CERVELLI

real estate · property management · consulting

TO ALL APPLICANTS

Copies of the following **MUST be SUBMITED** 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 are 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)

Rental Application

Property Name	Bayonne Senior Residence	**FOR OFFICE USE ONLY**	Date Received _____
Contract Number	LITCH 614		Time Received _____
Property Address	44 West 32nd Street		Received By _____
Property City, State Zip	Bayonne, NJ 07002		Apartment Size _____

How did you hear about our property? ☐ Referral by Tenant ☐ Referral by Friend ☐ Advertising ☐ Drive By ☐ Website ☐ Other _____

HOUSEHOLD SUMMARY INFORMATION ***Please print legibly.*** List each household member who will be residing in the unit.

Please complete a separate Applicant Information Attachment for each household member, regardless of age.

First Name	MI	Last Name	DOB MM/DD/YR	Relationship to Head of Household Options: *Spouse, Co-Head, Dependent, Other Family Member, Foster Child/Adult, Live-in Aide*	Sex M, F, N/A (Not disclosed)	Social Security Number OR Applicable Exemption Code from list below	Are you a U.S. Citizen?
				Head of Household			☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No

Social Security Number Exemption Codes:

1 – Ineligible, non-citizen (not contending eligible immigration status) **2** – Under 6 years old and added to household within past 6 months

3 – Was 62 or older on 01/31/10 and was receiving assistance at another subsidized apartment building

Are any household members temporarily absent? ☐ Yes ☐ No

If Yes, list the names _____

Are any members of the household enrolled as a **student at an Institution of higher education** as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? ☐ Yes ☐ No

If Yes, list the names _____

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next 12 months? ☐ Yes ☐ No

Do any applicant household members appear on any state sex offender's lifetime registry? ☐ Yes ☐ No

If Yes, list individual name(s) and state name(s): _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

_____ _____

Head of Household Signature Date

☐ Check box if form is signed on behalf of head of household. If checked, indicate relationship to head of household ☐ **Guardian** ☐ **Power of Attorney**

_____

Print Name

FOR OFFICE USE ONLY

In compliance with TSP, check only those applicable:

Rental History	☐ Acceptable	☐ Not Acceptable	☐ N/A
Credit Check	☐ Acceptable	☐ Not Acceptable	☐ N/A
HUD-approved residency preference?	☐ Yes	☐ No	☐ N/A

If Yes, Identify _____

☐ **Application Accepted**

☐ Application Rejected

Date rejection letter sent _____

Total Estimated Annual Income _____ Income Limit ☐ Low ☐ Very Low ☐ Extremely Low

Notes _____

_____ _____ _____

Completed by Title Date

PMCS Copyright 2019 PMCS, Inc. All Rights Reserved

EQUAL HOUSING OPPORTUNITY

Rental Application – Applicant Information Attachment

Property Name Bayonne Senior Residence Contract Number Litch 614

Household Member Name _____

To Be Completed For Each Household Member, Regardless Of Age

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

MEMBER INFORMATION ☐ **CHECK IF HEAD OF HOUSEHOLD**

Is address different than Head of Household ? ☐ Yes ☐ No If Yes, please list address.

Current Full Address Street City/State/Zip

_____

Mailing Full Address (if different) ☐ N/A

_____

This member's current housing *(Check one)* ☐ Standard ☐ Substandard ☐ Homeless ☐ Fleeing/Attempting to flee violence ☐ Public Housing

Is this member displaced due to a Presidentially Declared Disaster? ☐ Yes ☐ No

Does this member need an accessible unit? ☐ Yes ☐ No

Is this member a U.S. military veteran? ☐ Yes ☐ No

Cell Phone ☐ N/A (_____) _____ Home Phone ☐ N/A (_____) _____

Work Phone ☐ N/A (_____) _____ Email ☐ N/A _____

Do you wish to receive text messages about your application? ☐ Yes ☐ No

Emergency Contact Information:

Full Name: _____ Phone Number: _____

Email Address: _____ Relationship to Applicant: _____

Yes or No - Would you like to provide access to the unit upon an emergency? _____

List **all** states the member has ever lived in

_____

Demographic Information (for Head of Household only) ☐ Choose not to disclose

Ethnicity ☐ Hispanic ☐ Non-Hispanic

Race ☐ White ☐ Black/African-American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Other

ADULT STATUS

Is household member 55 years of age or older ?

☐ Yes

☐ No

RENTAL HISTORY ☐ **Same as Head of Household** ☐ **No Rental History**

Lack of rental history will not be considered a negative factor.

