



THE CITY OF EAST ORANGE  
ROBERT L. BOWSER, MAYOR

APPLICATION FOR CERTIFICATE OF HABITABILITY

**REQUIREMENTS**

**General:** This form must be completed in its entirety. No P.O. Boxes accepted.

**Payments:** All fees must be paid by Certified Check or Money Order Only and made payable to The City of East Orange.

**Superintendent:** In every dwelling containing four or more dwelling units, the owner shall provide and designate a superintendent who shall be licensed by and registered, by building, with the City of East Orange's Department of Inspection and Licensing. In any premises containing 25 or more dwelling units, the superintendent shall be a full-time employee and shall reside on the premises.

**Inspections:** By submitting this application and paying the fee, the applicant represents that the subject dwelling unit is ready for inspection. The assigned housing inspector will phone you for appointment within 15 working days. Any refusal to allow entry for inspection shall constitute a violation of Section 159-18 of the East Orange Code.

**Certificate of Habitability - Required Signatures:** The owner (or their representative) of the premises for which a Certificate of Habitability (Certificate) is issued must sign said Certificate. Upon the renting of the premises involved, a copy of the Certificate is to be signed by the tenant and the tenant shall be issued a signed copy of the Certificate, and the owner (or their representative) shall return a signed copy of the Certificate to the Department of Property Maintenance.

**Health Department must confirm that there are no outstanding lead violations in the subject apartment.**

Lead Violations:  Yes  No Confirmed by the following Health Department Representative: \_\_\_\_\_ Date: \_\_\_\_\_

ELEVATOR AT SUBJECT PROPERTY?  YES  NO

PROPERTY ADDRESS: \_\_\_\_\_ APT. NO. : \_\_\_\_\_

BLOCK NO. : \_\_\_\_\_ LOT NO. : \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: DAY ( ) \_\_\_\_\_ EVENING ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

IN COUNTY AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: OFFICE/HOME ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

SUPERINTENDENT'S NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_ APT. NO. : \_\_\_\_\_

PHONE: HOME ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

MAIL CERTIFICATE AND RELATED CORRESPONDENCE TO:  OWNER  SUPERINTENDENT

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing statements made by me are true and correct.

Reference No. \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Date Assigned

Interviewer

Inspector

Revised April 2013

**UPDATES  
&  
CHANGE OF ADDRESS**

**FIRST NAME** \_\_\_\_\_

**LAST NAME** \_\_\_\_\_

**IN CARE OF** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE#:**

**CELL** \_\_\_\_\_

**HOME** \_\_\_\_\_

**OFFICE** \_\_\_\_\_

**PLEASE SIGN** \_\_\_\_\_

**Housing Authority of the city of East Orange**

**SECTION 8 RENTAL ASSISTANCE PROGRAM**

**160 Halsted Street, East Orange, NJ 07018**

**Office: 973-678-0250 \* Fax: 973-414-0756**

**Authorization for Direct Deposit of Section 8 Program Housing Assistance Payment**

**Attention!**

**Please do not fax or make copies of the check, need an original voided check.**

Name of Owner: \_\_\_\_\_

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

SS#/ Tax ID: \_\_\_\_\_ Phone#: \_\_\_\_\_

Tenants Name: \_\_\_\_\_

*In case of change in account number, please inform the EOHA immediately, so as to ensure payment into the proper account.*

*Please check if you are changing your account*

I hereby authorize the Housing Authority of the City of East Orange, hereinafter referred to as EOHA, to deposit the Housing Assistance Payment (HAP) that is due to me into my checking/saving account with the financial institution indicated below, and to initiate credit/debit entries and adjustments to the same account in the event of any errors in the credit/debit entries effected by the EOHA.

Name of the Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This information can be found at the bottom of your check/deposit slip

Checking Account

Savings Account

This authorization is to be in effect at the bottom until the EOHA receives written notification from me of its termination in such time and manner to afford the EHOA and the financial institution reasonable time to act on it.

