

Senior Housing Application

Housing Authority of the Township of Weehawken

525 Gregory Avenue, Weehawken, NJ 07086

Phone 201-348-4188 Fax 201-348-4457

APPLICATION FOR ADMISSION TO PROJECT BASE VOUCHER PROGRAM 4800 PARK AVENUE SENIOR BUILDING

Name and Address of head of household completing applications:

(Last) (First) (Middle Initial)

Address _____

(City) (State) (Zip Code)

Telephone# _____ Marital Status: (M) (S) (D) (W) _____

List Name, Social Security Number, Date and Place of Birth and age of
All persons who will live in the Project Base assisted dwelling unit,
List yourself first as Head of Household:

(Name) (Social Security #) (Date & Place of Birth) (Age)

(Name) (Social Security #) (Date & Place of Birth) (Age)

APLICACION PARA ADMISION AL NUEVO PROYECTO BASADO EN LA SECCION 8
PARA ENVEJECIENTES/ DESABILITADOS.

DOCUMENTACION REQUERIDA

Antes de someter su aplicacion, asegurese de tener toda documentacion requerida en la siguiente lista. Debera de haber completado y firmado todos los formularios y contestado todas las preguntas que concierna a usted y cualquier otra persona que este incluida en su aplicacion. No aceptaremos ninguna aplicacion incompleta

Los siguientes formularios deberan de ser firmados:

1. La Aplicacion
2. El Acta de Privacidad
3. El Affidavit contra Fraude
4. Verificacion de Empleo

Favor de traer lo siguiente:

Tarjeta de Seguro Social, Pasaporte, Certificado de Nacimiento, Tarjeta de Residencia

Carta original de Beneficios del Dept.de Seguro Social

Pension or Anualidad

Ultimos 3 meses de estado de cuenta bancaria. (ahorro, cheque, etc..) para todos en el hogar

Planillas de impuestos que incluya el formulario W/2.

Ultimo recibo de PSE&G

Ultimo recibo de alquiler

Ultimos 3 talonarios de trabajo. Deberan ser consecutivos

Todo pago de primas medicas que usted paga.

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APPLICATION FOR ADMISSION TO PROJECT BASE VOUCHER PROGRAM 525 GREGORY AVENUE SENIOR BUILDING

Name and Address of head of household completing applications:

(Last) (First) (Middle Initial)

Address

(City) (State) (Zip Code)

Telephone# _____ Marital Status: (M) (S) (D) (W)

List Name, Social Security Number, Date and Place of Birth and age of
All persons who will live in the Project Base assisted dwelling unit,
List yourself first as Head of Household:

(Name) (Social Security#) (Date & Place of Birth) (Age)

(Name) (Social Security#) (Date & Place of Birth) (Age)

If any of the family members listed above are not U.S. citizens please provide their names and alien registration numbers: _____

Note: The following information is required for statistical purposes by the U.S. Department of Housing & Urban Development in determining the degree to which its programs are utilized by minority families.

White (not of Hispanic origin) _____
American Indian or Alaskan Native _____
Hispanic _____

Black (not of Hispanic Origin) _____
Asian or Pacific Islander _____
Other _____

Racial Group Identification are used for statistical purposes only.

Are you currently living in HUD subsidized housing? YES ___ NO ___

Are you currently receiving any form of rental help? YES ___ NO ___ If you answered yes, please explain: _____

How long have you lived at your present residence? ___ Years

Name and address of present landlord: _____

List previous addresses over the past ten (10) years and number of years at each: _____

Are you or any other person who will occupy the apartment with you disabled (see the following definition of a "person with disabilities")? YES ___ NO ___
If you answered yes, please provide an explanation of the disability claimed: _____
_____ Will the disabled person require a living

unit that is designed for occupancy by disabled persons? YES ___ NO ___

Please provide the name of the disabled person: _____

Definition of a person with disabilities:

A Person with disabilities is defined as a person who:

- A. Has a disability as defined in Section 223 of the Social Security Act, which states:
"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

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

- B. Is determined, pursuant to Federal Regulations, to have a physical, mental or emotional impairment that:

1. Is expected to be of long-continued and indefinite duration;
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability could be improved by more suitable housing conditions; or

- C. Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities and Bill of Rights Act which states:

Severe chronic disability that:

1. Is attributed to a mental or physical impairment or combination of mental and physical impairment;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitation in three or more of the following areas of major life activity: (1) self care (2) receptive and responsive language (3) learning (4) mobility (5) self direction (6) capacity for independent living and (7) economic self-sufficiency; and
5. 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.

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agency for acquired immunodeficiency syndrome.

A determination of disability can be obtained from the Social Security Administration, and if so obtained must accompany this application.

No individual shall be considered to be a person with disabilities for purposes of eligibility solely based on any drug or alcohol dependence.

Do you pay more than 50% of your income for rent and utilities?
YES ___ NO ___

Are you presently or about to be displaced from your home? YES ___ NO ___
Why? _____

Is your dwelling unit/apartment in standard condition?
YES ___ NO ___
If "NO", please list deficiencies: _____

How many families reside with you in your present dwelling unit? _____
How many bedrooms does the unit have? _____ This information can be
verified by contacting: _____
Telephone #: _____

Are you presently living in: Own Home ___ Apartment ___ other(specify) _____
Are you living with another family member or friend?
YES ___ NO ___. If you answered yes, please furnish name and relationship of
such family member or friend: _____

Monthly rent that you now pay \$ _____. Monthly cost of utilities paid by
you, in addition to rent? \$ _____

Does anyone outside your household pay for any of your bills or give you
money? YES ___ NO ___ If Yes, provide approximate amount received
monthly: \$ _____

Do you propose to use the Project Base Voucher to rent the dwelling unit in _____
which you presently reside? YES ___ NO ___ If you answered yes, is your
landlord in agreement with such arrangement? YES ___ NO ___

Do you propose to use the Project Base Voucher to rent the dwelling unit in _____
other type dwelling unit from a relative/family member? YES ___ NO ___

If you answered yes, explain:

Do you or any member(s) of your household have a valid driver's license? If you answered yes, please provide name of licensed driver(s), license number(s) and state of issue: _____

Is anyone on this application employed? YES ___ NO ___ If you answered yes, please provide the name(s) of the employed person(s) and the name(s) and addresses of their employer(s):

Did you or any member of your household file a Federal Income Tax return last year? YES ___ NO ___ If you answered yes, provide name(s) of person(s) who filed returns: _____

FINANCIAL STATUS:

A. Total income for all occupants/household members. List by name of occupant and source of income, i.e., Social Security, Disability (SSI), Welfare, interest income from Savings Accounts, C.D.'s, dividends from stocks and bonds, pension payments or any other income reportable on Federal Income Tax returns:

<u>Name of Occupant</u>	<u>Source</u>	<u>Income Per Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MONTHLY INCOME SHOWN ABOVE \$ _____

B. Do you anticipate an increase or decrease in income over the next year?

YES ___ NO ___

If Yes, explain _____

C. List your assets below: (Savings Accounts, C.D.'s, Stocks, Bonds, etc.)

Name	Type of Asset	Approx. Value

C. Do you own real property (a house, a condo unit, etc.)? YES ___ NO ___

If you answered yes, what is the assessed Value? \$ _____

What is the Fair Market Value (if known)? \$ _____

Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?

Yes _____ No _____

If you answered yes, explain: _____

Have you or any member of your household ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?

Yes _____ No _____

If answered yes, explain: _____

Have you or any member of your household ever been engaged in illegal drug use?

Yes _____ No _____

If answered yes, explain: _____

Have you or any member of your household ever been convicted of Domestic Violence, Dating Violence, or Stalking?