Current Apartment Complex Name / Landlord Name

_____

Current Apartment Landlord Address

_____

Phone _____ E-mail _____

Length of residency as of application date # _____ Years # _____ Months

Do you live in a subsidized apartment building? ☐ Yes ☐ No If Yes, are you currently receiving housing assistance? ☐ Yes ☐ No

Do you live in a military housing? ☐ Yes ☐ No If Yes, does the military pay for all or some of your housing? ☐ All ☐ Some

Move in Date: _____ Move Out Date: _____

Reason for Leaving:

_____

☐ **No Previous Rental History (if box is unchecked, must complete this section)**

Previous Apartment Complex Name / Landlord Name _____

Previous Apartment Landlord Address _____

Phone (_____) _____ Email _____

Length of residency as of application date # Years # Months

CREDIT HISTORY

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.

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 _____

Rental Application – Applicant Information Attachment

Property Name Bayonne Senior Residence _____ Contract number: Litch 614 _____

Household Member Name _____

To Be Completed For Each Household Member, Regardless Of Age

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

INCOME SOURCE(S) FOR THIS MEMBER

Employment Income ☐ Yes ☐ No If Yes ☐ Full Time ☐ Part Time Start Date _____

Employer _____ Employer Phone (_____) _____

Employer Address, including City, State, Zip _____

Gross Annual Income Amount $_____ (*Before taxes and withholdings*) Job Title: _____

Supervisor Name and Contact Number: _____

Additional Employment Income ☐ Yes ☐ No If Yes ☐ Full Time ☐ Part Time Start Date _____

Employer _____ Employer Phone (_____)-_____

Employer Address, including City, State, Zip _____

Gross Annual Income Amount $_____ (*Before taxes and withholdings*) Job Title: _____

Supervisor Name and Contact Number: _____

Unemployment	☐ Yes	☐ No	Start Date _____	Amount $ _____	☐ Weekly	☐ Bi-Weekly ☐ Monthly
Worker's Comp.:	☐ Yes	☐ No	Start Date _____	Amount $ _____	☐ **Weekly**	☐ **Bi-Weekly** ☐ **Monthly**
Long/Short Term Disability	☐ Yes	☐ No	Start Date _____	Amount $ _____	☐ Weekly.	☐ Bi-Weekly ☐ Monthly

ADDITIONAL Estimated **Annual** Income:

Dual Entitlement ☐ Yes ☐ No $_____

If yes, SSA Benefit/Claim # _____

SSI - Supplemental Security Income (Federal) ☐ Yes ☐ No $_____

SSI - State. Portion ☐ Yes ☐ No $_____

General Assistance (TANF) (Does not include Food Stamps) ☐ Yes ☐ No $_____

Do you have a court order for child support? ☐ Yes ☐ No $_____

Do you receive child support? ☐ Yes ☐ No $_____

If you aren't receiving court ordered support, have you taken action to collect? ☐ Yes ☐ No $_____

Rental Income ☐ Yes ☐ No $_____

Source of Rental Income: _____

Self-Employment ☐ Yes ☐ No $_____

Periodic Payments from Retirement/ Annuity Accounts ☐ Yes ☐ No $_____

Pension ☐ Yes ☐ No $_____

Is anyone outside the household giving you money or paying your bills on a regular basis? ☐ Yes ☐ No $_____

Scholarships/Grants/Work Study ☐ Yes ☐ No $_____

Do you have a court order for alimony (maintenance)? ☐ Yes ☐ No $_____

Do you receive alimony (maintenance)? ☐ Yes ☐ No $_____

Other Income? ☐ Yes ☐ No $_____

If Yes, identify source below: _____

Rental Application – Applicant Information Attachment

Property Name Bayonne Senior Residence Contract Number LITCH 614

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

ASSETS FOR THIS MEMBER

Cash on Hand	☐ Yes	☐ No	If yes, Amount:_____			
Checking	☐ Yes	☐ No	☐ Single	☐ Joint		
Savings	☐ Yes	☐ No	☐ Single	☐ Joint		
Direct Express Debit Card	☐ Yes	☐ No	☐ Single	☐ Joint		
Money Market	☐ Yes	☐ No	☐ Single	☐ Joint		
CD	☐ Yes	☐ No	☐ Single	☐ Joint		
Stocks/Bonds	☐ Yes	☐ No	☐ Single	☐ Joint		
Mutual Funds	☐ Yes	☐ No	☐ Single	☐ Joint		
Annuities	☐ Yes	☐ No	☐ Single	☐ Joint		
Whole Life Insurance	☐ Yes	☐ No	☐ Single	☐ Joint		
Trusts	☐ Yes	☐ No	☐ Single	☐ Joint	☐ Revocable	☐ Irrevocable
Retirement Accounts	☐ Yes	☐ No				
Pensions	☐ Yes	☐ No				

