

TO ALL APPLICANTS

Copies of the following must be included when submitting your application:

- Birth certificate or “green card” for everyone who will reside in the apartment
- Social security card for everyone who will reside in the apartment
- Photo identification of the adult applicant(s)
- Proof of income (e.g., pay stub, SSI, SSD, disability, TANF, unemployment, etc.) ***This must be recent (last 6 months)***

Please read the application carefully. Sign and date *ONLY* in the areas you are required to sign. Some forms will need to be copied and filled out by all members of the household 18 years old and over. Other forms may need to be copied and filled out for all members of the household, regardless of age.

CO-APPLICANT: _____

Name of Employer _____ Supervisor _____ Employer Phone _____

() Full Time _____

() Part Time _____

() Unemployed _____

Full Street Address _____ Occupation _____ Length of Service _____

City _____ State _____ Zip _____ \$ _____ per _____

Present Gross Pay _____ Hour/Week/Month _____

OTHER SOURCES OF INCOME:

SOCIAL SECURITY [] YES [] NO IF YES, ANNUAL AMT: \$ _____ ALIMONY [] YES [] NO AMT \$ _____

UNEMPLOYMENT [] YES [] NO IF YES, ANNUAL AMT: \$ _____ CHILD SUPPORT [] YES [] NO AMT \$ _____

DISABILITY [] YES [] NO IF YES, ANNUAL AMT: \$ _____ GENERAL ASSISTANCE [] YES [] NO AMT \$ _____

RETIREMENT [] YES [] NO IF YES, ANNUAL AMT: \$ _____ OTHER: _____ [] YES [] NO AMT \$ _____

III. HOUSEHOLD INFORMATION (List each household member who will be residing in the apartment.)

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO HEAD	ENROLLED AS PT OR FT STUDENT AT AN INSTITUTE OF HIGHER EDUCATION?	SEX	LIST ALL STATES IN WHICH THIS MEMBER HAS EVER LIVED

Is there a need for an accessible unit? **YES / NO** If yes, explain: _____

Is any member of the applicant household a U.S. Military Veteran? **YES / NO** If yes, list the member(s): _____

Is any member displaced due to a presidentially declared disaster? **YES / NO** If yes, list the member(s): _____

IV. CHILD CARE EXPENSE INFORMATION (Expense may only be deducted for the care of children under the age of 13 years and if the care is necessary to enable a family member to work, seek employment, or further his/her education.)

NAME OF EACH DEPENDENT QUALIFYING: _____

CHILD CARE PROVIDER: _____ PHONE NUMBER: _____

ADDRESS (STREET): _____ FAX NUMBER: _____

CITY/STATE/ZIP: _____ AMOUNT PAID: _____

[] WEEKLY [] MONTHLY (CHECK THE ONE THAT APPLIES)

V. MEDICAL EXPENSES (Households where the Head/Spouse/Co-Head are age 62+, handicapped or disabled are eligible for medical expense deductions. If this applies to your household, list out-of-pocket expenses for which you are not reimbursed.)

MEDICARE: \$ _____ List amount and frequency _____

MEDICAL INSURANCE: \$ _____ List amount and frequency _____

DOCTOR BILLS: \$ _____ List amount and frequency _____

HOSPITAL BILLS: \$ _____ List amount and frequency _____

OTHER MEDICAL EXPENSES: \$ _____ List amount and frequency _____

\$ _____ List amount and frequency _____

\$ _____ List amount and frequency _____



VI. ASSET INFORMATION

CHECKING:

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO CHECKING ACCT	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

SAVINGS:

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO SAVINGS ACCT	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO CERT or Money Market Acct	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

TRUST FUND?: PRINCIPAL VALUE: \$ _____

No Trust Fund

REAL ESTATE?: VALUE: \$ _____ JOINTLY OWNED BY: _____

No Real Estate

STOCKS/BONDS: YES then provide company name & address for each _____

No Stocks/Bonds _____

ASSETS DISPOSED OF: Have you disposed of any assets (home, land, business, etc.) NO YES

IF YES:	NAME OF ASSET _____	WAS SOLD OR TRANSFERRED ON: _____	DATE OF DISPOSAL _____	\$ _____
				AMOUNT RECEIVED
TYPE OF ASSET: _____		YOUR ESTIMATE OF THE MARKET VALUE OF THE ASSET: _____		\$ _____

VII. RENTAL HISTORY (Residential history will be verified for each applicant. Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Rental references should reflect applicant's ability and willingness to comply with Lease terms as well as community policies and guidelines. Lack of Rental History will not be considered a negative factor.): Provide copies of Move Out Inspection Reports

