

APPLICATION FOR ADMISSION TO PROJECT BASE  
SENIOR HOUSING/DISABLED VOUCHER PROGRAM

CHECKLIST

Before submitting your application, please be sure to follow the checklist below.  
Complete all forms and answer all questions that apply to you and other occupant.  
We will not accept any application if information is missing.

SIGN all forms, which are:

1. The Application
2. The Privacy Act Notice
3. Fraud Affidavit
4. Employment Verification if applicable

- \_\_\_ SS Card, Passport, Birth Certificate, Legal Resident Card.
- \_\_\_ Current year Social Security &/or Disability Benefit statement, include Maximum benefit amount.
- \_\_\_ Current Pensions &/or Annuity Statement.
- \_\_\_ Last 3 months of all bank activity; checking, savings, passbook from all household members.
- \_\_\_ Current Income Tax Return for each employed household members, including W/2s.
- \_\_\_ Last Utility Bill (PSE&G) & documenting the form of payment.
- \_\_\_ Last rental payment documentation .
- \_\_\_ Last 3 consecutive pay stubs, for all employed household members. (If applicable)
- \_\_\_ All Medical premiums which are paid out of pocket.

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.

# 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**

### **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 (SSD), 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:

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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

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

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 and the Housing Agency/Authority (HA)**

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

**PHA or IHA requesting release of information** (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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

DOM FACCHINI  
CHAIRMAN

JAMES BARRACATO  
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.

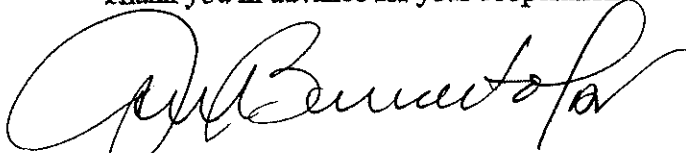
It is important that you report all income and any changes in the number of people living with you. Income information must be submitted for all employed household members. Statements for student enrollment will be accepted from school administration only. Additionally, if any change in family income 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.



JAMES BARRACATO  
EXECUTIVE DIRECTOR

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*

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

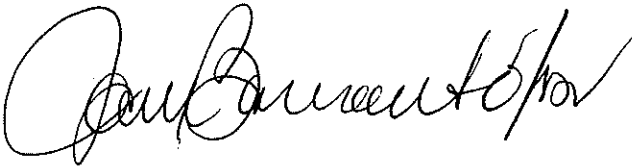
**Re: Employment Verification**

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.



JAMES BARRACATO  
EXECUTIVE DIRECTOR



EMPLOYMENT VERIFICATION

PERMISSION FOR RELEASE OF INFORMATION

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature of Applicant/Tenant

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee.

Employee Name: Job Title:

Presently Employed: Yes No Date First Employed Last Day of Employment

Current Wages/Salary: \$ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Average # of regular hours per week: Year-to-date earnings: \$ From / / through / /

Overtime Rate: \$ per hour Average # of overtime hours per week:

Shift Differential Rate: \$ per hour Average # of shift differential hours per week:

Commissions, bonuses, tips, other: \$ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: Effective date:

Is the employee's work seasonal or sporadic? Yes No If yes, indicate the average number of weeks in the layoff period(s):

Does this employee have a 401(k), 403(b), or other retirement account? Yes No If yes, can the employee withdraw the funds in this account? Yes No What is the appropriate agency/contact information to verify retirement account information?

Additional remarks:

Signature: Print Your Name: Title: Company Name: Address:

Date: Tel. #: Email:

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).