Do you own real estate (home, land, etc.)? ☐ Yes ☐ No If Yes, Identify _____

If Yes, but you are **not** receiving rental income, please explain. _____

Do you own a collection held as an investment? ☐ Yes ☐ No If Yes, Identify _____

Have you made any donations/contributions to anyone? (Includes churches and not-for-profit organizations.) ☐ Yes ☐ No If Yes, Identify _____

EXPENSES FOR THIS MEMBER

Medical/Disability

Is the Head, Spouse, or Co-Head of your household age 62 (or older) **OR** disabled**?**

☐ No **If No**, **go to the next question** regarding childcare

☐ Yes **If Yes**, check any out-of-pocket expenses **this member** pays which are not reimbursed.

Monthly Medicare Premiums	☐ Yes	☐ No	Installment payments on outstanding medical bills	☐ Yes	☐ No
Prescription Medicare Cost (Part D)	☐ Yes	☐ No	Medical Insurance (other than Medicare)	☐ Yes	☐ No
Prescription Copay Costs	☐ Yes	☐ No	Doctor/Dentist Visits	☐ Yes	☐ No

Childcare

Is this member a minor under the age of 13?

☐ No **If No**, **go to Page 4.**

☐ Yes **If Yes**, answer the below questions.

Are childcare expenses paid by a household member for the care of **this** child? ☐ Yes ☐ No

Does this childcare allow the adult family member(s) to ☐ Work ☐ Seek Employment or ☐ Further academic or vocational education

If yes, list adult family member(s): _____

Copyright 2019 PMCS, Inc. All Rights Reserved

Rental Application – Applicant Information Attachment

Property Name Bayonne Senior Residence Contract Number LITCH 614

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

CERTIFICATION OF APPLICANTS - VERY IMPORTANT - READ CAREFULLY

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 is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is 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.

As required by federal law, applicants **must** provide all members' Social Security Numbers except those who have not yet been assigned a Social Security Number or who do not contend eligible immigration status. Households containing individuals who have not yet been assigned a Social Security Number **must** contact management immediately to discuss further.

Applicants on the waiting list may be contacted, via letter, to ensure continued interest and to update the original information provided at the time of initial application. Failure to respond to Management's request will result in the applicant being removed from the waiting list, which would require applicant household to reapply.

Under the Fair Housing Act, management does not take any of the following actions based on race, color, religion, gender identity, sexual orientation, familial status, or national origin: Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs; Provide anyone housing that is different from that provided to others; Subject anyone to segregation, even if by floor or wing; Restrict anyone's access to any benefit enjoyed by others in connection with the housing program; Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease; Deny anyone access to the same level of services; Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program; Discriminate against someone because of that person's relation to or association with another individual; or Retaliate against, threaten, or act in any manner to intimidate someone because he or she has exercised rights under the Fair Housing Act. (HUD 4350.3 Change 4, 2-5B.)

By signing this application, I certify the information given in this application is accurate and complete. I further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Management. And by signing this application, I authorize Management to complete any and all background screening as required by HUD and as defined by the Management in the Tenant Selection Plan. I also understand that I have a right to request a copy of the Tenant Selection Plan.

Signature of Household Member/Applicant ☐ Check box if adult is signing for child (under 18 and not an emancipated minor) Date

If you are 18 or older, is there another individual that can sign on your behalf? ☐ Yes ☐ No ☐ Guardian ☐ Power of Attorney

If Yes _____ ( ) _____
Name (Please Print) Phone

_____
Street City/State/Zip

☐ **Owner, managing agent, or project employs less than 15 people, regardless of their location or duties, making the section below N/A**

Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies.

504 Coordinator Contact Information

Name	New Jersey Mortgage Housing Finance Agency	Title	
Street Address	637 South Clinton Avenue	City, State, Zip	Trenton, NJ 08611
Phone Number	609-278-7616	TTY Number	www.njhousing.gov

PMCS Copyright 2019 PMCS, Inc. All Rights Reserved

ONLY For residents under 55 years of age

VERIFICATION of DISABILITY

			FOR OFFICE USE ONLY	
Today's Date:		EQUAL HOUSING OPPORTUNITY	Date Sent	
Property Name:	Bayonne Senior Residence		Date Returned	
Mailing Address:	One Marine Plaza, Suite 304, North Bergen, NJ 07047		Oral Verification	
Phone Number:	201-868-6300		Documents Reviewed	
Fax Number:	201-868-6055			

TO: _____

RE: Name _____

Address _____

City/State/Zip _____

SSN _____

The individual named above is requesting housing assistance which is subsidized through the U.S. Department of Housing & Urban Development. Federal Regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The information you will provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please return completed form to the fax number listed above to my attention. If you have any questions, please feel free to contact our office at the number listed above. Thank you for your cooperation.

