

BROOKLAWN

CAMDEN COUNTY, NEW JERSEY

301 CHRISTIANA STREET

BROOKLAWN, NEW JERSEY 03030

856-456-0730 FAX: 856-456-1874

PRE-RENTAL APPLICATION

NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

CELL NUMBER _____

Is your family involuntarily displaced? YES NO

Is the head of household a senior citizen or handicapped? YES NO

LIST OF HOUSEHOLD MEMBERS:

NAME	AGE	EMPLOYED	
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

INFORMATION CONTAINED HEREIN SHALL BE KEPT CONFIDENTIAL & SHALL BE USED ONLY FOR THE PURPOSE OF DETERMINING ELIGIBILITY.

THIS IS TO CERTIFY THAT ALL STATEMENTS IN THIS PRELIMINARY APPLICATION ARE TRUE TO MY BEST KNOWLEDGE & BELIEF. I MAKE THIS STATEMENT WILLINGLY & WITH FULL KNOWLEDGE OF THE PENALTIES UNDER FEDERAL & STATE LAWS SHOULD FALSE INFORMATION BE GIVEN.

APPLICANT SIGNATURE: _____

DATE: