



**BCUW / MADELINE
PARTNERSHIP**

Special homes for very special people

BCUW/Madeline Housing Partners, LLC Application Checklist

The following forms are **REQUIRED** in order for the application to be considered:

- 1. Completed Application
- 2. Copies of Identification: Picture ID, Birth Certificate and Social Security Card
- 3. Documentation for all sources of income (i.e., Pay stubs, SSI Award Letter, Child Support, Alimony, etc.) **and** most recent bank statement(s).
- 4. Disability certification completed by a licensed physician **using attached form only**.
- 5. Documentation confirming individual already has a service provider **or** source of funding to obtain one. (Service provider must have credentials and be willing to enter into a Memorandum of Agreement with BCUW/Madeline Housing Partners). The service provider should send a reference letter directly to:

BCUW/Madeline Housing Partners
6 Forest Avenue
Paramus, NJ 07652
Attn: Housing Services.

- 6. Proof of medical insurance/coverage

If you need help in obtaining any of these items, or have any questions, please email info@bergenunitedway.org with "APPLICATION HELP" in the subject line.

Authorization for Release of Information

Consent

I authorized and direct any Federal, State or local agency, organization, business, or individual to release to **BCUW/Madeline Housing Partners, LLC** any information or material needed to complete and verify my application for tenancy at **311 Tenafly Ave., Tenafly, NJ**. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or the Department of Community Affairs (DCA) in determining possible rental assistance.

Information Covered

I understand that, depending on the program policies and requirements, previous or current information regarding myself may be needed. Verifications and inquires that may be requested include, but are not limited to:

- Identity and marital status
- Residences and rental activity
- Credit and criminal activity
- Employment income and assets
- Social Security benefits
- Medical or Child Care Allowances

Groups or Individual That May Be Asked

The groups or individual(s) that may be asked include, but are not limited to:

- Previous landlords
- Schools and/or Colleges
- Social Security Administration
- Banks and other financial institutions
- County Welfare Agencies
- Law Enforcement Agencies
- Past and Present Employers
- Utility companies

Computer Matching Notice and Consent

I understand and agree that HUD or DCA or the BCUW/Madeline Housing Partners, LLC may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to a notification of any adverse information found and an opportunity to disprove incorrect information. HUD or DCA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Administration, and State Welfare and Food Stamp agencies.

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the BCUW/Madeline Housing Partners, LLC and will stay in effect for the life of tenancy. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

Signatures

Applicant

Print name

Date



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The Madeline Corporation and Bergen County's United Way, both New Jersey based 501 (c) 3 organizations with over 60 years of continuous service to the community, formed a partnership in 2004 for the sole purpose of providing safe, affordable housing serving families, seniors and special needs individuals throughout the State of New Jersey.

APPLICATION FOR LEASE

Today's Date:	<i>FOR OFFICE USE ONLY</i>
Property Name:	Date Received:
Address:	Lottery Number:
City/State/Zip:	Apartment Size:
Phone Number:	Received By:

Please note that all lines, questions or requests for information MUST be completed. This requires that you provide the relevant information requests, answer yes or no where applicable or write "N/A" if the information requests does not apply to anyone in the Applicant Household listed.

I. APPLICANT (Potential tenant)

Name (First, MI, Last):	DOB:
SSN:	Home Phone:
Address:	Cell Phone:
City/State/ Zip:	Email:

II. ALTERNATE CONTACT INFORMATION (Contact person related to this application.)

Name:	Relationship:
Address:	Primary Phone:
Email:	Secondary Phone:

III. SOURCES OF INCOME (Check all boxes that apply and include current documentation for items checked)

Social Security (retirement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Annual Amount: \$ _____	
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Annual Amount: \$ _____	
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Annual Amount: \$ _____	
SSI/SSDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Annual Amount: \$ _____	
Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Annual Amount: \$ _____	
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Annual Amount: \$ _____	
General Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Annual Amount: \$ _____	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Annual Amount: \$ _____	Please specify: _____

IV. DEVELOPMENTAL DISABILITY CERTIFICATION/ABILITY TO LIVE INDEPENDENTLY

I hereby certify that I have a severe, chronic developmental disability which:

1. Is attributable to mental or physical impairment or combination of mental and physical impairments; 2. Is manifested before the person attains age twenty-two; 3. Is to continue indefinitely; 4. Results in substantial functional limitations in three or more of the following areas of major life activity; (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and 5. Reflects the person's need for a combination of and sequence of special, interdisciplinary or generic care, a treatment, or other services which are of lifelong or extended duration and are individually prescribed and coordinated. However, I do not require a highly supervised setting in order to ensure healthy and safety, and am able to live independently in accordance with the number of hours and types of services that I receive (either through DDD, Medicaid, health insurance, family contribution or earned income) upon move-in and the foreseeable future.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian (if applicable): _____ Date: _____

*Please include the documentation of disability completed by your doctor with this application.

V. DISABILITY CERTIFICATION

ATTACHED FORM MUST BE COMPLETED BY LICENSED PHYSICIAN AND SUBMITTED WITH APPLICATION

VI. PRIMARY SERVICE PROVIDER (PLEASE DO NOT WRITE DDD, MEDICAID, OR SOCIAL SECURITY AS PROVIDER OF SERVICES - THEY ARE FUNDING SOURCES, NOT PROVIDERS. INDICATE WHAT AGENCY OR COMPANY, OR PRIVATE PERSON/PEOPLE PROVIDING ACTUAL SUPPORT SERVICES).

Name of Agency/Company:	Contact Person:
How will services be paid for?	Phone Number:

VII. HOUSING PREFERENCE (Select One)**

Please check the box indicating which housing arrangement you are applying for.

One bedroom apartment
 Two bedroom unit, shared with another applicant

**Please note that selected choice is not guaranteed as availability is limited

VIII. ASSET INFORMATION (Documentation is required.)

<p>Checking</p> <p>Name of Bank/Credit Union: Address: Phone Number: Account Number: Current Balance:</p> <p> <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> No checking account </p>	<p>Savings</p> <p>Name of Bank/Credit Union: Address: Phone Number: Account Number: Current Balance:</p> <p> <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> No checking account </p>
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<p>Special Needs or Supplemental Needs Trust Fund</p> <p> <input type="checkbox"/> No Trust Fund If Yes, what is the monthly ___ or annual ___ disbursement (check one please): \$ _____ </p>	<p>Real Estate</p> <p> <input type="checkbox"/> No Real Estate Value: \$ _____ Jointly Owned By: _____ </p>
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Stocks/Bonds

No Stocks/Bonds
 Yes, provide company name and address for each: _____

DDD funding budget? Although not considered an asset, we would like to be aware of any funding through the Division of Developmental Disabilities).

No
 Yes
 Pending application

IX. BACKGROUND AND CRIMINAL HISTORY (A background check will be conducted on each applicant. Any one or more of the following may result in automatic denial of the application.)

Do you have any felonies or misdemeanors involving:

Yes No Sexual Misconduct?

Yes No Illegal possession, manufacture, sale and/or distribution of a controlled substance?

Yes No Physical crime against a person or persons and/or another person's property?

X. CERTIFICATION OF APPLICANTS

VERY IMPORTANT- READ CAREFULLY

I/We certify the information given in this application is accurate and complete. I/We further understand that any inaccuracies provide or information withheld may be the basis for immediate denial of my application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] sex offender records, criminal background, etc. I /We further agree that this application does not constitute any oral and/r written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility or level of assistance.

PLEASE BE FURTHER ADVISED

Federal law prohibits the Landlord from discrimination against any applicant because of race, color, creed, religion, sex, national origin, political or other affiliation, family status, handicap, or source of income. As required by federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply. All members of the household age 6 and older are required to have a valid social security number.

Signature of Applicant

Date

Signature of Guardian (if applicable)

Date

FOR INFORMATIONAL PURPOSE ONLY:

HOW DID YOU HEAR ABOUT THIS HOUSING OPPORTUNITY (I.E. DIRECT EMAIL FROM BC UW/MADELINE HOUSING, NEWSPAPER, STATE AGENCY, PRIVATE AGENCY, FAMILY MEMBER, FRIEND, ETC.)
