

IMPORTANT NOTICE

THE HOUSING AUTHORITY OF BERGEN COUNTY

On behalf of the Borough of Hasbrouck Heights, the Housing Authority of Bergen County is pleased to announce that applications are now being accepted for the waiting list for Hasbrouck Heights Senior Citizen Housing located on Hamilton Avenue in Hasbrouck Heights, New Jersey. This wait list will be open to Hasbrouck Heights residents only.

Beginning Tuesday, October 28, 2014 applications will be available. Applications may be requested by mail or in person at the:

Housing Authority of Bergen County
Highland View Apartments (Zone Office)
300 Highland Avenue
Palisades Park, NJ 07650
Telephone # (201)592-8118
9:00 a.m. to 4:00 p.m.

IN ORDER TO BE PLACED ON THE WAITING LIST APPLICATIONS MUST BE RECEIVED AT THE HOUSING AUTHORITY OF BERGEN COUNTY, HIGHLAND VIEW APARTMENTS ZONE OFFICE AT THE ABOVE ADDRESS. FAXED APPLICATIONS WILL NOT BE ACCEPTED.

The total household annual gross income cannot exceed the following income limits:

MAXIMUM INCOME ELIGIBILITY REQUIREMENTS

Household Size	Maximum Annual Income
1	\$31,950
2	\$36,500

In order to be eligible to apply, applicants must be 62 years of age or older and have residency in Hasbrouck Heights. Applicants who live, work, or have an offer of employment in Hasbrouck Heights will be considered residents.

You are encouraged to return your application as soon as possible, as it will be placed on the waiting list based on the date and time that it was received at our zone office, which is the above Palisades Park address.

This offering is being made by the Housing Development Corporation of Bergen County, an affiliate of the Housing Authority of Bergen County,





HOUSING AUTHORITY OF BERGEN COUNTY

HIGHLAND VIEW APARTMENTS

300 HIGHLAND AVENUE

PALISADES PARK, N.J. 07650

PHONE: 201-592-8118 FAX: 201-592-7837



PRELIMINARY APPLICATION FOR HASBROUCK HEIGHTS SENIOR CITIZEN DEVELOPMENT

Application No. _____

Last Name of Applicant | First Name of Applicant | Middle Initial | S.S. # for Applicant

Home Address: Apt. # | Mailing Address (If different)

Home Telephone: | Work/Cell/Message:

Email Address:

Contact Person/Organization/Translator:

Home Address: | Mailing Address (If different)

Home Telephone: | Work/Cell/Message:

Email Address:

Household Information: (Applicant must be 62 + years old)

First list the applicant, then any co-applicant, and all others, if any, who will live with you.

Table with 5 columns: First, Middle & Last Name, Relationship, Date of Birth, Sex M/F, Social Security #

PRIMARY LANGUAGE SPOKEN: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you anticipate a change in your family size within the next year? Yes: [] No: [] (marriage/divorce/adoption)
If, yes, explain: _____
Is applicant, spouse, or co-applicant disabled? Yes: [] No: [] If yes, complete page 3.
Is applicant, spouse, or co-applicant age 62? Yes: [] No: [] If No, applicant(s) should be aware that do not meet the qualifying criteria for this development.
Have you ever lived in Public Housing or received Rental Assistance? Yes: [] No: []
If yes, enter the dates and name of agency: _____
Have you ever been evicted? Yes [] No []
If yes, enter the date(s) and address(s) of unit(s) from which you were evicted: _____
Have you, or any member of household, ever been convicted of violent criminal activity or drug related activity? Yes [] No []

If yes, please list the household member(s), crime, when and where it was committed: _____

INCOME:

List all **GROSS** income (before any deductions) for all household members who will live in your unit. This includes Social Security, Wages, Public Assistance, Pension, Child Support, Alimony, Unemployment, Disability and/or any other income