CURRENT LANDLORD NAME: _____	RENT PER MONTH: \$ _____
ADDRESS: _____	MOVE IN DATE: _____
_____	LEASE EXPIRES: _____
TELEPHONE NUMBER: () _____	NOTICE GIVEN: _____
DO YOU LIVE IN ASSISTED HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ARE YOU CURRENTLY RECEIVING ASSISTANCE? _____

PREVIOUS LANDLORD NAME: _____	RENT PER MONTH: \$ _____
ADDRESS: _____	RENTED FROM _____ TO _____
_____	PROPER NOTICE GIVEN: _____
TELEPHONE NUMBER: () _____	DEPOSIT RETURNED: _____



VIII. CREDIT REFERENCES (Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit History should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.):

NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____

HAVE YOU EVER FILED BANKRUPTCY? YES NO IF YES, COURT & CASE #: _____

ARE YOU PARTY TO ANY LAWSUITS? YES NO IF YES, PLEASE DESCRIBE: _____

ARE THERE ANY JUDGMENTS AGAINST YOU? YES NO IF YES, PLEASE DESCRIBE: _____

IX. BACKGROUND AND CRIMINAL HISTORY (A Public Records search will be conducted on each adult applicant/occupant.)

YES NO ARE YOU, OR ANYONE ELSE IN THE HOUSEHOLD, A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING?

DO YOU, OR ANYONE ELSE IN THE HOUSEHOLD, HAVE ANY FELONIES OR MISDEMEANORS INVOLVING THE BELOW? If yes, identify the year the incident occurred

YES NO SEXUAL MISCONDUCT? YEAR _____

YES NO ILLEGAL POSSESSION, MANUFACTURE, SALE AND/OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? YEAR _____

YES NO PHYSICAL CRIME AGAINST A PERSON OR PERSONS AND/OR ANOTHER PERSON'S PROPERTY? YEAR _____

YES NO DO ANY APPLICANT HOUSEHOLD MEMBERS APPEAR ON ANY STATE SEX OFFENDER'S LIFETIME REGISTRY?
If yes, which state? State _____

YES NO HAVE ANY APPLICANT HOUSEHOLD MEMBERS BEEN EVICTED FROM FEDERALLY ASSISTED HOUSING IN THE LAST 3 YEARS FOR DRUG-RELATED CRIMINAL ACTIVITY?

YES NO ARE ANY APPLICANT HOUSEHOLD MEMBERS CURRENTLY ENGAGED IN ILLEGAL DRUG USE?

X. CERTIFICATION OF APPLICANTS

VERY IMPORTANT - READ CAREFULLY

I/We certify the information given in this application [pages 1 through 5] is accurate and complete, and has been provided based on a complete review and understanding of the "Residential Selection Plan", the basis for determining eligibility. I/We further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check as well as a thorough credit investigation through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] employment, landlord/rental history, sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility or level of assistance.

WARNING

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



PLEASE BE FURTHER ADVISED



The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families supply with information federal, state and/or local agencies have on those same applicant families income and household composition.

Federal law and HUD regulations prohibit the Landlord from discriminating against any applicant or tenant because of race, color, religion, sex, disability/handicap, familial status, national origin, gender identity, sexual orientation or marital status, with regard to admission or equal access to all programs.

As required by federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply.

Applicants on the waiting list will be reviewed and contacted by letter once annually to ensure continued interest to remain on the waiting list and to update any changes to the original information applied at the time of initial application. Failure to respond to this annual review will result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive [including denied applications] will be held for three years as required by federal regulation.

Signature of Applicant _____	Date _____
Signature of Co-Applicant _____	Date _____
Signature of Additional Adult Applicant _____	Date _____
Signature of Additional Adult Applicant _____	Date _____

For Office Use Only:

INCOME LIMIT: \$ _____ [] LOW [] VERY LOW [] EXTREMELY LOW	UNIT SIZE NEEDED: _____
RENTAL HISTORY: [] ACCEPTABLE [] NOT ACCEPTABLE	SIZE OF HOUSEHOLD: _____
CREDIT CHECK: [] ACCEPTABLE [] NOT ACCEPTABLE	SECURITY DEPOSIT: _____
BACKGROUND: [] ACCEPTABLE [] NOT ACCEPTABLE	MONTHLY RENT: _____

Does household qualify for a preference? If yes, explain _____

[] APPLICATION ACCEPTED	[] APPLICATION REJECTED
[] ADDED TO WAITING LIST	REJECTION REASON: _____
[] UNIT ASSIGNED _____	REJECTION LTR SENT: _____

NOTES: _____

PROPERTY MANAGERS SIGNATURE: _____ DATE: _____



Reasonable Accommodation Request Form

Head of Household Name _____ Unit Number _____

Household Member Requesting Reasonable Accommodation _____

**Type of reasonable accommodation requested to offset limitations of a disability
(please check all boxes that apply):**

Special unit features, physical modifications to common areas, or if a current resident, a transfer to another units to meet needs. Please explain.