Signature: \_\_\_\_\_

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

It is required that you attach a **"VOID CHECK"** for a Checking Account, or a Deposit Slip for a Saving Account, to confirm the account and routing numbers.

Please return the completed form as soon as possible with the voided check

# HOUSING AUTHORITY OF THE CITY OF EAST ORANGE

## HQS Inspection Checklist for Landlords

Each unit rented to a Section 8 Voucher holder must pass a Housing Quality Standards (HQS) inspection. The checklist below is a tool for owners to prepare their unit for an HQS inspection. This checklist highlights some of the COMMON violations found during unit inspections. The items on this checklist must be working or completed **prior** to the HQS inspection.

- Utilities (water, gas, electric) must be turned on for the completion of the inspection.
- No chipping or peeling paint inside or outside the unit.
- Stove must be clean and in working order and secured.
- Refrigerator must be clean and be in working order with a good door seal.
- There must be a permanently installed working heating system.
- Hot and cold running water in the kitchen and bathroom(s).
- There must be a shower or bathtub that works.
- There must be a flush toilet that works, is securely mounted and does not leak.
- The bathroom must have either an outside window or an exhaust fan vented to the outside.
- There must not be any plumbing leaks.
- There must not be any plugged drains (check for slow drains).
- All plumbing fixtures must have U-traps to prevent sewer gas from leaking into the unit.
- All ground floor windows and exterior doors shall open and close as designed and must have working dead bolt locks. Doubled keyed dead bolts are not permitted.
- No key locks on bedroom doors for small children.
- Work in unit must be completed - no unpainted walls, ceilings, etc.
- Each living space must have two means of fire egress (i.e. door & window)
- All electrical outlets/switches must have cover plates and be in good working condition.
- All ground fault circuit interrupters (GFCIs) must work property.
  
- There must not be any missing, broken, or cracked windows.
- The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
- The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six inches to eight inches from the floor or directed outside the unit (no PVC). CPVC is acceptable.
- The floor covering cannot be torn or have holes that can cause someone to trip.
- If there are stairs and railings, they must be secure.
- Four or more exterior stairs must have handrails 34 inches to 38 inches from the ground.
- Walk offs or porches 30 inches above grade must have guard rails 36 inches from the ground.
- There must be working smoke detectors properly mounted on each level of the unit including the basement and walk up attics.
- Carbon monoxide detectors can be no more than 3 (three) feet above ground and operable.
- All security bars and windows must have a quick release mechanism.
- All sliding glass doors must have a lock or security bar on the door that works.
- All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
- The unit must be free from roaches or rodents.
- There must be stepping stones or walkway to the unit

This brief listing is for the purpose of information only is **not** intended as a completed listing. Check HUD and local codes for other requirements.

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

Parking  Yes  No

Is there a monthly fee: \$\_\_\_\_\_

(Circle one)

How Many Bedrooms: Studio 1 2 3 4 5 6 7 8 Floor \_\_\_\_\_

Security \_\_\_\_\_ Month Rent Amount: \$ \_\_\_\_\_ what type of home \_\_\_\_\_

Unit Address:

Does the Landlord supply all utilities? (Yes / No)

Tenant pays for these utilities:  Gas  Electric  Heat  Hot Water

(Tenants do not pay for water)

Landlord do you offer: Central Air (yes / no) Washer & Dryer (yes / no)

Laundry Facility (yes / no) Wheelchair Accessible (yes / no) Dishwasher (yes/no)

Contact person(s) Name:

Cell ---

Office

Home ---

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

Parking  Yes  No

Is there a monthly fee: \$\_\_\_\_\_

(Circle one)

How Many Bedrooms: Studio 1 2 3 4 5 6 7 8 Floor \_\_\_\_\_

Security \_\_\_\_\_ Month Rent Amount: \$ \_\_\_\_\_ what type of home \_\_\_\_\_

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Laundry Facility (yes / no) Wheelchair Accessible (yes / no) Dishwasher (yes/no)

