



**BCUW / MADELINE  
PARTNERSHIP**

*Special homes for very special people*

## **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.
- 6. Copy of the first page of the DDD Support Plan (if applicable).

---

*If you need help in obtaining any of these items, or have any questions, please email [info@bergenunitedway.org](mailto:info@bergenunitedway.org) with "Special Needs Housing" in the subject line or phone 201.944.3222..*



**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



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:



**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

## VERY SPECIAL HOMES

### **Suggested talking points for requested Letter of Interest**

**(Please note that this requested *Letter of Interest* does not act as an application for housing. You will be notified at the appropriate time to complete a formal application)**

#### ***We would like to know who you are:***

- Contact information (name, address, phone, email, etc.) for the person writing the *Letter of Interest*, and name of the potential applicant if different
- Relationship of the letter writer to the individual (yourself, parent, guardian, sibling, support professional, etc.)

#### ***We would like to know if the potential applicant has a developmental disability:***

- Diagnosis of the potential applicant
- A brief description of the individual (works, volunteers, goes to school, attends a day program, drives, anything else you care to mention)

#### ***We would like to know the person will have even further access to their community beyond what comes naturally with community living:***

- Does the potential applicant have family involvement and/or other natural supports (friends, faith based supporters, other relatives, etc.)
- How will any required paid support services be funded (DDD, Medicaid, private insurance, personal finances, etc.)

#### ***We would like to know your choice in “what, when, and where”:***

- Preferred type of housing (Independent Living, Group Home, or Shared Home)
- Preferred time frame for moving into future housing
- Preferred geographical location of future housing
- Please indicate if you have considered all of your options. We like to know that you have made an informed decision (for example is this *your* personal preference in housing or do you feel there is no other choice available)?

Letters can be mailed to  
Bergen County’s United Way,  
Attn: Housing Services Coordinator,  
6 Forest Ave., Paramus, NJ 07652

or

Emailed to Patrick at [Pchieffe@bergenunitedway.org](mailto:Pchieffe@bergenunitedway.org)

# **Bergen County United Way/Madeline Housing Partners**

## **Authorization for Release of Information**

### ***Consent***

I authorized and direct any Federal, State or local agency, organization, business, or individual to release to **Bergen County United Way/Madeline Housing Partners** any information or material needed to complete and verify my application for tenancy at **1255 Inwood Terrace, Fort Lee, 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 NJ Department of Community Affairs (DCA) in determining possible rental assistance.

### ***Information Covered***

I understand that, depending on the program polices 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 Individuals 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
- Social services providers

### ***Computer Matching Notice and Consent***

I understand and agree that HUD, NJ DCA, or the Bergen County United Way/Madeline Housing Partners 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 NJ 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 Bergen County United Way/Madeline Housing Partners 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.

### **Signature**

---

**Applicant**

---

**Print name**

---

**Date**





**BCUW / MADELINE  
PARTNERSHIP**

*Special homes for very special people*

**IDENTIFYING INFORMATION (please print legibly)**

Individual's Name:

DOB:

Last 4 Digits of Social Security #:

**CIRCLE APPLICABLE CODES**

PRIMARY ICD-9 CODES	ICD-9 CODE	ICD-10 DIAGNOSTIC CODE	PRIMARY ICD-9 CODES	ICD-9 CODE	ICD-10 DIAGNOSTIC CODE
Abetalipoproteinemia	272.5	E78.6	Hallervorden-Spatz Syndrome	333.0	G23.0
Acrocephalosyndactyly (Apert's Syndrome)	755.55	Q87.0	Head Injury, unspecified – Age of onset:	959.01	S09.90XA
Adrenaleukodystrophy	277.86	E71.529	Hemiplegia, unspecified	342.9	G81.90
Arginase Deficiency	270.6	E72.21	Holoprosencephaly	742.2	Q04.2
Agenesis of the Corpus Callosum	742.2	Q04.3	Homocystinuria	270.4	E72.11
Agenesis of Septum Pellucidum	742.2	Q04.3	Huntington's Chorea	333.4	G10
Argyria/Pachygyria/Microgyria	742.2 or 758.33	Q04.3	Hurler's Syndrome	277.5	E76.01
Aicardi Syndrome	333	G23.8	Hyperammonemia Syndrome	270.6	E72.4
Alcohol Embryo and Fetopathy	760.71	F84.5	I-Cell Disease	272.2	E77.0
Anencephaly	655.0	Q00.0	Idiopathic Torsion Dystonia	333.6	G24.1
Angelman Syndrome	759.89	Q93.5	Incontinentia Pigmenti	757.33	Q82.3
Asperger Syndrome	299.8	F84.5	Infantile Cerebral Palsy, unspecified	343.9	G80.9
Ataxia-Telangiectasia	334.8	G11.3	Intractable Seizure Disorder	345.1	G40.309
Autistic Disorder (Childhood Autism, Infantile Psychosis, Kanner's Syndrome)	299.0	F84.0	Klinefelter's Syndrome	758.7	Q98.4
Biotinidase Deficiency	277.6	D84.1	Krabbe Disease	333.0	E75.23
Canavan Disease	330.0	E75.29	Kugelberg-Welander Disease	335.11	G12.1
Carpenter Syndrome	759.89	Q87.0	Larsen's Syndrome	755.8	Q74.8
Cerebral Palsy, unspecified	343.69	G80.9	Leigh Disease	330.8	G31.82
Cerebral Palsy, Hemiplegic, Congenital	343.1	G80.2	Lesch-Nyhan Syndrome	277.2	E79.1
Cerebral Palsy, Paraplegic, Congenital	343	G80.1	Lissencephaly	742.2	Q04.3
Cerebral Palsy, Quadriplegic	343.2	G80.0	Lowe (Terrey MacLachlan) Syndrome (Oculocerebrorenal Dystrophy)	270.8	E72.03
Charcot Marie Tooth Disease	356.1	G60.0	Marfan Syndrome	759.82	Q87.40
CHARGE Association	759.89	Q89.8	Megalencephaly	742.4	Q04.5
Cockayne Syndrome	759.89	Q89.8	Menkes Disease (X-Linked)	275.1	E83.09
Coffin-Lowry Syndrome	759.89	Q89.8	Metachromatic Leukodystrophy	330.0	E75.25
Congenital Defects of Glycosylation	279.03	D80.3	Methylmalonic Aciduria (Acidemia)	270.3 or 270.7	E71.120
Cornelia de Lange Syndrome	759.89	Q89.8	Microencephaly	742.1	Q02
Cri-du-chat Syndrome	758.31	Q93.4	Mild Intellectual Disability	317.0	F70
Crouzon Syndrome	756.0	Q75.1	Mixed Conductive and Sensorineural Hearing Loss	389.2	H90.8
DiGeorge Syndrome	279.11	D82.1	Moderate Intellectual Disability	318.0	F71
Down Syndrome	758.0	Q90.9	Moderate or Severe Impairment, Better Eye, Profound Impairment Lesser Eye	369.1	H54.10

