

# Initial Rental Application

Property Name <u>First Montclair House</u>	<b>FOR OFFICE USE ONLY</b>	Date Received _____
Contract Number <u>NJ39H085085</u>		Time Received _____
Property Address <u>56 Walnut Street, Management Office</u>		Received By _____
Property City, State Zip <u>Montclair NJ 07042</u>		Apartment Size _____

How did you hear about our property?  Referral by Tenant     Referral by Friend     Advertising     Drive By  
 Website     Other \_\_\_\_\_

**HOUSEHOLD SUMMARY INFORMATION** *Please print legibly.* List each household member who will be residing in the unit.  
**Please complete a separate Applicant Information Attachment for each household member, regardless of age.**

First Name	MI	Last Name	DOB MM/DD/YR	Relationship to Head of Household <small>Options: Spouse, Co-Head, Dependent, Other Family Member, Foster Child/Adult, Live-in Aide</small>	Sex <small>M, F, N/A (Not disclosed)</small>	Social Security Number OR Applicable Exemption Code from list below	Are you a U.S. Citizen?
				Head of Household			<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

**Social Security Number Exemption Codes:**  
**1** – Ineligible, non-citizen (not contending eligible immigration status)    **2** – Under 6 years old and added to household within past 6 months  
**3** – Was 62 or older on 01/31/10 and was receiving assistance at another subsidized apartment building

Are any household members temporarily absent?  Yes  No  
 If Yes, list the names \_\_\_\_\_

Are any members of the household enrolled as a **student at an Institution of higher education** as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)?  Yes  No  
 If Yes, list the names \_\_\_\_\_

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next 12 months?  Yes  No

Do any applicant household members appear on any state sex offender's lifetime registry?  Yes  No  
 List individual name(s) and all states resided in: \_\_\_\_\_

Have any applicant household members been convicted of the manufacture or production of Methamphetamine on the premises of federally assisted housing?  Yes  No  
 If Yes, list the names \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
 Head of Household Signature \_\_\_\_\_  
 Date

Check box if form is signed on behalf of head of household. If checked, indicate relationship to head of household  Guardian  Power of Attorney

\_\_\_\_\_  
 Print Name

**FOR OFFICE USE ONLY**

In compliance with TSP, check only those applicable:  
 Rental History     Acceptable     Not Acceptable     N/A  
 Credit Check     Acceptable     Not Acceptable     N/A  
 HUD-approved residency preference?     Yes     No     N/A

If Yes, Identify \_\_\_\_\_

Application Accepted  
 Application Rejected  
 Date rejection letter sent \_\_\_\_\_

Total Estimated Annual Income \_\_\_\_\_    Income Limit  Low     Very Low     Extremely Low

Notes \_\_\_\_\_

\_\_\_\_\_  
 Completed by \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date

# Initial Rental Application – Applicant Information Detail

Property Name First Montclair House Contract Number NJ39H085085

Household Member Name \_\_\_\_\_

To Be Completed For Each Household Member, Regardless Of Age  
**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

All information on this form **MUST** be completed only for the member listed above.

## MEMBER INFORMATION CHECK IF HEAD OF HOUSEHOLD

Is address different than Head of Household?  Yes  No

If Yes, please list address.

Current Full Address \_\_\_\_\_  
Street City/State/Zip

Mailing Full Address (if different)  N/A \_\_\_\_\_

This member's current housing (*Check one*)  Standard  Substandard  Homeless  Fleeing/Attempting to flee violence  Public Housing

Is this member displaced due to a Presidentially Declared Disaster?  Yes  No

Does this member need an accessible unit?  Yes  No Is this member a U.S. military veteran?  Yes  No

Cell Phone  N/A ( ) Home Phone  N/A ( ) Work Phone  N/A ( )

Do you wish to receive text messages about your application?  Yes  No Email  N/A \_\_\_\_\_

Demographic Information (for Head of Household only)  Choose not to disclose

Ethnicity  Hispanic  Non-Hispanic Race  White  Black/African-American  Asian  
 American Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other

List all states the member has ever lived in \_\_\_\_\_

## ADULT STATUS

Is household member 18 years of age or older or an emancipated minor?

