



**BCUW / MADELINE
PARTNERSHIP**

Special homes for very special people

1255 Inwood Terrace, Fort Lee
2 bedroom units

APPLICATION FOR LEASE

Today's Date:	
Applicant Name:	Date of Birth:
Address:	Social Security Number:
City/State/Zip:	Apartment Size:
Home Phone:	Received By:
Mobile Phone:	Daily Activity (check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> School <input type="checkbox"/> Volunteer <input type="checkbox"/> Day Program
Email Address:	Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian/Alternate Contact Name (First, MI, Last):	Daytime Phone Number:
Address:	Mobile Phone:
City/Sate/Zip:	Email Address:

FINANCIAL INFORMATION**Sources of Income** (Check all that apply and include current documentation for items checked)SSI Yes No If yes, Annual Amount: \$ _____SSDI Yes No If yes, Annual Amount: \$ _____SSA (retirement) Yes No If yes, Annual Amount: \$ _____Employment Yes No If yes, Annual Amount: \$ _____Unemployment Yes No If yes, Annual Amount: \$ _____Pension Yes No If yes, Annual Amount: \$ _____Alimony Yes No If yes, Annual Amount: \$ _____Welfare Yes No If yes, Annual Amount: \$ _____Supplemental Trust Yes No If yes, Annual Amount: \$ _____Housing Voucher Yes No If yes, Annual Amount: \$ _____ (*not included in calculation of income eligibility)Other (Real estate, Bonds, Investments) Yes No If yes, Annual Amount: \$ _____

Please specify: _____

Asset Information (Documentation is required)**Checking**

Name of Bank/Credit Union: _____

Address: _____

Phone Number: _____

Account Number: _____

Current Balance: _____

 Single Joint No checking account**Savings**

Name of Bank/Credit Union: _____

Address: _____

Phone Number: _____

Account Number: _____

Current Balance: _____

 Single Joint No checking account

Stocks/Bonds

YES, provide company name and address for each:

No Stocks/Bonds

Real Estate

Yes, I own property Value: \$ _____

Jointly Owned By: _____

No Real Estate

DISABILITY CERTIFICATION

Describe your developmental disability and level of independence (The medical certification form must be completed by a licensed physician and submitted with this application):

Social Services Plan

What agency, company or private individual(s) is providing you with support services? (Please do not write DDD, Medicaid or Social Security – these are funding sources)

Name of Provider: _____

Phone Number: _____

Contact Person: _____

How are services paid for?

Do you have a budget from DDD?

No

Yes, if yes, what program? Community Care Waiver Supports Program Self Directed Services Self Directed Day Program

Pending

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

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 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 a 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/or 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.

Signature of Applicant

Date

Signature of Guardian (if applicable)

Date

FOR INFORMATION PURPOSES ONLY

How did you hear about this housing opportunity?

Additional comments: