

# COMMUNITY HAVEN SENIOR CITIZENS HOUSING

35 So. VIRGINIA AVENUE, ATLANTIC CITY, NEW JERSEY 08401

OFFICE: 609-347-9400 FAX: 609-348-4750 TTY/TDD 800-852-7899

## RENTAL APPLICATION

\*\* If you are disabled or have difficulty completing this form, assistance will be provided in a confidential manner and setting.

### A. General Information

Name:	
Current Street Address:	
Town, State & Zip Code:	
Phone:	

**PLEASE NOTE:** The information provided on this application will be treated as confidential. It includes both information necessary for determining eligibility for housing and information required for statistical purposes. The race, ethnicity and gender information is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. Please answer each question as completely as possible. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or request for obtaining federal funds.

1. **For marketing purposes, please let us know how you heard of us:**

Newspaper Ad \_\_\_ Driving By \_\_\_ Resident Referral \_\_\_ Placemat \_\_\_  
Word of Mouth \_\_\_ Website \_\_\_ NJHRC \_\_\_ Other \_\_\_\_\_

2. **State your current living situation:**

Own my home \_\_\_ Living with friend/family \_\_\_ Renting \_\_\_  
Lacking Nighttime Residence \_\_\_ Fleeing Violence \_\_\_

3. **List all of the states you or any family member have lived in:** \_\_\_\_\_

### B. Landlord Information

Current Landlord/Contact:	
Complete Address:	
Phone:	
Move-in & Move- Out Dates:	
Reason for Leaving:	



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## C. Household Information

List ALL household members that are applying to live in this apartment with you.

Number of persons in household \_\_\_\_\_ Number of bedrooms needed \_\_\_\_\_

Full Name:	Relationship To Head of Household:	Gender:	Race:	Ethnicity:	Citizenship:	Date Of Birth	Social Security Number:	Student of Higher Education: Yes or No
		Male or Female	White/Caucasian Black/Afro-Amer. Asian Am Indian/Pac Is Other Leave Blank if Preferred	Hispanic Non-Hispanic Leave Blank if Preferred	Citizen Green Card Visa Immigrant/ Refugee			
	HOH							



Managing Agent:  
 Moderate Income Management Company  
 P.O. Box 3709 Princeton, NJ 08543  
 (609) 989-8500 Fax: (609) 802-0148 TTY/TDD: (800) 852-7899

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## **C. Household Information, (Continued)**

**Please answer each of the following questions:**

1.	Do you expect any additions to the household within the next twelve months?	Yes __	No __
2.	Is there anyone living with you now who won't be living with you at this residence?	Yes __	No __
3.	Do you have less than full custody of your child(ren)?	Yes __	No __
4.	Do you have a family member who is permanently confined to a nursing home?	Yes __	No __
5.	Do you have a child away at school who will live at your residence during school recesses?	Yes __	No __
6.	Do you have a household member who is <u>temporarily</u> absent from the home due to? Employment ____ Military ____ Foster Care ____ Hospital ____ Nursing Home ____	Yes __	No __
7.	Do you have a live-in attendant for whom you have a doctor's note showing a medical need?	Yes __	No __
8.	Are you or any member of your household currently in the US Military or are a US Military Veteran?	Yes __	No __
9.	Are you or any member of your household a victim of a recent Presidential Declared Disaster?	Yes __	No __
10.	Has any household member ever used any name or social security number other than the one they are currently using?	Yes __	No __
11.	Have you or anyone else in your household filed for bankruptcy? (If yes, please explain below.)	Yes __	No __
12.	Has any member of your household been arrested and/or convicted of a felony? (If yes, please explain below.) Dates: _____	Yes __	No __
13.	Are you or any member of your household subject to a lifetime sex offender registry? (If yes, please explain below.)	Yes __	No __
14.	Are you or any member of your household a current user of a controlled substance, including medical marijuana?	Yes __	No __
15.	Has a member of your household ever been evicted from a rental unit of any type? (If yes, please explain below.)	Yes __	No __
16.	Do you currently live in, or have lived in, Public or HUD-Assisted Housing, or been in HUD's Housing Choice Voucher Program? If yes, please provide the landlord's name, complete address and phone number below.	Yes __	No __
17.	Do you or any member of your household owe money to HUD or a previous landlord?	Yes __	No __



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## **D. Income Information**

**Include all income anticipated for the next 12 months, for all household members.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