Yes *If Yes, please complete the following sections.*

No *If No, continue to the next page.*

## RENTAL HISTORY SAME AS HEAD OF HOUSEHOLD NO RENTAL HISTORY

Lack of rental history will not be considered a negative factor.

Current Apartment Complex Name / Landlord Name \_\_\_\_\_

Current Apartment Landlord Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Length of residency as of application date # \_\_\_\_\_ Years # \_\_\_\_\_ Months

Do you live in a subsidized apartment building?  Yes  No If Yes, are you currently receiving housing assistance?  Yes  No

Do you live in a military housing?  Yes  No If Yes, does the military pay for all or some of your housing?  All  Some

**No PREVIOUS RENTAL HISTORY (IF BOX IS UNCHECKED, MUST COMPLETE THIS SECTION)**

Previous Apartment Complex Name / Landlord Name \_\_\_\_\_

Previous Apartment Landlord Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Length of residency as of application date # \_\_\_\_\_ Years # \_\_\_\_\_ Months

## CREDIT HISTORY

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit History should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.

Have you ever filed bankruptcy?  Yes  No If Yes, Court & Case # \_\_\_\_\_

Are you party to any lawsuits?  Yes  No If Yes, please describe \_\_\_\_\_

Are there any judgments against you?  Yes  No If Yes, please describe \_\_\_\_\_

# Initial Rental Application – Applicant Information Detail

Property Name First Montclair House Contract Number NJ39H085085  
 Household Member Name \_\_\_\_\_

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## INCOME SOURCE(S) FOR THIS MEMBER

**Employment Income**       Yes    No      If Yes,  Full Time    Part Time      Start Date \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_  
 Employer Address, including City, State, Zip \_\_\_\_\_  
 Gross Annual Income Amount \$ \_\_\_\_\_ (Before taxes and withholdings)

**Additional Employment Income**       Yes    No      If Yes,  Full Time    Part Time      Start Date \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_  
 Employer Address, including City, State, Zip \_\_\_\_\_  
 Gross Annual Income Amount \$ \_\_\_\_\_ (Before taxes and withholdings)

**Unemployment**       Yes    No      Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  
**Worker's Comp.**       Yes    No      Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  
**Long/Short Term Disability**       Yes    No      Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

### Additional Estimated Annual Income

Social Security       Yes    No      \$ \_\_\_\_\_

Dual Entitlement       Yes    No      \$ \_\_\_\_\_

If yes, SSA Benefit/Claim # \_\_\_\_\_

SSI-Supplemental Security Income (Federal)       Yes    No      \$ \_\_\_\_\_

SSI-State Portion       Yes    No      \$ \_\_\_\_\_

General Assistance (TANF) (Does not include food stamps)       Yes    No      \$ \_\_\_\_\_

Do you have a court order for child support?       Yes    No      \$ \_\_\_\_\_

Do you receive child support?       Yes    No      \$ \_\_\_\_\_

If you aren't receiving court ordered support, have you taken action to collect?       Yes    No      \$ \_\_\_\_\_

Rental Income       Yes    No      \$ \_\_\_\_\_

Source of Rental Income \_\_\_\_\_

Self-Employment       Yes    No      \$ \_\_\_\_\_

Periodic Payments from Retirement/Annuity Accounts       Yes    No      \$ \_\_\_\_\_

Pension       Yes    No      \$ \_\_\_\_\_

Is anyone outside the household giving you money or paying your bills on a regular basis?       Yes    No      \$ \_\_\_\_\_

Scholarships/Grants/Work Study       Yes    No      \$ \_\_\_\_\_

Do you have a court order for alimony (maintenance)?       Yes    No      \$ \_\_\_\_\_

Do you receive alimony (maintenance)?       Yes    No      \$ \_\_\_\_\_

Other Income? If Yes, identify source below: \_\_\_\_\_  Yes    No      \$ \_\_\_\_\_

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Household Member Name \_\_\_\_\_

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## ASSETS FOR THIS MEMBER

Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Amount: _____
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Direct Express Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
CD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Retirement Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own real estate (home, land, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Identify _____
If Yes, but you are <b>not</b> receiving rental income, please explain. _____		
Do you own a collection held as an investment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Identify _____
Have you made any donations/contributions to anyone? (Includes churches and not-for-profit organizations.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Identify _____

## EXPENSES FOR THIS MEMBER

### Medical/Disability

Is the Head, Spouse, or Co-Head of your household age 62 (or older) **OR** disabled?

- No **If No, go to the next question** regarding childcare  
 Yes **If Yes, check any out-of-pocket expenses this member pays which are not reimbursed.**

Monthly Medicare Premiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	Installment payments on outstanding medical bills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription Medicare Cost (Part D)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance (other than Medicare)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription Copay Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor/Dentist Visits	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Childcare

Is this member a minor under the age of 13?

- No **If No, go to Page 4.**  
 Yes **If Yes, answer the below questions.**

Are childcare expenses paid by a household member for the care of **this** child?  Yes  No

Does this childcare allow the adult family member(s) to  Work  Seek Employment or  Further academic or vocational education

If yes, list adult family member(s): \_\_\_\_\_



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## CERTIFICATION OF APPLICANTS - VERY IMPORTANT - READ CAREFULLY

### WARNING

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 use 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 is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

### PLEASE BE FURTHER ADVISED

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families' supply with information federal, state and/or local agencies have on those same applicant families' income and household composition.

As required by federal law, applicants must provide all members' Social Security Numbers except those who have not yet been assigned a Social Security Number or who do not contend eligible immigration status. Households containing individuals who have not yet been assigned a Social Security Number must contact management immediately to discuss further.

Applicants on the waiting list may be contacted, via letter, to ensure continued interest and to update the original information provided at the time of initial application. Failure to respond to Management's request may result in the applicant being removed from the waiting list, which would require applicant household to reapply.

Under the Fair Housing Act, management does not take any of the following actions based on race, color, religion, gender identity, sexual orientation, familial status, or national origin: Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs; Provide anyone housing that is different from that provided to others; Subject anyone to segregation, even if by floor or wing; Restrict anyone's access to any benefit enjoyed by others in connection with the housing program; Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease; Deny anyone access to the same level of services; Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program; Discriminate against someone because of that person's relation to or association with another individual; or Retaliate against, threaten, or act in any manner to intimidate someone because he or she has exercised rights under the Fair Housing Act. (HUD 4350.3 Change 4, 2-5B.)

By signing this initial application, I certify the information given in this initial application is accurate and complete. I further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Management. And by signing this initial application, I authorize Management to complete any and all background screening as required by HUD and as defined by the Management in the Tenant Selection Plan. I also understand that I have a right to request a copy of the Tenant Selection Plan.

Signature of Household Member/Applicant  Check box if adult is signing for child (under 18 and not an emancipated minor) \_\_\_\_\_ Date \_\_\_\_\_

If you are 18 or older, is there another individual that can sign on your behalf?  Yes  No  Guardian  Power of Attorney

If Yes \_\_\_\_\_ ( ) \_\_\_\_\_  
Name (Please Print) Phone

\_\_\_\_\_  
Street City/State/Zip

Owner, managing agent, or project employs less than 15 people, regardless of their location or duties, making the section below N/A

Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies.

### 504 Coordinator Contact Information

Name John Daniels Title Property Manager  
Street Address 56 Walnut St City, State, Zip Montclair, NJ 07042  
Phone Number 973-746-0895 TTY Number 1-800-852-7899

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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.