

FAIR LAWN SENIOR HOUSING APPLICATION

PLEASE COMPLETE THE ATTACHED APPLICATION FOR HOUSING AND RETURN AS DIRECTED AT THE BOTTOM OF THE APPLICATION.

PROCESSING OF COMPLETED APPLICATIONS WILL TAKE APPROXIMATELY 12-16 WEEKS AFTER RECEIPT

ALL APPLICANTS WILL BE CONTACTED VIA THE US MAIL AFTER PRELIMINARY REVIEWS HAVE BEEN COMPLETED.

Location: 18-25 River Road, Fair Lawn, NJ

Age Requirements: 55 years and older

Medium Income: 50% 60%

Minimum Income: \$20,880 \$25,680

Maximum Income:

One-person household- \$37,350 \$44,820

Two-person household- \$42,650 \$ 51,180

Rent: \$920 \$ 1,120

OCCUPANCY IS ANTICIPATED FOR MIDDLE TO LATE SUMMER.

**APPLICATION FOR HOUSING
 LOW INCOME HOUSING TAX CREDIT PROPERTY**

RESIDENTS MUST BE 55 YEARS OF AGE OR OLDER

NOTE TO APPLICANT: In order for us to determine your eligibility or continued eligibility, you must provide all information included in this application. This information is considered confidential and will only be used as necessary to determine your eligibility for an affordable tax credit housing program. Please note we are smoke free building and a no pet community.

PROVIDING FALSE OR INCOMPLETE INFORMATION WILL DISQUALIFY THIS APPLICATION

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number _____

Email Address: _____

Amount of current monthly rental or mortgage payment: _____

Check utilities paid by you: **HEAT** **ELECTRICITY** **GAS** **OTHER**

Approximate monthly cost of utilities paid by you (excluding phone and cable tv) \$ _____

Please read each question carefully, answer each question completely and be prepared to verify items checked "Yes"

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have spouse or dependent in the home.

Last Name, First Name	Relationship to Head of House hold	Birth Date	Age	Marital Status	Social Security Number
1.					
2.					

3.

4.					

Please check YES or NO

1. Do you anticipate any changes in the size of your household within **the next 12 months?**
(Ex: future spouse, minor thru adoption, children returning from foster care, etc.)

YES ___ NO ___

If yes, please describe change here:

2. Will anyone under the age of 18 listed above live in the unit less than 50% of **the next 12 months?**

YES ___ NO ___

If yes, please explain here:

3. Is the applicant a current illegal abuser of a controlled substance or an addict?

YES ___ NO ___

If yes, please explain here:

4. Does the applicant legally qualify for a unit only available to persons with disabilities or to persons with a specific disability?

YES ___ NO ___

If yes, please explain here:

5. Does the applicant qualify for housing that is legally available on a priority basis to a person with disabilities or to persons with a specific disability?

YES ___ NO ___

If yes, please explain here:

6. Are you or any family members a current or past member of the Military?

YES ___ NO ___

7. Are there any special needs or accommodations the household will require such as grab bars or need a unit for mobility impaired or hearing/vision impaired?

YES ___ NO ___

If yes, please explain here:

8. Is any adult member of your household separated, but not divorced?

YES ___ NO ___

If yes, please explain here:

Please check YES or NO

9. Does your household receive Section 8 rental or any other form of housing assistance:

YES ___ NO ___

If yes, please explain here:

RENTAL HISTORY

The questions regarding household rental history apply to all members of your household, including minors and those temporarily absent from the home.

1. Have you or anyone else named on this application filed for bankruptcy?

YES ___ NO ___

If yes, please explain here:

2. Have you or anyone else named on the application been convicted of a drug related or other crime?

YES ___ NO ___

If yes, please explain here:

3. Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program?

YES ___ NO ___

If yes, please explain here:

4. Have you or anyone else named on the application been evicted from a rental unit of any type?

YES ___ NO ___

If yes, please explain here:

Head of Household Current Address Landlord's Name/Address/Telephone Rental Type Dates rented/Owned

Head of Household Last Previous Address Landlord's Name/Address/Telephone Rental Type Dates rented/Owned

STUDENT ELIGIBILITY

Please check YES or NO

1. Including yourself are ANY members of your household full-time student(s)?
YES ___ NO ___
2. Including yourself, are any full-time student(s) married and filing a joint tax return?
YES ___ NO ___
3. Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?
YES ___ NO ___
4. Including yourself, will ALL members of your household be full-time students during any 5 months of this year?
(Ex. A student who attends school full time in any parts of January, February, April, October and November)
YES ___ NO ___
5. Including yourself, are any student(s) enrolled in a job-training program receiving assistance under the job training partnership act?
YES ___ NO ___
6. Including yourself, are any full-time student(s) a TANF or a Title IV of the Social Security Act recipient?
YES ___ NO ___
7. Including yourself, was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care?
YES ___ NO ___

ALIMONY/CHILD SUPPORT INFORMATION

Please check YES or NO

1. Does any member of your household have a **COURT or LEGAL ORDER** to receive Child Support or Alimony payments?
YES ___ NO ___

Is this child support and/or alimony being received? (Case ID#'s) _____

A) Name of person with Court Order _____ Payment Amount: \$ _____ per _____

B) Name of person(s) paying support/alimony:

Please check YES or NO

Are the FULL court-ordered amount(s) being received?

YES ___ NO ___

If NO, what efforts you are making to collect the amount due?

