

ChambersLofts

Pre-Application

Head of Household			
NAME _____	SSN _____	Male ____	Female ____
(First)	(Mi)	(Last)	
ADDRESS _____	CELL _____		
CITY _____	STATE _____	ZIP _____	WORK _____
EMAIL _____	HOME _____		

Household Members

NAME	M/F	Relationship	SSN

APARTMENT SIZE	_____ 1 BR	_____ 2 BR
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Annual Household Income

Source	Amount
Employment/Wages	\$
Social Security Income	\$
Child Support	\$
Pension	\$
Public Assistance	\$
Other - Specify	\$
Total	\$

Preferences for Determining Wait List Position

	Yes	No
Are you currently employed? Where?		
Are you a student? Where?		
Are you a recent graduate of an educational or training program?		
Do you or any member of your family have a disability?		
Do you require a unit with accessible features?		

I _____ hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the U.S. Code.

Signature _____ Date _____

Return this completed pre-application to:



Chambers Lofts, 176 Division Street, Trenton, NJ 08611
Fax: 609-297-5606 info@chamberslofts.com

