



TO ALL APPLICANTS

Copies of the following **MUST be SUBMITTED** with your application or you **WILL NOT** be added to the waiting list:

- 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 for ANYONE 18 years or older
- Proof of Income for ANYONE 18 years or older (e.g., Last four pay stub, SSI, SSD, Disability, TANF, unemployment, Child Support, etc.)
- 6 Months Bank Statements of Checking, Savings, and/or Direct Express Accounts (including Zelle, Cash App, etc.)
- **THESE DOCUMENTS MUST BE CURRENT WITHIN THE LAST SIX MONTHS**

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

Return to: 1 Marine Plaza, Suite 304, North Bergen NJ 07047

Email: e.aquino@realestatenj.com / cervellimanagement@realestatenj.com

Fax to: 201-868-6055 (attention to: Waitlist Coordinator)

APPLICATION FOR LEASE

Today's Date: _____ Property Name: <u>Welcome Baptist Homes</u> Address: <u>One Marine Plaza, Suite 304</u> City/State/Zip: <u>North Bergen, NJ 07047</u> Phone #/Fax #: <u>201-868-6300</u> <u>201-868-6055</u>	 EQUAL HOUSING OPPORTUNITY	FOR OFFICE USE ONLY
		Date Rec'd: _____
		Time Rec'd: _____
		Apartment Size: _____
		Received By: _____

Please note that all lines, questions or requests for information MUST be completed. This requires that you provide the relevant information requested, answer yes or no where applicable or write "N/A" if the information requested does not apply to anyone in the Applicant Household listed.

I. APPLICANT

NAME: _____			DOB: _____	
FIRST	MI.	LAST		
SSN: _____			HOME PHONE: _____	
ALIAS/OTHER NAMES: _____				
Street Address: _____				
City: _____		State: _____	Zip: _____	
SPOUSE: _____			WORK PHONE: _____	
FIRST	MI.	LAST		
			CELL PHONE: _____	
DRIVER'S LICENSE NO. & STATE: _____			CAR LICENSE NO.: _____	
MAKE OF CAR & YEAR: _____			COLOR OF AUTO: _____	

I. CO-APPLICANT

NAME: _____			DOB: _____	
FIRST	MI.	LAST		
SSN: _____			HOME PHONE: _____	
ALIAS/OTHER NAMES: _____				
SPOUSE: _____				
FIRST			MI.	
LAST			WORK PHONE: _____	
			CELL PHONE: _____	
DRIVER'S LICENSE NO. & STATE: _____			CAR LICENSE NO.: _____	
MAKE OF CAR & YEAR: _____			COLOR OF AUTO: _____	

EMERGENCY CONTACT INFORMATION (Contact person in case of a personal emergency - must be someone not living with you.)

NAME: _____	RELATIONSHIP: _____
ADDRESS: _____	WORK PHONE: _____
_____	HOME PHONE: _____

II. SOURCE OF INCOME & EMPLOYMENT INFORMATION (Check the box on the left that applies to the status of employment. If currently unemployed, provide the most recent employer information.)

APPLICANT:	Name of Employer _____	Supervisor _____	Employer Phone _____
☐ Full Time	Full Street Address _____	Occupation _____	Length of Service _____
☐ Part Time			
☐ Unemployed	City _____ State _____ Zip _____	\$ _____ per _____	Hour/Week/Month
		Present Gross Pay _____	

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 \$ _____



CO-APPLICANT: _____

Name of Employer _____ Supervisor _____ Employer Phone _____

☐ Full Time _____

☐ Part Time _____ Full Street Address _____ Occupation _____ Length of Service _____

☐ Unemployed _____ \$ _____ per _____

City _____ State _____ Zip _____ 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:**

☐ SINGLE	NAME OF BANK/CREDIT UNION	ACCOUNT NUMBER	_____
☐ JOINT	_____	CURRENT BALANCE	_____
☐ NO CHECKING ACCT	FULL STREET ADDRESS	INTEREST BEARING ?	_____
	_____	INTEREST AMOUNT:	_____
	CITY/STATE/ZIP		

SAVINGS:

☐ SINGLE	NAME OF BANK/CREDIT UNION	ACCOUNT NUMBER	_____
☐ JOINT	_____	CURRENT BALANCE	_____
☐ NO SAVINGS ACCT	FULL STREET ADDRESS	INTEREST BEARING ?	_____
	_____	INTEREST AMOUNT:	_____
	CITY/STATE/ZIP		

☐ SINGLE	NAME OF BANK/CREDIT UNION	ACCOUNT NUMBER	_____
☐ JOINT	_____	CURRENT BALANCE	_____
☐ 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?	☐ YES ☐ 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: _____
NAME: _____
NAME: _____
NAME: _____

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

Has the applicant or any member of the applicant's household, subject to State lifetime sex offender registration in any state Yes _____ No _____

If answered yes Please provide States in which you are required to register _____

Please note that applicants who were age 62 or older as

of January 31, 2010, and who do not have a SSN, if they were receiving HUD

rental assistance at another location on January 31, 2010. This information is

needed in order for the owner to verify whether the applicant qualifies for the

exemption from disclosing & providing verification of SSN.

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: _____



Supplemental and Optional 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.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
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.			

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

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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.

Race and Ethnic Data Reporting Form

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204

Welcome Baptist	NJ36L000011	7513 Jersey Ave, Jersey City, NJ 07304
Name of Property	Project No.	Address of Property

Cervelli Management Corp.	Section 8
Name of Owner/Managing Agent	Type of Assistance or Program Title

Name of Head of Household	Name of Household Member
---------------------------	--------------------------

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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.