



BCUW/Madeline Housing Partners, LLC

RENTAL APPLICATION CHECKLIST

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

- Completed application
- Copies of identification for ALL household members: picture ID, birth certificate, Social Security card, driver's license (if applicable)
- Three months of bank statements and paystubs
- Most recent documentation of all sources of income (i.e., SSI award letter, child support, alimony, IRA and 401K investments, pension payments, etc.)
- Proof of medical insurance/coverage
- Proof of current residence (i.e., utility bill, cable bill, etc.)
- Copies of the last two year's 1040 forms filed with the IRS
- Copy of Marriage License, Legal Separation, Divorce Decree (if applicable)
- Disability certification form completed by a licensed physician (if household includes a dependent who is 18 years or older)
- Application fee of \$25. Checks can be made payable to BCUW/Madeline Housing Partners, LLC.

Please mail completed applications to:
Bergen County's United Way
Attn: Harrington Park Application
6 Forest Avenue, Suite 220
Paramus, NJ 07652

Completed applications must be postmarked by December 4, 2020.
Incomplete applications will not be considered.

For questions or assistance, please contact our Housing Services Coordinator at 201-291-0619 or housing@bergenunitedway.org.

APPLICATION FOR RENTAL HOUSING

This application is for rental housing located at:

106 Schraalenburgh Road
Harrington Park, NJ 07640

The development includes a one-bedroom apartment for an adult with developmental disabilities (located on the first floor). Applicants for the special needs unit must be 18 years of age or older, income eligible and capable of living independently. Physician certification of a developmental disability is required. The maximum income for this unit is \$36,500.

The development also includes a two-bedroom family unit and a three-bedroom family unit. Applicants for the family units must be income eligible as follows:

<u>Household Composition</u>	<u>Maximum Income</u>
2 Person	\$62,800
3 Persons	\$70,650
4 Persons	\$78,500

The anticipated move-in date for all units is January 4, 2021.

Please note: This application is for both the special needs and family units, so you may find that some questions do not apply to your situation. Type "not applicable" for those questions.

For questions or assistance, please contact our Housing Services Coordinator at 201-291-0619 or housing@bergenunitedway.org.

Personal Information

Today's Date: _____

1st Applicant's Full Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

2nd Applicant's Full Name (i.e., spouse, partner): _____

Date of Birth: _____

Social Security Number: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

How did you hear about this housing opportunity? _____

Briefly describe your reason for applying. _____

Describe your current living situation.

I rent. I own. Other: _____

If you **rent**, what are the terms of your lease? From (date) to (date) _____

How long have you lived at your current location? ____ years & ____ months

Monthly Rent Amount: _____

Monthly Utility Expense: _____

Landlord's Name: _____

Landlord's Phone Number: _____

If you **own**, please include the appraised value on Pgs. 6 & 9*.

How long have you lived at your current location? ____ years & ____ months

Monthly Mortgage Amount: _____

Monthly Utility Expense: _____

**You may be asked to submit an appraisal.*

List your last two addresses and the dates you lived there.

Address 1: _____

From (date) to (date): _____

Address 2: _____

From (date) to (date): _____

Have you ever lived in Public Housing?

Yes No

If yes, please provide the name of the agency and dates.

Have you ever received rental assistance?

Yes No I currently receive rental assistance.

List all persons who will live in the apartment.

	Applicant's Name	Gender	Age	Relationship(s) to Other Applicant
1				
2				
3				
4				
5				
6				

Do you require any reasonable accommodations?

Yes No

If yes, please explain: _____

Bathroom and kitchen are accessible.

Legal Information

A background check will be conducted on each member of the household. Findings may result in this application being disqualified.

Does any member of the household have any felonies or misdemeanors?

Yes No Name _____

If yes, check all that apply.

- Sexual misconduct
- Illegal possession, manufacture, sale and/or distribution of a controlled substance
- Physical crime against a person or persons and/or another person's property

Has any member of the household ever been evicted?

Yes No Name _____

If yes, please provide the address of the unit(s) from which you were evicted:

Has any member of the household ever filed for bankruptcy?

Yes No Name _____

If yes, please describe. _____

Financial Information

Include the gross monthly amount of income for EACH member of the household. Include current documentation for each item, if applicable. If an item is not applicable, list N/A.

