



HOUSING AUTHORITY OF BERGEN COUNTY
 ONE BERGEN COUNTY PLAZA, 2ND FLOOR
 HACKENSACK, NJ 07601
 PHONE: 201-336-7600
 FAX: 201-336-7660
 WWW.HABCNJ.ORG



Lehmann Gardens in Park Ridge, New Jersey

Preliminary Application for Admission

Last Name of Applicant	First Name of Applicant	Middle Initial	S.S. # for Applicant
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Home Address: _____ Apt. # _____	Mailing Address (If different)
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Home Telephone: _____	Work/Cell/Message: _____
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Email Address: _____

Contact Person/Organization:

Home Address: _____	Mailing Address (If different)
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Home Telephone: _____	Work/Cell/Message: _____
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Email Address: _____

Household Information:

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

<u>First & Last Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex M/F</u>	<u>Social Security #</u>
1. _____	Applicant			
2. _____				
3. _____				

PRIMARY LANGUAGE: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you anticipate a change in your family size within the next year? Yes: No:

If, yes, explain: _____

Is applicant, spouse, or co-applicant disabled (for eligibility purposes)? Yes: No: *If yes, complete page 3.

Is applicant, spouse, or co-applicant age 62? Yes: No:

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: _____

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 for all household members who will live in your unit. This includes Social Security, Wages, Public Assistance, Pension, Child Support, Alimony, 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>

ASSETS:

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

RANKING PREFERENCES

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

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 for the Waiting List only. It is not a contract and does not 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: _____

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)	
<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.	

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
(Exp. 03/31/2014)

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 form 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.