms your voucher is for (1 or 2) _____

INCOME INFORMATION: *list all full time, part time, seasonal and self-employment of all household members and the anticipated income from each source of employment during the next 12-month period*

Name of household member	Name & Address Of employer	Position & Supervisors Name & Phone #	Monthly Gross Income	Date of hire

ASSET INFORMATION: *list all bank accounts including checking, savings, credit union, certificate of deposits, pension, annuities, 401(k), IRA stocks, bonds, money market, equity in real estate, life insurance policies etc for all household members.*

Type of Account	Account Number	Bank Name	Address	

Have you disposed of any Assets for less than fair market value in the last two years? YES _____ NO _____

Applicant Signature _____ **Date** _____