

HOUSING AUTHORITY OF THE TOWNSHIP OF WEEHAWKEN

525 Gregory Avenue, Weehawken, NJ 07086

Phone 201-348-4188 Fax 201-348-4457

APPLICATION FOR ADMISSION TO (check one only):

PUBLIC HOUSING FOR LOW-INCOME SENIOR CITIZENS \_\_\_\_\_

Name and Address of head of household completing this application:

\_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone # \_\_\_\_\_ Marital Status: (M) (S) (D) (W) \_\_\_\_\_

List Name, Social Security Number, Date and Place of Birth and age of all persons who will live with you in the assisted dwelling unit, list yourself first as Head of Household:

\_\_\_\_\_  
(Name) (Social Security #) (Date & Place of Birth) (Age)

\_\_\_\_\_  
(Name) (Social Security #) (Date & Place of Birth) (Age)

\_\_\_\_\_  
(Name) (Social Security #) (Date & Place of Birth) (Age)

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(Name) (Social Security #) (Date & Place of Birth) (Age)

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(Name) (Social Security #) (Date & Place of Birth) (Age)

\_\_\_\_\_  
(Name) (Social Security #) (Date & Place of Birth) (Age)



\_\_\_\_\_  
(Name) (Social Security #) (Date & Place of Birth) (Age)

\_\_\_\_\_  
Name) (Social Security #) (Date & Place of Birth) (Age)

If any of the family members listed above are not U.S. citizens please provide their names and alien registration numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: The following information is required for statistical purposes by the U.S. Department of Housing & Urban Development in determining the degree to which its programs are utilized by minority families.

White (not of Hispanic origin) \_\_\_\_\_  
American Indian or Alaskan Native \_\_\_\_\_  
Hispanic \_\_\_\_\_

Black (not of Hispanic Origin) \_\_\_\_\_  
Asian or Pacific Islander \_\_\_\_\_  
Other \_\_\_\_\_

Racial Group Identification are used for statistical purposes only.

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Are you currently living in HUD subsidized housing? YES\_\_ NO\_\_

Are you currently receiving any form of rental help? YES\_\_ NO\_\_ If you answered yes, please explain: \_\_\_\_\_

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How long have you lived at your present residence? \_\_\_\_ Years

Name and address of present landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List previous addresses over the past ten (10) years and number of years at each:

\_\_\_\_\_  
\_\_\_\_\_

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Are you or any other person who will occupy the apartment with you disabled (see the following definition of a "person with disabilities")? YES \_\_\_ NO \_\_\_  
If you answered yes, please provide an explanation of the disability claimed:  
\_\_\_\_\_. Will the disabled person require a living unit that is designed for occupancy by disabled persons? YES \_\_\_ NO \_\_\_  
Please provide the name of the disabled person: \_\_\_\_\_.

Definition of a person with disabilities:

A Person with disabilities is defined as a person who:

- A. Has a disability as defined in Section 223 of the Social Security Act, which states:  
"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or

In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time".

- B. Is determined, pursuant to Federal Regulations, to have a physical, mental or emotional impairment that:

1. Is expected to be of long-continued and indefinite duration;
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability could be improved by more suitable housing conditions; or

- C. Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities and Bill of Rights Act which states:

Severe chronic disability that:

1. Is attributed to a mental or physical impairment or combination of mental and physical impairment;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitation in three or more of the following areas of major life activity: (1) self care (2) receptive and responsive language (3)

learning (4) mobility (5) self direction (6) capacity for independent living and (7) economic self-sufficiency; and

5. Reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agency for acquired immunodeficiency syndrome.

A determination of disability can be obtained from the Social Security Administration, and if so obtained must accompany this application.

No individual shall be considered to be a person with disabilities for purposes of eligibility solely based on any drug or alcohol dependence.

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Do you pay more than 50% of your income for rent and utilities?

YES \_\_\_ NO \_\_\_

Are you presently or about to be displaced from your home? YES \_\_\_ NO \_\_\_

Why? \_\_\_\_\_

Is your dwelling unit/apartment in standard condition?

YES \_\_\_ NO \_\_\_

If "NO", please list

deficiencies: \_\_\_\_\_

How many families reside with you in your present dwelling unit? \_\_\_\_\_

How many bedrooms does the unit have? \_\_\_\_\_ This information can be

verified by contacting: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Are you presently living in: Own Home \_\_\_ Apartment \_\_\_ other(specify)

\_\_\_\_\_. Are you living with another family member or friend?