<u>Household Member Name</u>	<u>Source/ Type of Income</u> & <u>Source Name and Address</u>	<u>Amount Received Per Month</u>
<i>Example: John Doe</i>	<i>Income Source: Social Security</i>	<i>Gross Monthly Amount \$1,560.90</i>
	<i>Address: Continental Plaza, Hackensack, NJ 07601</i>	
Applicant/Co-Applicant Name	Income Source: Address:	Gross Monthly Amount \$
Applicant/Co-Applicant Name	Income Source: Address:	Gross Monthly Amount \$
Applicant/Co-Applicant Name	Income Source: Address:	Gross Monthly Amount \$
Applicant/Co-Applicant Name	Income Source: Address:	Gross Monthly Amount \$
Applicant/Co-Applicant Name	Income Source: Address:	Gross Monthly Amount \$
Applicant/Co-Applicant Name	Income Source: Address:	Gross Monthly Amount \$

ASSETS:

List all assets for all household members who will live in your unit, including your home (less mortgage), checking, savings, trusts, cash, stocks, bonds, CDs, Mutual Funds, Money Market Funds, IRAs, Whole & Universal Life Insurance, Annuities etc.

<u>Household Member Name</u>	<u>Source/ Type of Asset</u> & <u>Source Name and Address</u>	<u>Approximate Value</u>	<u>Interest Rate / Annual Income</u>
<i>Example: Applicant/Co-Applicant Name: John Doe</i>	<i>Asset Type: Checking Source: TD Bank</i>	<i>\$1200.00</i>	<i>0%</i>
	<i>Address: 250 River St. Hackensack, NJ 07601</i>		
Applicant/Co-Applicant Name	Asset Type: Source:	\$	%

<u>Household Member Name</u>	<u>Source/ Type of Asset & Source Name and Address</u>	<u>Approximate Value</u>	<u>Interest Rate / Annual Income</u>

RANKING PREFERENCES

I (applicant), my spouse, and/or the co-applicant are (Check all that apply):

Current residing in Hasbrouck Heights: Yes: No:

Currently working/training in Hasbrouck Heights: Yes: No:

62 years of age or older: Yes: No:

REASONABLE ACCOMMODATION

If you marked Yes in the disabled box on page one, please indicate if you or a household member with a disability and need any of the following special features as a reasonable accommodation (This is optional, no one is required to disclose a disability). Please check all that apply:

<input type="checkbox"/>	Wheelchair Accessible Unit (If you mark this section, please check one of following) <input type="checkbox"/> Permanently confined to wheelchair <input type="checkbox"/> Part-time wheelchair use <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Cane <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/>	Hearing Impaired Hardware
<input type="checkbox"/>	Sight Impaired Accommodations
<input type="checkbox"/>	Live-In Aide
<input type="checkbox"/>	Unit Without Step
<input type="checkbox"/>	None
<input type="checkbox"/>	Other Explain:

Application MUST be signed to be considered complete.

I understand that this is an application is for the Waiting List only. It is not a contract and does not legally bind either party. I declare that the statements contained in this application are true and correct to the best of my knowledge and that I have not made a false statement, given false information or omitted information in connection with this application. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that if am selected for assistance and it is subsequently determined that I withheld or provided false or incomplete information, it is a basis for the rejection of my application, eviction, or termination of assistance and I may be subject to other penalties.

Signature of Applicant: _____ Date: _____

Signature of Spouse/Co-Applicant: _____ Date: _____

THIS FORM HAS NOT YET BEEN UPDATED BY HUD

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 checked="" type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Assist with Recertification Process
<input checked="" type="checkbox"/> Unable to contact you	<input checked="" type="checkbox"/> Change in lease terms
<input checked="" type="checkbox"/> Termination of rental assistance	<input checked="" type="checkbox"/> Change in house rules
<input checked="" type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input checked="" 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.	
X	X
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
(Exp. 06/30/2017)

Hasbrouck Heights Senior Bldg.

245 Hamilton Ave. Hasbr. Heights, NJ

Name of Property

Project No.

Address of Property

HOUSING AUTHORITY OF BERGEN COUNTY

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*	Select All that Apply
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 provide 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 no require any special protection.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Housing Authority of Bergen County
 Highland View Apts. Zone 2 Office
 300 Highland Avenue
 Palisades Park, NJ 07650

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name