



BCUW / MADELINE
PARTNERSHIP

Special homes for very special people

6 Forest Avenue
Paramus, NJ 07652
T 201-291-4050 | F 201-291-0681

555 10th Street
Palisades Park, NJ 07650
T 201-944-3222 | F 201-944-3422

www.bcuw-madeline.org

June 2019

RE: Allendale Veteran Housing – 221 and 223 East Crescent Avenue

Dear Friends:

Bergen County United Way/Madeline Housing Partners, LLC is pleased to announce that applications for our latest development in Allendale are now available. The two – three bedroom homes have been built for affordable rental by military veterans and their families. The homes include laundry hook-ups, on-site parking and will be ready for occupancy in December 2019.

Applicants must have been honorably discharged and must be income eligible as follows:

<u>Household Composition</u>	<u>Minimum Income</u>	<u>Maximum Income</u>
2 Persons	\$25,600	\$60,400
3 Persons	\$28,672	\$67,950
4 Persons	\$31,825	\$75,500

Enclosed please find the application form. Feel free to distribute copies to your family, friends, and clients. Additional copies may be downloaded from Bergen County’s United Way website at www.bergenunitedway.org; or hard copies may be picked up Monday through Friday (9 a.m. -5p.m.) at our Paramus office.

Completed applications will be accepted until Friday, June 21, 2019. Applications may be mailed to Bergen County’s United Way at 6 Forest Avenue, Paramus or may dropped off between 9 am and 5 pm. No facsimiles will be accepted. In addition, any application postmarked or submitted after the deadline will not be accepted.

All applications must be complete. Incomplete applications may not be processed.

If you have questions or would like additional information, please contact us via e-mail at info@bergenunitedway.org (please include the subject line *Allendale Veteran Housing*) or phone 201.944.3222.

Sincerely,

Shari DePalma
Executive Director
Madeline Corporation

Tom Toronto
President
Bergen County’s United Way

The BCUW/ MADELINE PARTNERSHIP is a non-profit corporation specializing in the development of affordable housing for families, seniors and individuals with special needs throughout New Jersey.



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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, Social Security Card, Driver's License (if applicable).
- 3. Documentation for all sources of income and most recent bank statement (i.e., Pay stubs, SSI award letter, Child support, Alimony, IRA and 401K investments, pension payments, etc.)
- 4. A copy of your DD-14 Discharge and Military Record.
- 5. 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 "Allendale Veteran Housing" in the subject line or phone 201.944.3222..



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The Madeline Corporation and Bergen County's United Way, both New Jersey 501C3 organizations with over 60 years of continuous service to the community, formed a partnership in 2004 to provide safe, affordable housing serving families, seniors and special needs individuals in NJ.

**BCUW/Madeline Housing Partners, LLC
Application for Veteran Housing
221 and 223 East Crescent Avenue, Allendale, NJ
Anticipated Housing Availability – December 1, 2019**

Included in this package are the application for lease and checklist of supporting documents. Completed applications must be received by **Friday, June 21, 2019**. All applications are subject to lottery. However, only fully complete applications will be included. If you have questions or would like additional information about the application process, please email info@bergenunitedway.org with **"Application Help"** in the subject line.

A. GENERAL INFORMATION

Applicant Name: S.S. # DOB
Spouse Name:
Home Address:
Mailing Address (if different):
Phone: Email:

Current Living Arrangements

Do you Rent or Own (check one) If you rent, what is the term of your lease?

Mortgage Amount: Do you receive rental income from the property? Yes No

Rent amount: Are utilities paid by the Landlord or Tenant

Approximate cost of utilities paid by you (excluding phone and Cable TV):

Landlord's Name:

Address:

Telephone:

Previous Living Arrangements

List your last two addresses

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in your home. List the head of household first.

	Name	Marital Status D=Divorced S=Single L=Legal Separation E=Estranged	Birth Date	Age	SS #	Gender M/F
Head						
Spouse						
Child						

*

List the name(s) of any household member who does not have legal residency in this country.

Please answer the following questions.

1. Do you anticipate a change in your family size within the next year? Yes No
If yes, please explain

2. Do you and/or your spouse require a unit accessible to a wheelchair? Yes No

3. Do you and/or your spouse require any special features as a reasonable accommodation? Yes No

4. Have you ever lived in Public Housing or received Rental Assistance? Yes No
If yes, please provide the name of the agency and dates.

5. Have you ever been evicted? Yes No If yes, please provide the address of the unit (s) from which you were evicted.

6. Have you, or any member of your household, ever been convicted of a violent criminal or drug related activity? Yes No If yes, please list the household member, the crime and when and where it was committed.

7. Are you, or any member of your household, subject to sex offender registration in any state? Yes No

8. Have you ever filed for bankruptcy? Yes No
If yes, please describe

9. Will you take the rental as soon as it is available? Yes No

10. Briefly describe your reason for applying.

Optional – For Statistical Purposes Only

Are you a U.S. Citizen? Yes No

African American Asian Caucasian Hispanic Native American Other

D. ASSETS

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.				
Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Credit Union	#		Cash Value \$	
	#		Cash Value \$	
Savings Bonds	Name:	#Shares:	Interest or Dividend \$	
	Name:	#Shares:	Interest or Dividend \$	
	Name:	#Shares:	Dividend Paid \$	
Life Insurance Policy	Name:	#Shares:	Dividend Paid \$	
Life Insurance Policy	Name:	#Shares:	Dividend Paid \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$ Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Value \$
	Name:	#Shares:	Interest or Dividend \$ Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	Value \$
		Appraised Value \$		Value \$
Stocks				Value \$
				Value \$
Bonds				Value \$
Annuities				Value \$

Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property	
Location of property	
Appraised Market Value: Value must be verified	\$
Mortgage or outstanding loans balance due	\$
Amount of annual home insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/dispensed of any property in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	To Whom Sold:

Have you disposed of any other assets in the last 5 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe the asset	
Date of disposition	To Whom Given:
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

E. VEHICLE INFORMATION (if applicable)

List any cars, or other vehicles owned. Vehicle must be insured and registered to tenant and in road condition	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

F. ADDITIONAL INFORMATION

In case of emergency notify:	
Address:	
Relationship:	Phone #:

CERTIFICATION

I hereby certify that I **WILL NOT** maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit totaling one and one half month's rent for this rental **PRIOR TO OCCUPANCY**. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I am aware that this is a **NO SMOKING AND NO PET COMMUNITY**.

I understand that BCUW/Madeline Housing Partners, LLC or any agent(s) of BCUW/Madeline may, in addition to verification of my Landlord and/or mortgage history, employment history, income verifications, and asset verifications, contact a credit reporting agency or agencies for the purpose of evaluating my past and present credit standing. Additionally, BCUW/Madeline or their agents may conduct a criminal background investigation and may obtain this and/or other information from various sources as permissible by law.

I authorize my consent to have management verify the information in this application for purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process.

The undersigned agrees that this application shall remain the property of BCUW Madeline Housing Partners, LLC regardless of whether or not a rental lease agreement is granted.

_____	_____
(Signature of Head of Household)	Date
_____	_____
(Signature of Spouse)	Date
_____	_____