**If any sources of income or assets are shared (i.e., joint accounts), please only include the information once under one applicant's name.*

1st Applicant Name: _____

Source of Income*	Gross Monthly Amount
Employment	
Unemployment	
Pension	
Social Security Retirement	
Supplemental Security Income	
Social Security Disability Insurance	
Alimony	
Child Support	
Public Assistance	
Military Pay	
Life Insurance Policy	
Supplemental Trust	
Interest Income	
Dividend Income	
Rental Property	
Other:	
Other:	
Total Monthly Gross Income	

Do you anticipate any changes in income in the next 12 months?

Yes No

Assets*	Value
Certificates of Deposit	
Credit Union	
Savings Bond	
Life Insurance Policy	
Mutual Funds	
Stocks	
Bonds	
Annuities	
Real Estate	
Other:	
Other:	
Total Value	

**If any sources of income or assets are shared (i.e., joint accounts), please only include the information once under one applicant's name.*

2nd Applicant Name: _____

Source of Income*	Gross Monthly Amount
Employment	
Unemployment	
Pension	
Social Security Retirement	
Supplemental Security Income	
Social Security Disability Insurance	
Alimony	
Child Support	
Public Assistance	
Military Pay	
Life Insurance Policy	
Supplemental Trust	
Interest Income	
Dividend Income	
Rental Property	
Other:	
Other:	
Total Monthly Gross Income	

Do you anticipate any changes in income in the next 12 months?

Yes No

Assets*	Value
Certificates of Deposit	
Credit Union	
Savings Bond	
Life Insurance Policy	
Mutual Funds	
Stocks	
Bonds	
Annuities	
Real Estate	
Other:	
Other:	
Total Value	

**If any sources of income or assets are shared (i.e., joint accounts), please only include the information once under one applicant's name.*

Do you anticipate any changes in income in the next 12 months?

Yes No

Assets*	Value
Certificates of Deposit	
Credit Union	
Savings Bond	
Life Insurance Policy	
Mutual Funds	
Stocks	
Bonds	
Annuities	
Real Estate	
Other:	
Other:	
Total Value	

Does anyone in your household own property?

Yes No Name _____

Address: _____

Appraised Market Value: _____

Loan Balance Due: _____

Annual Insurance Premium: _____

Annual Real Estate Tax Amount: _____

Do you receive rental income from this property?

Yes No

Has anyone in your household sold or disposed of property or assets in the last 5 years (including given money to relatives or set up a trust account)?

Yes No

If yes, please explain. _____

Does anyone in your household own a vehicle?

Yes No

If yes, include details about the vehicle(s) you will park at the apartment.*

**All vehicles must be insured, registered to tenant and drivable.*

1st Applicant

2nd Applicant

Make: _____

Make: _____

Model: _____

Model: _____

Color: _____

Color: _____

License Plate Number: _____

License Plate Number: _____

Certification of Applicants

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 Housing Partners, LLC 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 Housing Partners, LLC 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 1st Applicant

Date

Signature of 2nd Applicant

Date

Signature of Dependent

Date

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.

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 policies and requirements, previous or current information regarding myself may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and marital status	Employment income and assets
Residences and rental activity	Social Security benefits
Credit and criminal activity	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	Law enforcement agencies
Schools and/or colleges	Past and present employers
Social Security Administration	Utility companies
Banks and other financial institutions	Social services providers
County Welfare Agencies	

Computer Matching Notice and Consent

I understand and agree that HUD, NJ DCA or 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 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 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.

Signature

Signature of 1st Applicant

Date

Signature of 2nd Applicant

Date

Signature of Dependent

Date

DISABILITY CERTIFICATION FORM

IDENTIFYING INFORMATION					
Individual's Name:				Date of Birth:	
Last 4 Digits of Social Security Number:					
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