1. Employments wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)	Yes ___	No ___
2. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)	Yes ___	No ___
3. Regular pay as a member of the Armed Forces?	Yes ___	No ___
4. Unemployment Benefits or Workman's Compensation?	Yes ___	No ___
5. Public Assistance, General Relief or Aid to Families with Dependent Children? (AFDC)	Yes ___	No ___
6. Social Security, SSI or any other payments from the Social Security Administration? (Include benefits paid under someone else's name.)	Yes ___	No ___
7. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?	Yes ___	No ___
8. Regular payments from a severance package?	Yes ___	No ___
9. Regular payments from any type of settlement? (For example, an insurance settlement.)	Yes ___	No ___
10. Regular gifts or payments from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills.)	Yes ___	No ___
11. Educational grants, scholarships or other student benefits?	Yes ___	No ___
12. Regular payments from lottery winnings or inheritances?	Yes ___	No ___
13. Regular payments from a rental property or other type of real estate transactions?	Yes ___	No ___
14. Do you currently have existing assets which you are planning to use to supplement the rental payments?	Yes ___	No ___
15. Any other income sources not listed above?	Yes ___	No ___
16. Do you or any other household members expect any changes to your income in the next 12 months?	Yes ___	No ___

**If "Yes" was answered to any of the above income questions, please provide the information below.**

**If additional space is required, use back of the page.**

Question #	Household Member	Source of Income/Payor	Amount



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## **E. Household Asset Information**

Include all assets held and the income derived from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.**

**Do you or any member of your household have:**

1. Checking or Savings Account?	Yes __	No __
2. CD's Money Markets or Treasury Bills?	Yes __	No __
3. Stocks, bonds or securities?	Yes __	No __
4. Trust funds?	Yes __	No __
5. Pensions, IRA's, Keogh or other retirement accounts?	Yes __	No __
6. Cash on hand over \$500?	Yes __	No __
7.		
8. Real estate, rental property, land contract(s) for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes and commercial property.)	Yes __	No __
9. Personal property held as an investment? (This includes paintings, coins or stamp collections, artwork, collector or show cars and antiques.)	Yes __	No __
10. Direct Express/Debit Cards?	Yes __	No __
11. Funeral Account? Revocable _____ Irrevocable _____	Yes __	No __
12. Life Insurance? Whole _____ Term _____	Yes __	No __
13. Safe Deposit Box?	Yes __	No __
14. Other? Explain.	Yes __	No __
15. I/We do not have any assets at this time.	Yes __	No __

**If you answered "Yes" to any of the above asset questions, please provide additional information below. If additional space is needed, please use back of page.**

Household Member	Source of Benefit/Payor	Amount



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## **F. Asset Disposition**

1. Have you or any member of your household disposed of or given away any asset(s) for <b>LESS</b> than fair market value within the past 2 years?	Yes __	No __
2. Has any household member sold any real estate in the last 2 years?	Yes __	No __

**If you answered "Yes" to any of the above questions, please provide additional information below.**

Question #	Household Member	Source	Amount

## **G. Program Eligibility**

**The following questions pertain to specific eligibility requirements.**

1. Are you or any other household members (INCLUDING MINORS) currently a part-time or full-time student or expect to be one in the next 12 months? Household Member _____	Yes __	No __
2. Will your household be receiving or applying to receive Section 8 Rental Assistance in the next 12 months?	Yes __	No __
3. Does any household member pay childcare expenses to enable them to work? (Applies to Section 8 recipients only.)	Yes __	No __
4. Does any household member pay handicap expenses to enable them to work? (Applies to Section 8 recipients only.)	Yes __	No __

## **H. Household Medical Deductions - This section applies to Section 8 recipients only.**

1. Do you pay for prescription medications?	Yes	No
2. Do you pay a medical insurance premium?	Yes	No
3. Do you pay for Medicare coverage?	Yes	No
4. Do you pay for over the counter medications/supplies?	Yes	No



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## **I. Reasonable Accommodations**

Individuals with disabilities have the right to request reasonable accommodations, which include changes, exceptions or adjustments to a program, service, building, dwelling unit or workplace that will allow a qualified person with a disability to participate fully in a program, take advantage of a service, live in a dwelling or perform a job.

1. Do you or any household member require a special accommodation in your unit, or a need for a handicap accessible unit? If yes, please explain _____	Yes __	No __
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## **J. Vehicle Identification**

**List vehicle information for all vehicles that are owned or operated by any household member. Proof of valid driver's license, registration and insurance will be required.**

	Make	Model	Year	State	Plate #
<b>Vehicle #1</b>					
<b>Vehicle #2</b>					

### **Certification and Consent to Release of Information**

All household members 18 and older must sign this application. By signing the application, I/we certify the accuracy of the information contained herein. I consent to release the necessary information to determine my eligibility, appropriate bedroom size, and the amount my household will pay in rent. I/we understand that this will be my ONLY residence. I authorize management to contact my present/prior landlords for information regarding my tenancy and to access records pertaining to me which may be on file with credit bureau authorities. I/we authorize a credit and criminal background check including the State/National Sex Offender Registry for all adult household members. I/we understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such actions may result in penalties. I understand that my occupancy is contingent on meeting Tenant Selection Policy Program requirements.

<b>Office Use Only</b>	
Date Application Received	
Time Received	
Signature	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**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)

Name of Property \_\_\_\_\_ Project No. \_\_\_\_\_ Address of Property \_\_\_\_\_

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 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.



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.