Signed Project Representative _____ **Date** _____

HOUSEHOLD MEMBER RELEASE:

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT NAME OR INSTITUTION NAME IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 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 form, attached to a copy of this consent.

Signature _____ **Date** _____

INFORMATION REQUESTED (TO BE COMPLETED BY INSTITUTION):

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. ____YES_____NO **Has a disability, as defined in 42 U.S.C. 423, which means;**

a. **Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or**

b. **In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.**

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. ____YES_____NO **Has a physical, mental or emotional impairment that;**

a. Is expected to be of long-continued and indefinite duration;

b. Substantially impedes his or her ability to live independently; and

c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions

3. ____YES_____NO **Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001 (8)), i.e., a person with a severe chronic disability that:**

a. **Is attributable to a mental or physical impairment or combination of mental and physical impairments;**

b. **Is manifested before the person attains age 22;**

c. **Is likely to continue indefinitely;**

Copyright 2014 PMCS, Inc. All Rights Reserved

VERIFICATION of DISABILITY

INFORMATION REQUESTED (TO BE COMPLETED BY INSTITUTION):

d. **Results in substantial functional limitation in three or more of the following areas of major like activity:**

- **(1) Self-care**
- **(2) Receptive and expressive language,**
- **(3) Learning,**
- **(4) Mobility,**
- **(5) Self-direction,**
- **(6) Capacity for independent living, and**
- **(7) Economic self sufficiency; and**

e. **Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.**

4. ____YES_____NO **Is the above a person whose disability is based solely on any drug or alcohol dependence.**

I certify that the above information is true and correct.

Signature	**Date**	**Phone Number**
Print Name, Title& Institution		**Email Address**

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).

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.

Copyright 2014 PMCS, Inc. All Rights Reserved

ASSET QUESTIONNAIRE

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is ***current*** **market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:		Unit#:	

PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

☐ Yes ☐ No	Within the past two (2) years, I/we have sold or given away assets for more than $1,000 below their fair market value (FMV).				
Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

Have you received a federal tax return or refundable federal tax credit in the last 12 months?	☐ Yes ☐ No
Amount of return/credit:	$

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

☐ **Yes** ☐ **No**	**I/we do not have any non-necessary personal property**				
Type of Asset	**(A) Cash Value***	**(B) Annual Income**	**Type of Asset**	**(A) Cash Value***	**(B) Annual Income**
Cash on Hand	$	N/A	Cryptocurrency	$	$
Pre-paid Debit Card (including Govt. Benefits)	$	N/A	Money Market/ CD	$	$
Checking/Savings	$	$	Annuities	$	$
Checking/Savings	$	$	Brokerage Account	$	$
Savings	$	$	Stocks/Bonds	$	$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding (i.e GoFundMe, etc.)	$	$	Other:	$	$
Whole Life Insurance	$	$	Other:	$	$

Non-Account Based

Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business

Description	**(A) Cash Value ***
	$
	$
	$
	$

PART IV. REAL PROPERTY

☐ **Yes** ☐ **No**	**I/we do not have any real property**	
Description of Property	**(C) Cash Value***	**(D) Income**
	$	$
	$	$

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date

PENALTIES FOR MISUSING THIS CONTENT: 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 uses 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

FRAIL ELDERLY CERTIFICATION DOCUMENTATION

FOR THE

TAX CREDIT PROGRAM

This is to certify that the following residents/tenants meet the definition of "Frail Elderly" as defined below.

Name of Project: _____ LIHTC #: _____

Signatures:

Owner/Managing Agent:_____ Date: _____

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

9._____

10._____

11._____

12._____

13._____

14._____

15._____

You can use additional sheets if necessary.

*"Frail elderly" means a person at least 62 years of age who requires assistance in performing at least two activities of daily living or instrumental activities of daily living (that is, eating, dressing, grooming and household management activities).

STUDENT VERIFICATION

This Annual Student Verification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name:_____Unit No. if assigned:_____

Development Name and Address:_____

Move-in Date (MM/DD/YYYY) if applicable:_____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____is/are a PART-TIME student(s). Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed. Sign and date below.