Dubowitz Syndrome	742.8	Q07.8	Mucopolidosis Type IV	330.1	E75.11
Duchenne Muscular Dystrophy	359.1	G71.0	Mucopolysaccharidosis (Hunter's Syndrome, Hurler's Syndrome, Scheie's Syndrome)	277.5	E76.01
			Multiple Sclerosis	340	G35-37
Dystonia Musculorum Deformans	333.6	G24.1	Neuroaxonal Dystrophy	333	G23.0
Encephalopathy, not elsewhere classified	348.3	G93.40	Neurofibromatosis (von Recklinghausen's Disease)	237.71	Q85.01
Epilepsy, unspecified	345.9	G40.90	Neuronal Heterotopia	742.8	Q07.8
Fetal Alcohol Syndrome	760.71	Q86.0	Niemann-Pick Disease	272.7	E75.249
Fragile X Syndrome	759.83	Q99.2	Noonan Syndrome	759.81	Q87.1
Friedreich's Ataxia	334.0	G11.1	Other Cerebral Degeneration	331.8 or 349.89	G32.89 (nonspecified)
Fucosidosis	271.8	E77.1	Other Chromosomal Abnormalities, not elsewhere classified	758.89	Q99.8
Gaucher's Disease	272.7	E75.22	Other Disorders of Purine and Pyrimidine Metabolism (Lesch-Nyhan Syndrome)	277.2	E79.1
Generalized Convulsive Epilepsy	345.1	G40.309	Other Specified Anomalies (Cornelia de Lange Syndrome, Seckel Syndrome)	759.9	Q87.1
Generalized Non-Convulsive Epilepsy	345.0	G40.401	Other Specified Anomalies of Nervous System (Familial Dysautonomia; Riley-Day Syndrome)	742.8	G90.1
Gonadal Dysgenesis (Turner's Syndrome)	758.6	Q96.9	Other Specified Cerebral Degenerations in Childhood (Alper's Disease or Gray-Matter Degeneration; Infantile Necrotizing Encephalomyelopathy; Leigh's Disease; Subacute Necrotizing Encephalopathy or Encephalomyelopathy, Rett's Syndrome)	330.8	G31.81
Grand Mal Status	345.3	G40.409	Other Specified Pervasive Developmental Disorders (Asperger's Disorder, Atypical Childhood Psychosis; Borderline Psychosis of Childhood)	299.8	F84.5
Other Spinocerebellar Diseases (Ataxia-Telangiectasia [Louis-Bar Syndrome])	334.8	G11.3	Spina Bifida without mention of Hydrocephalus	741.9	Q05.8
Paraplegia (Paralysis of Both Lower Limbs)	344.1	G82.20	Spinal Cord Injury (Initial Encounter)	952.9	S14.109A
Partial Epilepsy, with Impairment of Consciousness (Psychomotor Epilepsy)	345.4	G40.201	Spinal Muscular Atrophy, Unspecified	335.1	G12.1
Patau's Syndrome	758.1	Q91.7	Sturge-Weber Syndrome	759.6	Q85.8
Pervasive Developmental Disorder- NOS	299.9	F84.9	Symptomatic Torsion Dystonia (Athetoid Cerebral Palsy)	333.7	G80.3
Pick's Disease	331.11	G31.01	Tay-Sachs Disease	330.1	E75.02
Propionic Acidemia	270.3	E71.121	Torch Syndrome	760.02	P00.2
Prader-Willi syndrome	759.81	Q87.1	Trisomy 13	758.1	Q91.13
Profound Intellectual Disability	318.2	F73	Trisomy 18 (Edwards' Syndrome)	758.2	Q91.3
Pyruvate Dehydrogenase Deficiency (lactic, pyruvic)	271.8	E74.4	Tuberous Sclerosis	759.5	Q85.1
Quadriplegia and Quadriparesis	344.00	G82.5	Unspecified (Traumatic Blindness NOS)	950.9	S04.019A
Refsum's Disease	356.3	G60.1	Unspecified Anomaly of Brain, Spinal Cord, and Nervous System	742.9	Q07.9
Rett's Syndrome	330.8	F84.2	Unspecified Cause of Encephalitis	323.9	G04.90
Rubinstien-Taybi Syndrome	759.89	Q87.2	Unspecified Delay in Development (Developmental Disorder NOS)	315.9	F89
Sandhoff Disease	330.1	E75.01	Unspecified Disease of Spinal Cord	336.9	G95.9
Sanfillippo Syndrome	277.5	E76.22	Unspecified Intellectual Disability	319	F79
Schindler Disease Type 1	271.8	E77.1	Unspecified Pervasive Developmental Disorder (Pervasive Developmental Disorder NOS)	299.9	F84.9
Schizencephaly	742.4	Q04.6	Untreated Phenylketonuria	270.1	E70.0
Seckel Syndrome	759.89	Q87.1	Urea Cycle Defects	270.6	E72.20
Septo-optic Dysplasia	742.4	Q04.4	Usher Syndrome Type II	694.4	L10.4

Severe Hypoxic Ischemic CNS Injury	768.73	P91.63	Vater Association	759.89	Q87.2
Severe Intellectual Disability	318.1	F72	Werdnig-Hoffman	335.0	G12.0
Sjogren-Larsson Syndrome	757.1	Q80.9	Williams-Beuren Syndrome	758.9	Q87.8
Spastic Hemiplegia	342.1	G80.2	Wilson Disease	275.1	E83.01
Spielmeyer-Vogt Disease	330.1	E75.4	Zellwager Syndrome	277.86	E71.510
Spina Bifida	741	Q05	Psychiatric Disorder or Problem		F99

My signature on this document certifies that the diagnosis identified is based on medical evaluation and documentation and/or established medical evaluation and documentation.

Physician's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician's Signature/Date: \_\_\_\_\_