A change in the following rule, policy or procedure (Note that a change in how to meet the requirements of the lease may be requested, however, the lease's requirements must still be met). Please explain.

Other: Please explain.

Expected duration of disability:

Reasonable Accommodation Request Form

Head of Household Name _____ Unit Number _____

List major life activities that are limited by the disability:

Explain how the reasonable accommodation will offset the limitations of the major life activities referenced above:

If you know of a company, organization, or individual that might be able to help or advise on this request, please provide the below information. If N/A, check this box

Agency Name: _____ Contact Name: _____

Address: _____

Phone Number: _____

Signatures:

Head of Household _____ Date _____

Member Requesting Accommodation _____ Date _____

(write N/A in this signature spot if member requesting accommodation is the head of household)

For Office Use Only:

Healthcare Provider Verification Form: Sent Date: _____ Received Date: _____

Reasonable Accommodation: **Denied** or **Approved** (circle one)

Initials: _____ Approval/Denial Date: _____

Disposal of Assets Certification

Property Name: Van Horne JC Realty LLC

Tenant Name: _____ Unit No.: _____

NOTE: Each member of the household age 18 and over must complete one of these forms.

I, _____ certify that:

___ During the past two years, I **have not** sold or given away any assets for less than fair market value.

___ During the past two years, I **have** sold or given away only the assets listed below for less than fair market value.

Description	Date Disposed	Amount Sold	Market Value	Cash Value

*Cash value is the market value of the asset minus reasonable costs

1. Penalties for withdrawing funds before maturity
2. Broker/Legal fees for the sale or conversion of assets
3. Settlement costs for real estate transactions

Tenant's signature

Date

PENALTIES FOR MISUSING THIS FORM

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SOCIAL SECURITY NUMBER DISCLOSURE

Property Name: Van Horne JC Realty LLC

Household Member Name:

As required by federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply.

INSTRUCTIONS FOR COMPLETING THIS FORM:

Complete the information below if you have not been assigned a Social Security number or if you are unable to provide documentation of a Social Security number.

I certify, by signing below that I have not been assigned a Social Security number.

I certify, by signing below that I have been assigned a Social Security number: _____ - _____ - _____. However, at this time, I am unable to provide documentation. By signing this statement I further understand that I have 90 days to provide such documentation otherwise I will be determined ineligible and removed from the waiting list.

Signature _____

Date _____

Check here if adult signing for child:

Name _____

Relationship to Child _____

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PLEASE BE FURTHER ADVISED

Federal law and HUD regulations prohibit the Landlord from discriminating against any applicant or tenant because of race, color, religion, sex, disability/handicap, familial status, national origin, gender identity, sexual orientation or marital status, with regard to admission or equal access to all programs.



LANDLORD VERIFICATION

Today's Date: _____
 Property Name: Van Horne JC Realty LLC
 Address: One Marine Plaza, Suite 304
 City/State/Zip: North Bergen NJ 7047
 Phone #/ Fax #: 201-868-6300 201-868-6055



FOR OFFICE USE ONLY

Date Rec'd: _____
 Time Rec'd: _____
 Apartment Size: _____
 Received By: _____

The individual signed below has submitted an application to the above mentioned property. Please provide the information requested and fax this form back to our office at the address listed above. The household member named above has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining the person's eligibility or level of benefits.

Your prompt return of this form to the project listed above will help to ensure timely processing of the assistance application. The household member has consented to this release of information as shown below.

Signed Project Representative _____

Date _____

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 24 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant's Signature _____

Date _____

INFORMATION REQUESTED:

Date of Residency: _____ through _____

Was the tenant ever late with a rent payment? Yes No If yes, how many times? _____

Did other lease violations occur? Yes No If yes, how frequently? _____
 If yes, what were they? _____

Did the tenant violate house rules? Yes No If yes, how often? _____
 If yes, what rules were violated? _____

Was the tenant ever cited for disturbing behavior? Yes No If yes, how many times _____
 If yes, what were the citations? _____

If your property was subsidized, did the tenant ever fail to comply with recertification procedures?
 Yes No If yes, explain _____

Was the tenant ever cited for poor housekeeping? Yes No If yes, how many times? _____

Was the tenant ever convicted for the illegal manufacture, distribution or use of controlled substances while living at the site? Yes No If yes, when _____

Was the tenant evicted from your property? Yes No

Signature _____

Date _____

Title _____

Phone Number _____

Email Address _____

PENALTIES FOR MISUSING THIS FORM

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FAMILY SUMMARY SHEET

INSTRUCTIONS: Complete this form listing all family members who will reside in the assisted unit.

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

I certify, by signing below that the information provided above is accurate and complete.