DISABILITY CERTIFICATION FORM

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	Mucopolipidosis 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
Dystonia Musculorum Deformans	333.6	G24.1	Multiple Sclerosis	340	G35-37
Encephalopathy, not elsewhere classified	348.3	G93.40	Neuroaxonal Dystrophy	333	G23.0
Epilepsy, unspecified	345.9	G40.90	Neurofibromatosis (von Recklinghausen's Disease)	237.71	Q85.01
Fetal Alcohol Syndrome	760.71	Q86.0	Neuronal Heterotopia	742.8	Q07.8
Fragile X Syndrome	759.83	Q99.2	Niemann-Pick Disease	272.7	E75.249
Friedreich's Ataxia	334.0	G11.1	Noonan Syndrome	759.81	Q87.1
Fucosidosis	271.8	E77.1	Other Cerebral Degeneration	331.8 Or 349.89	G32.89 Nonspecified
Gaucher's Disease	272.7	E75.22	Other Chromosomal Abnormalities, not elsewhere classified	758.89	Q99.8
Generalized Convulsive Epilepsy	345.1	G40.309	Other Disorders of Purine and Pyrimidine Metabolism (Lesch-Nyhan Syndrome)	277.2	E79.1
Generalized Non-Convulsive Epilepsy	345.0	G40.401	Other Specified Anomalies (Cornelia de Lange Syndrome, Seckel Syndrome)	759.9	Q87.1
Gonadal Dysgenesis (Turner's Syndrome)	758.6	Q96.9	Other Specified Anomalies of Nervous System (Familial Dysautonomia; Riley-Day Syndrome)	742.8	G90.1
Grand Mal Status	345.3	G40.409	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
Other Spinocerebellar Diseases (Ataxia- Telangiectasia [Louis-Bar Syndrome])	334.8	G11.3	Other Specified Pervasive Developmental Disorders (Asperger's Disorder, Atypical Childhood Psychosis; Borderline Psychosis of Childhood)	299.8	F84.5
Paraplegia (Paralysis of Both Lower Limbs)	344.1	G82.20	Spina Bifida without mention of Hydrocephalus	741.9	Q05.8
Partial Epilepsy, with Impairment of Consciousness (Psychomotor Epilepsy)	345.4	G40.201	Spinal Cord Injury (Initial Encounter)	952.9	S14.109A

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Patau's Syndrome	758.1	Q91.7	Spinal Muscular Atrophy, Unspecified	335.1	G12.1
Pervasive Developmental Disorder-NOS	299.9	F84.9	Sturge-Weber Syndrome	759.6	Q85.8
Pick's Disease	331.11	G31.01	Symptomatic Torsion Dystonia (Athetoid Cerebral Palsy)	333.7	G80.3
Propionic Acidemia	270.3	E71.121	Tay-Sachs Disease	330.1	E75.02
Prader-Willi syndrome	759.81	Q87.1	Torch Syndrome	760.02	P00.2
Profound Intellectual Disability	318.2	F73	Trisomy 13	758.1	Q91.13
Pyruvate Dehydrogenase Deficiency (lactic, pyruvic)	271.8	E74.4	Trisomy 18 (Edwards' Syndrome)	758.2	Q91.3
Quadriplegia and Quadripareisis	344.00	G82.5	Tuberous Sclerosis	759.5	Q85.1
Refsum's Disease	356.3	G60.1	Unspecified (Traumatic Blindness NOS)	950.9	S04.019A
Rett's Syndrome	330.8	F84.2	Unspecified Anomaly of Brain, Spinal Cord and Nervous System	742.9	Q07.9
Rubinstien-Taybi Syndrome	759.89	Q87.2	Unspecified Cause of Encephalitis	323.9	G04.90
Sandhoff Disease	330.1	E75.01	Unspecified Delay in Development (Developmental Disorder NOS)	315.9	F89
Sanfillippo Syndrome	277.5	E76.22	Unspecified Disease of Spinal Cord	336.9	G95.9
Schindler Disease Type 1	271.8	E77.1	Unspecified Intellectual Disability	319	F79
Schizencephaly	742.4	Q04.6	Unspecified Pervasive Developmental Disorder (Pervasive Developmental Disorder NOS)	299.9	F84.9
Seckel Syndrome	759.89	Q87.1	Untreated Phenylketonuria	270.1	E70.0
Septo-optic Dysplasia	742.4	Q04.4	Urea Cycle Defects	270.6	E72.20
Severe Hypoxic Ischemic CNS Injury	768.73	P91.63	Usher Syndrome Type II	694.4	L10.4
Severe Intellectual Disability	318.1	F72	Vater Association	759.89	Q87.2
Sjogren-Larsson Syndrome	757.1	Q80.9	Werdnig-Hoffman	335.0	G12.0
Spastic Hemiplegia	342.1	G80.2	Williams-Beuren Syndrome	758.9	Q87.8
Spielmeyer-Vogt Disease	330.1	E75.4	Wilson Disease	275.1	E83.01
Spina Bifida	741	Q05	Zellwager Syndrome	277.86	E71.510
			Psychiatric Disorder or Problem		F99

DISABILITY CERTIFICATION FORM

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: _____