What is the amount of the arrears owed to you? _____

2. Does any member of your household receive Child Support or Alimony payments that **are NOT COURT ORDERED**?

YES ___ NO ___ (This includes any and all financial help from the children's father or mother)

If NO, SKIP TO NEXT SECTION. IF YES, COMPLETE BELOW:

Payment Amount \$ _____ Per _____

Name of person(s) paying support/alimony:

Address _____ Telephone Contact _____

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

1. Is any member of the household employed?

YES ___ NO ___

Household Member Employed _____ Amount received \$ _____ Per _____

Employer Name & Address & Telephone #

Second Household Member Employed _____ Amount received \$ _____ Per _____

Employer Name & Address & Telephone #

USE SEPARATE PAGE IF OTHER HOUSEHOLD MEMBERS ARE WORKING

2. Any household members employed in a **SECOND** job? YES ___ NO ___

Household Member _____ Amount received \$ _____ Per _____

Employer Name & Address & Telephone #

Please check YES or NO

3. Are any household members self-employed? YES ___ NO ___

Name of member _____ Amount of income \$ _____ Per _____

Type of work done _____

4. Does any household member receive pay from the military? YES ___ NO ___

Name of member _____ Amount of income \$ _____ Per _____

5. Does any household member receive SS benefits? YES ___ NO ___

Which benefit? **SS** **SSI** **SSDI** **Other**

Household Member _____ Amount of Benefit \$ _____ Per _____

6. Does any household member receive severance pay or worker's compensation? YES ___ NO ___

Household Member _____ Amount received \$ _____ Per _____

Company _____ Address _____ Telephone # _____

7. Is any adult member of your household unemployed? YES ___ NO ___

8. Is any household member receiving unemployment benefits? YES ___ NO ___

Household Member _____ Amount Received \$ _____ Per _____

9. Does any household member receive public assistance payments such as Temporary Assistance to Need Families (TANF) or Aid for Dependent Children (AFDC)? YES ___ NO ___

Household member _____ Caseworker: _____ Amount Received \$ _____ Per _____

10. Does any household member receive or expect to receive periodic payments from a pension, annuity, trust fund or retirement benefit account in the next twelve months?

YES ___ NO ___

Household member _____ Amount? ___ Per _____

Please check one Pension Annuity Other

Company paying: _____ Address _____ Phone # _____

11. Does anyone outside of your household provide you with cash or contribute to expenses incurred in that household?
YES ___ NO ___

Name of Provider: _____ Address _____ Phone # _____

Please check YES or NO

12. Is there any other source of income not mentioned from above received by you or any member of your household?
YES ___ NO ___

Please describe here: _____

13. Do you expect any changes in the household or the household income within the next 12 months?
YES ___ NO ___

If yes, please explain here:

14. Do any adult member(s) of the household have Zero income?
YES ___ NO ___

If yes, please explain:

ACCOUNT/ASSET INFORMATION

The questions regarding household accounts/assets apply to ALL members of your household, including minors and those temporarily absent from the home.

1. List below ALL accounts/assets in ALL financial institutions:

Bank Name: _____ Type of account _____

Account number _____ Approximate Value _____

Bank Name: _____ Type of account _____

Account number _____ Approximate Value _____

Bank Name: _____ Type of account _____

Account number _____ Approximate Value _____

USE SEPARATE PAGE TO REPORT ADDITIONAL BANKING

2. List below any/all Stocks, Bonds, Mutual Funds, Capital Investments or a whole life insurance policy.

Investment Name: _____ Account number _____ Approximate Value _____

Investment Name: _____ Account number _____ Approximate Value _____

Investment Name: _____ Account number _____ Approximate Value _____

USE SEPARATE PAGE IF ADDITIONAL INSTITUTIONS.

3. List below any IRA, Keogh, 401K, Annuity or similar retirement account:

Investment Name: _____ Account number _____ Approximate Value _____

Investment Name: _____ Account number _____ Approximate Value _____

Investment Name: _____ Account number _____ Approximate Value _____

Investment Name: _____ Account number _____ Approximate Value _____

4. List below any/all real estate owned including rental properties, primary residence, vacation property, time-shares, commercial property or property being held in deed or trust.

Type of Property _____ Owner of record _____ Value _____

Type of Property _____ Owner of record _____ Value _____

Please note: Appraised market value will be verified by 2 independent realtors

Please check YES or NO

5. Do you have any other assets not listed above?

YES ___ NO ___

If yes, please explain:

6. Have you sold/disposed of any asset in the last 2 years?

YES ___ NO ___

If yes, please explain:

7. Do you have any pets?

YES ___ NO ___

8. Would you be able to begin occupancy should an apartment be offered?

YES ___ NO ___

HOUSEHOLD CERTIFICATION

I understand that the information provided on this application will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's resident selection criteria. Resident selection criteria may include but is not limited to criminal history checks, credit screening, prior eviction filings, landlord references, ability to pay rent, etc.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

All household members applying who are 18 years of age or older or who will become 18 years of age within the upcoming 12-month period must sign below.

Head of Household Signature

Date

Adult Household Member

Date

Adult Household Member

Date

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 it's jurisdiction.

PLEASE MAIL COMPLETED APPLICATION TO:

**Fair Lawn Senior Housing Urban Renewal LP
PO Box 707
Ridgewood, NJ 07451**

By Fax: 201-836-4545

By Email: KRodriguez@thealtagroup.net

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILY STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION, GENDER, OR NATIONAL ORIGIN.