C. _____ Household contains all FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed:

1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) YES NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) YES NO
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation) YES NO
5. Does the household consist of at least one student who was, within 5 years of the effective date of the initial income certification, under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) YES NO

ONE MUST BE CHECKED

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name: _____

Building Address: _____

Unit Number if assigned: _____

I hereby grant disclosure of the information requested below from _____
Name of Educational Institution

_____ Signature

_____ Date

_____ Printed Name

_____ Student ID#

Return Form to:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print your name: _____ Tel. #: _____

Title: _____

Educational Institution: _____

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

OMB Control # 2502-0581
Exp. (11/30/2015)

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. **Mandatory if the box is not checked**

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)

- ☐ 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.

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.

Child Support Certification

Owners/Agent must count alimony or child support amounts awarded by the court unless the applicant/tenant certifies that payments are not being made and that he or she has taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.

Please use separate form for each child support case

I hereby certify that the following is true regarding my current child support for: (list names of children)

_____, _____, _____, _____

Please check all that apply:

1. ☐ I am **currently receiving child support** in the amount of $_____ per month/week from **as a non-court ordered payment from**: (A signed notarized statement from this provider of payment as verification of the amount of payment is attached)

   _____ _____
   Name of Provider Relationship of Provider

2. ☐ I am **currently receiving** child support in the amount of $_____ per month/week. A print-out covering the past twelve (12) months from the appropriate agency (County, Courthouse or SRS Child Support Enforcement Unit) to verify payment is attached.

3. ☐ I am presently receiving child support arrears in the amount of $_____ per month/week.

4. ☐ Effective _____ I **will begin** receiving child support in the amount of $_____ per month/week. Supporting documentation of payment to be received is attached.

5. ☐ I **may begin** receiving child support in the future. A copy of my divorce decree and/or separation agreement is attached. **If there isn't an agreement, please explain**:
   _____
   _____

6. ☐ It is **Court ordered** that I receive $_____ per month/week for child support, **but I do not receive it on a regular basis –** Case #_____.
   Documentation from County, Courthouse or SRS Child Support Enforcement Unit is attached.

7. ☐ It is **Court ordered** that I receive $_____ per month/week for child support, **but I do not receive it** – Case #_____. A print-out covering the past twelve (12) months from the appropriate agency (County, Courthouse or SRS Child Support Enforcement Unit) to verify non-payment is attached.

8. ☐ I am **not** presently receiving child support and do not anticipate obtaining a court order for child support in the upcoming year.

Under penalty of perjury, I certify that the information presented on this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ _____ _____
Print Name of Applicant/Tenant **Signature of Applicant/Tenant** **Date**

Checklist of Attachments for Child Support Certification

Owners/Agent must count alimony or child support amounts awarded by the court unless the applicant/tenant certifies that payments are not being made and that he or she has taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.

- SRS Child Support Enforcement Unit
  Department of Social and Rehabilitation Services **(SRS)** will officially change to Department **for** Children and Families (DCF).

- NJ Child Support **http://www.njchildsupport.org**

- Child Support Enforcement Unit from ***another state/county***

- Support Order (including any arrears)

- Court order generated through Public Assistance (if pass through) amount due to recipient

  - Printout of amounts receive by tenant/applicant

- Divorce Decree

- Separation Agreement

- Trust Account-distribution of payments

- Signed notarized statement of payment from provider on behalf of children.

- Summons to appear

MARITAL STATUS AFFIDAVIT

To be completed by all applicants

Applicant/Tenant: _____**Unit #:** _____

Check ONE box:

☐ **I hereby certify that I have never been married**. *Stop here and sign and date bottom of form.*

I hereby certify that I am: ☐ **divorced** ☐ **separated** ☐ **widowed** ☐ **estranged**
from my spouse whose name is: _____

Date of divorce/separation/etc. _____

Check this box if you are ESTRANGED from your spouse and initial:

☐ I am **ESTRANGED** from my spouse (not yet legally separated or divorced). They will not be contributing financially and WILL NOT be living in the apartment at any time during my tenancy.
Initial here: _____

Check A or B:

A. ☐ I am NOT and will NOT be receiving any form of spousal contributions to my household.

B. ☐ I AM or DO anticipate receiving spousal contributions to my household

Spousal contribution in the amount of $_____ per month will be received during the next 12-month period (*verification is required*). I will immediately notify the office of any change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits
☐ **YES** ☐ **NO**

I am in possession of and can provide copies of legal documents to verify divorce, separation, etc. ☐ **YES** ☐ **NO** If NO please state why: _____

The following legal actions have been made to attempt to collect payments owed to me:
_____

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ _____

Applicant Signature Date