



**CITY OF CAMDEN
DEPARTMENT OF PLANNING & DEVELOPMENT
DIVISION OF HOUSING SERVICES**

GENERAL APPLICATION

PROGRAMS: ☐ FTHP ☐ ERP ☐ HAP ☐ OTHER Program: _____

PERSONAL INFORMATION

DATE: _____

APPLICANT: _____

D.O.B: _____

CO-APPLICANT: _____

D.O.B: _____

ADDRESS: _____

EMAIL ADDRESS: _____ **CELLULAR TELEPHONE:** _____

ADDRESS OF PROPERTY TO BE PURCHASED

PURCHASE PRICE: _____

PRIVATE LENDER

CONTACT PERSON & NUMBER

HOUSEHOLD COMPOSITION:

PLEASE NAME ALL HOUSEHOLD MEMBERS EXCLUDING APPLICANT(S)

	NAME	RELATIONSHIP TO OWNER	D.O.B	SEX
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

MONTHLY INCOME

☐ - S.S.I	\$ _____	☐ - S.S.D	\$ _____
☐ - TANF	\$ _____	☐ - CHILD SUPPORT	\$ _____
☐ - PENSION	\$ _____	☐ - UNEMPLOYMENT COMP	\$ _____
☐ - STOCKS/BONDS	\$ _____	☐ - DIVIDENDS	\$ _____
☐ - BONUS/GIFTS	\$ _____	☐ - RENTAL PROPERTIES:	\$ _____
☐ - CHECKING/SAVING ACCT	\$ _____	☐ - OTHER:	\$ _____
 ☐ - EMPLOYMENT _____		Work# _____	\$ _____
 ☐ - EMPLOYMENT _____		Work# _____	\$ _____
TOTAL MONTHLY GROSS INCOME \$ _____		X 12= (YEARLY)	\$ _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY:

RACIAL DESCRIPTION: ☐ BLACK ☐ WHITE ☐ HISPANIC ☐ ASIAN ☐ OTHER

MARITAL STATUS: ☐ - SINGLE ☐ - MARRIED ☐ - FEMALE HH ☐ - WIDOW ☐ TWO PARENTS

AGE 62 AND OVER: ☐ YES ☐ NO

HANDICAPPED/DISABLED ☐ YES ☐ NO

LOW/MODERATE INCOME ☐ YES ☐ NO

OWNER-OCCUPIED ☐ YES ☐ NO

FAMILY SIZE: _____

ARE YOU RELATED BY BLOOD OR MARRIAGE TO OR HAVE BUSINESS TIES WITH ANY PERSON WHO WORKS FOR ANY ORGANIZATION THAT RECEIVES FEDERAL MONEY?
☐ YES ☐ NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF PERSON: _____
TITLE: _____
PLACE OF EMPLOYMENT: _____
RELATIONSHIP : _____ (If additional names, attach separate sheet)

I (WE) HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) ALSO UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION CONTAINED ON THIS APPLICATION WILL AUTOMATICALLY EXCLUDE ME (US) FROM ANY FURTHER CONSIDERATION OF ASSISTANCE.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

CITY REPRESENTATIVE

DATE

GENERAL RELEASE FORM

I _____ hereby authorize the CITY OF CAMDEN, Department of Planning & Development, Division of Housing Services or it's designated agents to obtain and receive all records and information pertaining to eligibility for the HOME Program, including employment, income, (including IRS returns), credit, residency and banking information from all persons, companies or firms, holding or having access to such information. This authorization hereby gives the City of Camden, Department of Development and Planning, Division of Housing Services the right to request all information that we can or could obtain from any person, company or firm or any matter referred to above. I (We) agree to have no claim for defamation, violation of privacy or otherwise against any person or firm or corporation by reason of any statement or information released by them to the CITY OF CAMDEN, Department of Development & Planning, Division of Housing Services for the purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of six months.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

City Representative: _____ Date: _____

FINANCIAL PRIVACY NOTICE TO APPLICANTS

This is a notice to you as required by the Right to Financial Privacy Act of 1978, that the Department of Development & Planning has a right of access to financial records held by any financial institution in connection with the consideration or administration of the program for which I am applying. Financials are records involving your transaction and will be available to the Department of Housing and Urban Development during the term of the loan or grant and three years thereafter without further notice or authorization, but will not be disclosed or released to another Government agency or department, without your consent except as required or permitted by law.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

CITY REPRESENTATIVE

DATE