Contact person(s) Name:

Cell ---

Office ---

Home ---

## **Moving into the City of East Orange**

**Here's what you need to do:**

**FIRST:** Locate a unit in the City of East Orange, New Jersey.

**NEXT:** Have your housing authority send your portability paperwork to our office.

**(OUR CUT-OFF DATE FOR INCOMING PORTABLES IS THE 7<sup>TH</sup> OF EACH MONTH IN ORDER TO MOVE IN FOR THE 1<sup>ST</sup> OF THE FOLLOWING MONTH.)**

**THEN:** Upon receipt of your paperwork, you will be contacted Via mail for an appointment. We recommend that you and family members 18 years or older attend the scheduled appointment. We do not take walk-ins and do not make telephone appointments.

# NOTICE OF INTENT TO VACATE

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

To: \_\_\_\_\_

*(Landlord)*

I, \_\_\_\_\_, hereby serve written notice of my

intent to vacate the dwelling at: \_\_\_\_\_

on the last day of \_\_\_\_\_.

I plan to leave the apartment clean and in good physical condition and return the keys to you upon my exit date.

I would appreciate the return of my security deposit within the guidelines of the State and local law.

\_\_\_\_\_  
*(Tenant Signature)*

\_\_\_\_\_  
*(Owner Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Landlord Telephone #)*



**HOUSING AUTHORITY OF THE CITY OF EAST ORANGE**  
**WWW.EOHA.ORG**

160 HALSTED STREET, EAST ORANGE, NEW JERSEY 07018

SECTION 8: PHONE (973) 678-0250 • FAX (973) 414-0756

**WILLIAM D. JONES**  
Interim Executive Director

**BOARD OF COMMISSIONERS**  
Wanda Watson, Chairperson  
Frederick Shaw, Jr., Vice-Chairperson  
Keely Freeman, Treasurer  
Ted R. Green  
Walter L. Waters  
W. G. Harris

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

**NOTICE OF LANDLORD /OR MANAGING AGENT CHANGE**

Please be advised that the Housing Authority of the City of East Orange requires written verification /Confirmation of change in Landlord or Managing Agent.

Please note that failure to notify the office of any change(s) in Landlord/Managing Agent may result in delays in HAP (Housing Assistance Payment). Please complete the attached forms. **This information must be returned within 10 business days of receipt.**

If you have any questions please feel free to contact me at 973-678-0250.

Sincerely,

\_\_\_\_\_  
East Housing Authority representative



Landlord Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

Tenant Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

**TRANSFER OF OWNERSHIP TO THE SECTION 8 CONTRACT**

This is to certify that I agree to the present terms and conditions of the present Section 8 contract and existing Lease for the above mentioned family.

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

The present changes to the contract effective: \_\_\_\_\_

Contract Rent \_\_\_\_\_

Family Rent \_\_\_\_\_

HAP \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

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***NO PAYMENTS WILL BE MADE UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED.***

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print of type See Specific Instructions on page 2.	Name (as shown on your tax return)	
	Business name, if different from above	
	Check appropriate box: Individual/Sole proprietor <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>	Exempt from backup
	Other ▶ .....	<input type="checkbox"/> withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address(optional)
City, State, and Zip code		
List account number(s) here (optional)		

<b>Part I</b>	<b>Taxpayer Identification Number (TIN)</b>																				
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN.) <b>However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.</b> For other entities, it is your employee identification number (EIN). If you do not have a number, see <b>How to get a TIN</b> on page 3.																					
	Social security number <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> or Employer identification number <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																				
<i>Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</i>																					

<b>Part II</b>	<b>Certification</b>
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), <b>and</b></li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, (c) the IRS has notified me that I am no longer subject to backup withholding, <b>and</b></li> <li>3. I am a U.S. person (including a U.S. resident alien).</li> </ol>	
<p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contribution, to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)</p>	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

*Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities**).

**Nonresident alien who becomes a resident alien.**  
 Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.  
 If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.