

**Halsted Plaza Senior Residents
Managed by East Orange Housing Authority**

Application return instructions

Please return the completed application in person to:

**Kassema Jones
The Management Office
160 Halsted Street,
East Orange, NJ 07018**

Monday – Thursday, 8:30 AM – 4:30 PM

Note: You will not be added to the waiting list until the application is received.

Thank you.

Management

160 Halsted Associates Urban Renewal, LLC

Managed by East Orange Housing Authority

Rental Application Instructions

(Please read before completing Rental Application)

Thank you for your interest in the Halsted Plaza Senior Residence located 160 Halsted Street, East Orange, NJ 07017. In order to assist us with processing your application in a timely manner we ask that you read the complete application and follow all instructions.

- A Rental Application be completed by each household member 55 years or older.
- Rental Applications for all household members must be submitted to the Leasing Office Staff at the same time in order for us to determine eligibility for the LIHTC Program.
- The application needs to be fully completed and legible.
- If you make an error, please draw a single line through the mistake, write in the correct answer and initial your change.
- If a question or section does not apply to you, please use “no” or “none” in your answer. Do not leave any sections or questions blank.
- Applications that contain “white-out” or correction fluid cannot be accepted.
- Only applications with “wet” signatures can be accepted. Photocopies and/or emailed or faxed applications cannot be processed.

Please keep in mind that because our LIHTC Program is operated under Section 42 of the Internal Revenue Code all information regarding household composition, student status, income and assets must be 3rd party verified before a lease can be executed. This process must also be completed on an annual basis.

160 Halsted Associates Urban Renewal, LLC
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APPLICATION CRITERIA
TAX CREDIT/PBV/HOME

Thank you for choosing Halsted Plaza Senior Residence as your potential new home. We are delighted that you are interested in our LIHTC Program and the following resident selection criteria is being provided to identify the evaluation process through which your application will be processed.

It is the East Orange Housing Authority Management (EOHA) policy to comply with all applicable federal, state, and local fair housing laws and not discriminate against any person based on race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics.

It is the policy of EOHA Management that a person with a disability may request reasonable accommodation, a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household have a disability, and because of that disability requires a specific accommodation, modification, or auxiliary aids or services to fully use our housing services, please contact the East Orange Housing Authority Management office for a Reasonable Accommodation/Accessibility Request Form.

The acceptance and processing of the rental application does not constitute a guarantee of acceptance for housing. All applicants must meet the itemized criteria listed below to be considered for tenancy. All documentation requested during the application process must be submitted immediately. Failure to supply information or documentation within forty-eight (48) hours of the request may result in an application being rejected. Applications may take up to ten (10) business days to process.

Acceptable forms of payment for the security deposit:

CASHIER'S CHECK	MONEY ORDER	PERSONAL CHECK	CASH	CREDIT CARDS
Yes	Yes	No	NO	No

Rental Application

Applicants who are fifty-five (55) years of age or older must complete and sign an application before it can be processed for consideration. Intentionally misrepresenting or omitting any information on the application will be sufficient grounds for rejection.

Occupancy Guidelines

In accordance with the following guideline, the household composition must be appropriate for the apartment size in which the household is applying.

If the household exceeds the maximum occupancy during tenancy, the household may be allowed to remain in the unit until the lease expires, or for a reasonable period of time after, before being transferred to a larger unit or move from the property. This is not applicable to the addition of adult occupants. Adding unauthorized occupants, without first obtaining management approval, is considered a violation of the lease.

BEDROOM SIZE	MINIMUM PERSONS	MAXIMUM PERSONS
Studio	1	1
1 Bedroom	1	1
2 Bedroom	1	2
3 Bedroom	N/A	N/A
4 Bedroom	N/A	N/A

Income/Assets

Residency at this LIHTC Program is limited to those households having moderate income and requires that households meet certain income qualifying standards established by the LIHTC Program that East Orange Housing Authority participates with. Household annual income must not exceed the LIHTC Program income limits of the unit the household is applying for. Income limits are available in the management office.

Every applicant shall provide proof of all income and assets which may be verified by a third-party. Income must be legal and verifiable.

Adding unauthorized household occupants, without first obtaining management approval, is considered a violation of the lease. Additions to an existing household requires a full third-party recertification of all existing household members in addition to the income certification for the new member of the household, including third-party verification.

If there are any changes to a household’s composition or income prior to move-in, management must be informed immediately.

All households will be required to recertify their income and assets annually prior to their move-in anniversary date. If a household fails to comply, a notice to terminate tenancy will be issued and the household will be required to move.

Student Eligibility

The LIHTC Program is subject to certain student limitations. If applicable, the student status of each applicant for the current calendar year must be certified and verified. Some students may not qualify for housing under one or more of the programs unless certain exemptions are met. Please check with the management office for more detail regarding student status program requirements.

Rental History

As part of the approval process for rental applications, rental history is used to estimate the relative financial risk associated with leasing a unit to you. Such information may include your bill-paying history, unpaid utility bills, eviction histories, outstanding debt with other Housing Authorities, Housing Choice Voucher Program, or any federal funded program.), and other attributes that reflect on your qualifications to meet the terms of your lease.

Each applicant must have recent, consecutive, and a minimum of 12 month(s), verifiable third-party rental payment history. Note: Applicants living with family members will not be considered as having third-party rental history.

