



**BCUW / MADELINE**  
PARTNERSHIP

*Special homes for very special people*

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

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

[www.bcuw-madeline.org](http://www.bcuw-madeline.org)

June 2019

RE: Montvale Senior Housing – 11 East Grand Avenue

Dear Friends:

Bergen County United Way/Madeline Housing Partners is accepting applications for a vacancy in our Montvale development. The renovated two-story schoolhouse with elevator includes 10 one-bedroom and Studio apartments, laundry in each unit, on-site parking and perimeter and interior security. The vacant unit is a one bedroom.

Applicants must be 60 years or older and income eligible as follows:

| Household Composition | Minimum Income | Maximum Income |
|-----------------------|----------------|----------------|
| 1 Person              | \$22,400       | \$52,850       |
| 2 Persons             | \$25,600       | \$60,400       |

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](http://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. Incomplete applications may not be processed.**

If you have questions or would like additional information, please contact e-mail [info@bergenunitedway.org](mailto:info@bergenunitedway.org) (please include the subject line *Montvale Senior Housing*) or phone 201.944.3222.

Sincerely,

Shari DePalma  
Executive Director  
Madeline Corporation

Tom Toronto  
President  
Bergen County's United Way



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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. Disability certification completed by a licensed physician (if household includes an adult child).
- 5. Proof of medical insurance/coverage.

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*If you need help in obtaining any of these items, or have any questions, please email [info@bergenunitedway.org](mailto:info@bergenunitedway.org) with "Montvale Senior 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 Senior Housing  
11 East Grand Avenue, Montvale, NJ  
Anticipated Housing Availability – July 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](mailto: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 the apartment. List the head of household first.

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

\*Housing guidelines permit a disabled child and parent to reside in a one-bedroom unit. Documentation of the child's disability must be provided by a licensed physician at the time of application.

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 an apartment as soon as one is available? Yes  No
10. Briefly describe your reason for applying.

*Optional – For Statistical Purposes Only*

Are you a U.S. Citizen? Yes  No

Are you, your spouse or your child a military veteran? Yes  No

African American  Asian  Caucasian  Hispanic  Native American  Other

**C. HOUSEHOLD INCOME**

List all **GROSS** sources of income below. Include Employment, Social Security, SSI Benefits, Pension, Unemployment, Public Assistance, Military pay, Interest Income, Dividend Income, Alimony, Child Support, etc. for **ALL** household members.

| Household Member Name | Source of Income<br>Or<br>Employer Name and Address | Gross Monthly<br>Amount |
|-----------------------|---|-------------------------|
|                       |   | \$                      |
|                       |   | \$                      |
|                       |   | \$                      |
|                       |   | \$                      |
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|                       |   | \$                      |
|                       |   | \$                      |
|                       |   | \$                      |
|                       |   | \$                      |
|                       |   | \$                      |

Do you anticipate any changes in this income in the next 12 months? Yes  No

If yes, please explain

Does anyone outside of your household pay for and/or assist you with any of your bills or expenses? Yes  No

If yes, please explain

### 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 \$<br>Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | Value \$ |
|   | Name: | #Shares:           | Interest or Dividend \$<br>Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | Value \$ |
|   |       | Appraised Value \$ |   | Value \$ |
| Stocks  |       |                    |   | Value \$ |
|   |       |                    |   | Value \$ |
|   |       |                    |   |          |
| Bonds   |       |                    |   | Value \$ |
| Annuities   |       |                    |   | Value \$ |

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

|   |  |
|---|--|
| Have you sold/disposed of any property in the last 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b><i>If yes,</i></b> Type of property                      |  |
| Market value when sold/disposed                             | \$   |
| Amount sold/disposed 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 |
| <b><i>If yes,</i></b> 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 |
| <b><i>If yes, please list:</i></b>   |  |
|  |  |

**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 apartment **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  |
| _____                            | _____ |