Yes _____ No _____

If answered yes, explain:

Have you or any member of your household ever been engaged in criminal activity, including, but not limited to drug-related criminal activity (involving the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance), violent criminal activity, or other criminal activity?

Yes _____ No _____

If answered yes, explain: _____

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?

Yes _____ No _____

If answered yes, explain: _____

Do you or any member of your household abuse or consume the use of alcohol on a daily basis?

Yes _____ No _____

If answered yes, explain: _____

Have you or any member of your household ever been arrested or convicted for incidents related to the destruction of property or violent activity toward another person(s)?

Yes _____ No _____

If answered yes, explain: _____

Have you or any member of your household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program?

Yes _____ No _____

If answered yes, explain: _____

List below person or persons we may contact in the event we can not reach you.

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Note: You have a right by law to include as part of your application 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 are not required to provide this contact information, but if you choose to do so, please include the relevant information on form HUD-92006. You may update, remove, or change the information you provide at any time.

NOTE: If an applicant cannot supply the above information at the time of submission of the application, it is the applicant's responsibility to obtain such information and submit same to the Authority as soon as possible. Incomplete applications will be kept on file but will not be entered in the active file for processing until all information has been provided.

FAILURE TO RESPOND TRUTHFULLY TO THE ABOVE QUESTIONS MAY JEOPARDIZE APPROVAL OF YOUR APPLICATION.

I/WE CERTIFY THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE UNDERSTAND THAT FALSE OR ERRONEOUS INFORMATION SUBMITTED HEREIN MAY BE BASIS FOR REJECTION OF OUR APPLICATION OR TERMINATION OF HOUSING ASSISTANCE. I/WE HAVE NO OBJECTION TO INQUIRIES MADE BY THE HOUSING AUTHORITY FOR THE PURPOSE OF VERIFYING FACTS STATED BY ME/US HEREIN. I/WE ALSO UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER ME/US OR THE HOUSING AUTHORITY.

I/WE DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND AUTHORIZE THE HOUSING AUTHORITY TO OBTAIN ANY INFORMATION NEEDED TO VERIFY SAME, INCLUDING: CREDIT REPORTS, CIVIL OR CRIMINAL REPORTS, RENTAL HISTORY,

EMPLOYMENT/SALARY DETAILS, POLICE AND VEHICLE RECORDS, AND ANY OTHER RELEVANT INFORMATION; AND RELEASE THE HOUSING AUTHORITY, ITS EMPLOYEES AND AGENTS FROM ANY AND ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING OR OBTAINING SUCH INFORMATION. I/WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD COMPOSITION MUST BE REPORTED TO THE HOUSING AUTHORITY WITHIN 15 DAYS OF SUCH CHANGE.

Witnessed By:

Signature of person representing the
Housing Authority of the Township
of Weehawken

Date : _____

Applicant's Signature

Date: _____

Co-Applicant's Signature

Date: _____

WARNING: Title 18, Section 1001 of the United States Code, States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

HOUSING AUTHORITY
OF THE
TOWNSHIP OF WEEHAWKEN
525 GREGORY AVENUE
WEEHAWKEN, NEW JERSEY 07086
TELEPHONE (201) 348-4188 FAX (201) 348-4457

ANA MIRANDA
CHAIRWOMAN

ROBERT DIVINCENT
EXECUTIVE DIRECTOR

Re: Fraud Affidavit

Dear Tenants,

The Department of Housing and Urban Development (HUD) is seriously concerned about fraud in the Section 8 Housing Choice Voucher Program and has requested the Weehawken Housing Authority send this reminder to participating families.

It is important that you report all income and any changes in the number of people living with you. Income information must be submitted for all employed household members. Statements for student enrollment will be accepted from school administration only. Additionally, if any change in family income and/or family composition occurs throughout the year, it is your responsibility to report changes immediately.