Signature

Date

Citizenship Declaration

Property Name: Van Horne JC Realty LLC Contract Number: NJ39M000056

Instructions: Complete this Declaration for each member of the household listed on the Family Summary Sheet

Name: _____

Unit #: _____ Head of Household Name: _____

Relationship to Head of Household: _____ Date of Birth: _____

Sex: Male / Female / No Answer Social Security #: _____
(Circle One) (If Applicable)

Nationality: _____
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

INSTRUCTIONS: Complete the Declaration below by printing or typing each household members first name, middle initial, and last name in the space provided (if completing for child, use child's name). Then review the sections shown below and complete either section number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am
(print or type first name, middle initial, last name)

(print or type first name, middle initial, last name)

SECTION 1

1. A CITIZEN OR NATIONAL of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Check box if adult is signing for child _____
Signature Date

SECTION 2

2. I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS and I understand that I am not eligible for financial assistance.

If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Check box if adult is signing for child _____
Signature Date

Citizenship Declaration

Property Name: Van Horne JC Realty LLC Contract Number: NJ39M000056

SECTION 3

Alien Registration #: _____ Admission #: _____
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: _____
(To be entered by owner if and when received)

3. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS as evidenced by one of the documents listed below.
If this section is checked, sign and date below and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Check box if adult is signing for child _____
Signature Date

NOTE: If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form.

If you checked the above section and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form

AND

b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If for any reason, the documents shown in section 3.b. above are not currently available; complete the Request for Extension section below.

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in section 3 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Check box if adult is signing for child _____
Signature Date

Verification Consent Form

Property Name: Van Horne JC Realty LLC Project No. 031-41003
Property Address: One Marine Plaza, Suite 304, North Bergen, NJ 07047
Phone Number: 201-868-6300 Fax Number: 201-868-6055

INSTRUCTIONS: Complete this form for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature Date

Check here if adult signed for child: _____

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Acknowledgement of Receipt

Property: Van Horne JC Realty LLC NJ39M000056

Tenant Name: **Unit:**

The Department of Housing & Urban Development (HUD) requires that any and all owners/agents provide to all head of households AND members age 18 and older, (as identified on each lease) in HUD insured and assisted housing a copy of the "HUD Resident Rights and Responsibilities", the "How your rent is determined" Fact Sheet, and EIV & You brochure. In addition, all members of the household age 18 and over are required by HUD to sign the 9887/9887A.

I verify that I have received a copy of the following:

- 9887/9887A - Tenant's consent to the Release of Information
- "How your Rent is Determined" FACT Sheet
- Resident's Rights and Responsibilities
- EIV & You Brochure
- Lead Based Paint Disclosure (if applicable)
- Other Drug Free Housing, Request for Reasonable Accommodation
- Other Smoke Detector, window Guards Modification
- Other VAWA Form, Addendum for live In Aid

I further understand that I am responsible for reviewing these documents and complying with all HUD policies and regulations.

<u>X</u> Resident Signature	_____	_____	Date
<u>X</u> Resident Signature	_____	_____	Date
<u>X</u> Resident Signature	_____	_____	Date
<u>X</u> Resident Signature	_____	_____	Date
_____ Resident Signature	_____	_____	Date
_____ Resident Signature	_____	_____	Date

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Ocean JC Realty, LLC/Van Horne JC Realty, LLC

One Marine Plaza, Suite 304 North Bergen, NJ 07047

Phone: 201-868-6300 • Fax: 201-868-6055 • cervellimanagement@realestatenj.com

Waiting List Policy

I, _____ understand it is my
(print name)
responsibility, **every 6 months from the date of my application**, to submit **IN WRITING**, my
desire to remain active on the waiting list.

I further acknowledge it is my responsibility to notify Cervelli Management Corp. **IN WRITING** of any changes in my status (e.g., family size, income, etc.) and/or changes to my phone/address.

When an apartment becomes available, I understand I will be contacted by telephone and/or mail, and **MUST** respond by telephone in order to be considered a candidate for the vacancy.

I understand that I will be removed from the waiting list if I do not comply with the policy.

Signature of Applicant

Date

Ocean JC Realty, LLC/Van Horne JC Realty, LLC
One Marine Plaza, Suite 304, North Bergen, NJ 07047

Phone: 201-868-6300 • Fax: 201-868-6055 • cervellimanagement@realestatenj.com

Waiting List Notification

I, _____ wish to remain on the waiting list
for low-income housing with Cervelli Management Corporation.

I have filled out an application for:

_____ Ocean Avenue

_____ Van Horne Street

Signature of Applicant

Date

Please fill out if applicable:

New address:

New phone number:

New # of bedrooms
needed:

**** PLEASE KEEP THIS FORM!!**

Every 6 months, copy this notice, fill it out and return it by mail, fax or email to the office.

For office use only

Apt size _____

Date received _____

Received by _____