YES \_\_\_ NO \_\_\_. If you answered yes, please furnish name and relationship of such family member or friend: \_\_\_\_\_

Monthly rent that you now pay \$ \_\_\_\_\_. Monthly cost of utilities paid by you, in addition to rent? \$ \_\_\_\_\_

Does anyone outside your household pay for any of your bills or give you money? YES \_\_\_ NO \_\_\_ If Yes, provide approximate amount received monthly: \$ \_\_\_\_\_

Do you or any member(s) of your household have a valid driver's license? If you answered yes, please provide name of licensed driver(s), license number(s) and state of issue: \_\_\_\_\_

Is anyone on this application employed? YES \_\_\_ NO \_\_\_ If you answered yes, please provide the name(s) of the employed person(s) and the name(s) and addresses of their employer(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you or any member of your household file a Federal Income Tax return last year? YES \_\_\_ NO \_\_\_ If you answered yes, provide name(s) of person(s) who filed returns: \_\_\_\_\_

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**FINANCIAL STATUS:**

Total income for all occupants/household members. List by name of occupant and source of income, i.e., Social Security, Disability (SSI), Welfare, interest income from Savings Accounts, C.D.'s, dividends from stocks and bonds, pension payments or any other income reportable on Federal Income Tax returns:

<u>Name of Occupant</u>	<u>Source</u>	<u>Income Per Month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MONTHLY INCOME SHOWN ABOVE \$ \_\_\_\_\_

Do you anticipate an increase or decrease in income over the next year?

YES \_\_\_ NO \_\_\_

If Yes, explain \_\_\_\_\_

List your assets below: (Savings Accounts, C.D.'s, Stocks, Bonds, etc.)

Name	Type of Asset	Approx. Value

Do you own real property (a house, a condo unit, etc.)? YES \_\_\_ NO \_\_\_

If you answered yes, what is the assessed Value? \$ \_\_\_\_\_

What is the Fair Market Value (if known)? \$ \_\_\_\_\_

Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, explain: \_\_\_\_\_

Have you or any member of your household ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answered yes, explain: \_\_\_\_\_

Have you or any member of your household ever been engaged in illegal drug use?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answered yes, explain: \_\_\_\_\_

Have you or any member of your household ever been convicted of Domestic Violence, Dating Violence, or Stalking?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answered yes, explain:

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Have you or any member of your household ever been engaged in criminal activity, including, but not limited to drug-related criminal activity (involving the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance), violent criminal activity, or other criminal activity?

Yes \_\_\_\_\_

No \_\_\_\_\_

If answered yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?

Yes \_\_\_\_\_

No \_\_\_\_\_

If answered yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you or any member of your household abuse or consume the use of alcohol on a daily basis?

Yes \_\_\_\_\_

No \_\_\_\_\_

If answered yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your household ever been arrested or convicted for incidents related to the destruction of property or violent activity toward another person(s)?

Yes \_\_\_\_\_

No \_\_\_\_\_

If answered yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program?

Yes \_\_\_\_\_

No \_\_\_\_\_

If answered yes, explain: \_\_\_\_\_  
\_\_\_\_\_



List below person or persons we may contact in the event we can not reach you.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Note: You have a right by law to include as part of your application the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on form HUD-92006. You may update, remove, or change the information you provide at any time.

**NOTE:** If an applicant cannot supply the above information at the time of submission of the application, it is the applicant's responsibility to obtain such information and submit same to the Authority as soon as possible. Incomplete applications will be kept on file but will not be entered in the active file for processing until all information has been provided.

**FAILURE TO RESPOND TRUTHFULLY TO THE ABOVE QUESTIONS MAY JEOPARDIZE APPROVAL OF YOUR APPLICATION.**

**I/WE CERTIFY THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE UNDERSTAND THAT FALSE OR ERRONEOUS INFORMATION SUBMITTED HEREIN MAY BE A BASIS FOR REJECTION OF MY/OUR APPLICATION OR TERMINATION OF MY/OUR HOUSING ASSISTANCE. I/WE HAVE NO OBJECTION TO INQUIRIES MADE BY THE HOUSING AUTHORITY FOR THE PURPOSE OF VERIFYING FACTS STATED BY ME/US HEREIN. I/WE ALSO UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER ME/US OR THE HOUSING AUTHORITY.**

**I/WE DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND AUTHORIZE THE HOUSING AUTHORITY TO OBTAIN ANY INFORMATION NEEDED TO VERIFY SAME, INCLUDING: CREDIT**

REPORTS, CIVIL OR CRIMINAL REPORTS, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, POLICE AND VEHICLE RECORDS, AND ANY OTHER RELEVANT INFORMATION; AND RELEASE THE HOUSING AUTHORITY, ITS EMPLOYEES AND AGENTS FROM ANY AND ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING OR OBTAINING SUCH INFORMATION. I/WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD COMPOSITION MUST BE REPORTED TO THE HOUSING AUTHORITY WITHIN 15 DAYS OF SUCH CHANGE.

Witnessed By:

\_\_\_\_\_  
Signature of person representing the  
Housing Authority of the Township  
of Weehawken

Date : \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature

Date: \_\_\_\_\_

WARNING: Title 18, Section 1001 of the United States Code, States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.