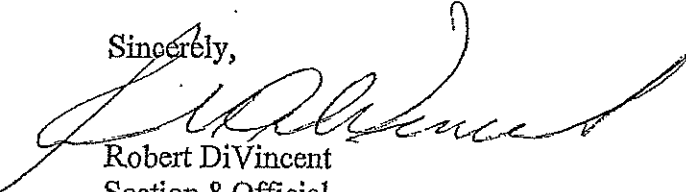
Please be advised, according to HUD Regulations, 24CFR Section 982.552 and 24CFR Section 982.553, information submitted to the Weehawken Housing Authority must be true and complete. Failure to comply is grounds for termination of your rent subsidy benefits.

Your payment to the landlord must not be more than the amount in your lease calculated at the time of our review. If you are now paying (or your landlord asks for) any money in addition to this payment, please report this fact to us at once. We will determine whether these extra payments are legal. Most such payments are illegal and appropriate action will be taken against the landlord.

We urge you to be certain you are meeting these responsibilities so that you will continue to receive assistance. Enclosed find the FRAUD AFFIDAVIT; this affidavit must be read and signed by all adults (18 years old and over) in your household.

Thank you in advance for your cooperation.

Sincerely,


Robert DiVincent
Section 8 Official

WEEHAWKEN HOUSING AUTHORITY

FRAUD AFFIDAVIT

FRAUD: Withholding information from this Agency or providing false information to this agency.

PENALTIES FOR FRAUD

1. Under Federal Law, Fraud is punishable by fines up to \$10,000 and imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency or withholds relevant information from this agency, the resident will be charged back rent, face eviction proceedings and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent-retroactively, if applicable.

Resident Acknowledgement(s)

By signing below, I confirm:

I have read the penalties for submitting fraudulent information above. I understand what fraud is and I understand the penalties for committing fraud,

Print name of the Head of Household

Signature of the Head of Household

Date

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OF THE
TOWNSHIP OF WEEHAWKEN
525 GREGORY AVENUE
WEEHAWKEN, NEW JERSEY 07086
TELEPHONE (201) 348- 4188 FAX (201) 348- 4457

Re: Employment Verification

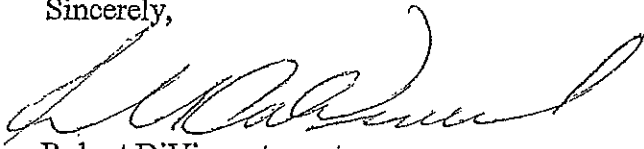
Dear Sir or Madam:

In accordance with Federal Public Housing Administration Laws, annually we are required to verify the income of all our residents and all the members of their family who participate in the Section 8 Program sponsored by HUD.

The participants are to submit their annual income so that rents are adjusted accordingly. To comply with this requirement, we ask your cooperation in supplying all the information relating to their income as indicated on the enclosed Employer Statement. This information will be held in strict confidence and will be used only on determining the eligibility status and rent for the employee's family.

We sincerely request your immediate response. Thank you for your assistance in this matter.

Sincerely,



Robert DiVincent
Section 8 Official

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525 GREGORY AVENUE
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TELEPHONE (201) 348-4188 FAX (201) 348-4457

ANA MIRANDA
CHAIRWOMAN

Name: _____
Head of Household

EMPLOYER STATEMENT

EMPLOYEE _____

SOCIAL SECURITY _____

EMPLOYER _____

ADDRESS _____

TELEPHONE () _____

CONTACT NAME _____

DATE HIRED _____

IS THIS POSITION: (check one) Permanent _____ Temporary _____ Seasonal _____

HOW OFTEN PAID: (check one) Weekly _____ Bi-Weekly _____ Monthly _____ Semi-Monthly _____

RATE PER HOUR _____ HOURS PER DAY _____ HOURS PER WEEK _____

GROSS WEEKLY SALARY \$ _____ or GROSS BI-WEEKLY SALARY \$ _____

EMPLOYER

DATE