



# Project Freedom Inc. Pre-Qualifying Application

(All sections must be filled out completely)

**YOU MUST HAVE**  
a minimum total household  
income of:  
**\$21,000** - to qualify for  
a 1-bedroom apartment,  
efficiency or single room  
occupancy or  
**\$23,000** - to qualify for a 2  
bedroom apartment  
\*Minimum income requirements  
may not apply to DDD set aside  
units at Trent Center only.

**Do you have a Rental Assistance Voucher?**  Yes  No

If Yes, Case worker name: \_\_\_\_\_

Phone Number and Agency: \_\_\_\_\_

**Are you eligible for DDD services ?**  Yes  No  Unsure

If Yes, Case worker name/number: \_\_\_\_\_

Agency name/number providing services: \_\_\_\_\_

**I am applying for housing at: (check all that apply)**

\_\_\_\_\_ Project Freedom at: \_\_\_ Robbinsville, \_\_\_ Hamilton, \_\_\_ Lawrence

\_\_\_\_\_ Project Freedom at Trent Center (Corner of Chestnut & Greenwood Avenues in Trenton, NJ)  
Completion Date - October 2008

Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

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**Co-Applicant**  Yes  No

Co-Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

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Have you, or members of your household, ever been evicted?  Yes  No

Have you, or members of your household, ever been convicted of a crime?  Yes  No

Do you or anyone in your household require a barrier free apartment?  Yes  No  Unsure

Do you or anyone else in your household use a wheelchair or other mobility device?

If yes, whom? \_\_\_\_\_  Yes  No  Sometimes

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Project Freedom Inc. is housing designed for people with disabilities who use wheelchairs or other mobility devices. Project Freedom Inc. provides accessible, affordable housing with supportive services whereby self-directed people with disabilities can live independently in a non-medical environment. Please explain how you qualify for this type of housing:

\_\_\_\_\_  
\_\_\_\_\_

(Turn Over)

**Household Composition and Income:**

Name	Relation to Head of House	Date of Birth	Sex	Current Gross Annual Income	Currently a Full-Time Student (12 credit hours/ semester)
1.	Head of Hhold			\$	__Yes __No
2.				\$	__Yes __No
3.				\$	__Yes __No
4.				\$	__Yes __No
5.				\$	__Yes __No

**Please List All Sources of Household Income**

SOURCE OF INCOME	APPLICANT Current Year Income	CO-APPLICANT Current Year Income	APPLICANT Previous Year Income	CO-APPLICANT Previous Year Income
Social Security	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Salary	\$	\$	\$	\$
All Other Income	\$	\$	\$	\$
Total Annual Income	\$	\$	\$	\$

**Release of Information Statement Provided by Applicant**

I/We, \_\_\_\_\_, attest that the information provided in this pre-application is true, and to the best of my/our knowledge is correct and complete. I/We verify that I/We will provide prompt notice to Project Freedom Inc. should there be any change in my/our circumstances. I/We authorize Project Freedom Inc. to contact any source listed for the sole purpose of verifying the information I/We have provided in this pre-application. I/We understand that I/We have a responsibility to remain in contact with Project Freedom when requested. I/We understand that failure to do this will result in being taken off the waiting list.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

If you pre-qualify you will be sent a letter.  
If you do not pre-qualify you will be notified in writing.

**Mail this pre-qualifying application back to  
Project Freedom at Hamilton  
Attn: Louise H. Gernhardt, Social Services Coordinator  
715 Kuser Road  
Hamilton, NJ 08619**