Applications may be denied for the following reason:

- 1) An outstanding debt to a previous landlord
- 2) A public record of an unlawful detainer action or an eviction
- 3) A breach of a prior lease including failure to pay rent timely and non-compliance with rules, laws and regulations
- 4) Any outstanding debt with other Housing Authorities, Housing Choice Voucher Program, or any federal funded program.),

Criminal History

A criminal background check will be conducted for all persons fifty-five (55) years of age or older. Applicants may be rejected for the following offences: fraud, theft, drugs, assault and battery or a violent crime, or for other convictions of illegal activity.

Waiting List

The applicant waiting list is maintained according to unit size and will remain open with the understanding that those who are listed are informed of its length, the policies, and procedures for selecting individuals, and how applicants are added to the waiting list.

1. If no apartment homes are available, an eligible applicant will be placed on the applicant waiting list.
2. In order to maintain a balanced application pool, the property may restrict or suspend application acceptance and close the applicant waiting list. The property will also update the applicant waiting list by removing the names of those who are no longer interested in, or no longer qualify for housing.
3. If the applicant waiting list contains enough applicants to result in a wait of more than one full year for all applicable bedroom sizes, the wait list may be closed. The applicant waiting list may remain closed until it is reduced to less than a one-year wait for admission.
4. During the period when the applicant waiting list is closed, the property will not maintain a list of individuals who wish to be notified when the waiting list is reopened.
5. The applicant waiting list is updated approximately every six (6) months.

Waiting List Preferences:

- a. Homeless individuals (limited to 15)
- b. Public Housing applicants (limited to 7)
- c. Outside applicants wishing to move into the property
- a. Current residents who need to transfer to a different unit

Note: Twenty-five units will be designated Project Based Vouchers under HUD's Housing Choice Voucher Program. Additional qualification criteria will apply for occupancy of these units.

Pets

If pets are accepted, applicants must fill out a Pet Application and follow the Pet Acceptance Criteria established for the LIHTC Program.

Smoking

This LIHTC Program is a smoke free environment.

This LIHTC Program offers smoke free apartment unit only.

A smoke free environment is maintained in the entire facility. Residents, members of the resident's household, as well as guests and visitors of the resident are not permitted to smoke anywhere prohibited and identified in the Smoke Free Addendum.

Water Furniture

Liquid filled furniture over ten (10) gallons is prohibited.

Photo Identification

All applicants will be required to provide a government-issued photo identification to confirm identify. If an applicant's identification cannot be verified, it is grounds for rejection.

Conduct

Applicants may be rejected for conduct displayed during the tour or application process that would constitute a violation of the lease policies. Applicants must display the ability to comply with lease policies.

Denied/Approved with Conditions

Denied or conditionally approved applicants will be notified in writing of the reason for denial or conditional approval. Consideration may be given for extenuating circumstances where this would be required as a reasonable accommodation when determining the acceptability of tenancy. There may also be a grievance procedure in accordance with applicable state or federal program regulations for the resolution of disputes. A rejected applicant may not reapply for a period of ninety (90) days.

Applicant Acknowledgement:

I/we acknowledge that our application will be reviewed and a consumer public search and/or an investigative consumer report that discloses the consumer’s character, general reputation, personal characteristics and mode of living will be obtained. A copy of any such report(s) will be provided to the applicant upon request.

I/we, the applicant(s), acknowledge that I/we have received a copy of the application criteria and understand the terms of possible residency.

Applicant Signature

Date

Applicant Signature

Date

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: Halsted Plaza Senior Residence Unit: _____

As a condition of participating in an LIHTC Program, I understand the property owner is required to certify each resident's eligibility initially and annually for such program. Consequently, I understand it is necessary for me to give authorization for specific income and asset information to be provided on one or more of the following forms:

- 🕒 Employment Verification
- 🕒 Social Security/Supplemental Security Income Benefits Verification
- 🕒 Public Assistance Verification
- 🕒 Unemployment Benefits Verification
- 🕒 Military Pay Verification
- 🕒 Pension Verification
- 🕒 Annuity or Stock Verification
- 🕒 Deposit Verification Request
- 🕒 Student Status Verification
- 🕒 Child Support verification (to be used if property management has their own form)
- 🕒 Bank Statements check and saving (6) last six consecutive statement
- 🕒 Life insurance Policy

This Authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.

Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.

Signature of Applicant/Resident

Print Name of Applicant/Resident

Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property.
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

Signature of Authorized Management Agent

Print name of Agent

Date

HALSTED PLAZA RENTAL APPLICATION - TAX CREDIT

A separate application is required from each occupant 18 years of age or older.

Applicant - Last	First	Initial	Marital Status	Drivers License #	Social Security #	Date of Birth
Other Residents				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth

Do you anticipate the addition of any new household members in the next 12 months? **Yes** **No**

If YES please explain:

Residence History - Please provide all residence history for past 2 years.

Current Address	Address, City, State, Zip					Phone
	Move-In Date	Projected Move-Out Date		Monthly Payment		Own/Rent/Lease
	Landlord or Mortgage Co.			Address, City, State, Zip		Landlord Phone
	Reason for Moving					
Previous Address	Address, City, State, Zip					
	Move-In Date	Projected Move-Out Date		Monthly Payment		Own/Rent/Lease
	Landlord or Mortgage Co.			Address, City, State, Zip		Landlord Phone
	Reason for Moving					
Previous Address	Address, City, State, Zip					
	Move-In Date	Projected Move-Out Date		Monthly Payment		Own/Rent/Lease
	Landlord or Mortgage Co.			Address, City, State, Zip		Landlord Phone
	Reason for Moving					

Income

Current Employer (If Employed)	Employer Name			Address, City, State, Zip		Phone
	Supervisor Name			Start Date	Salary per Year, Month, Hour	Position/Occupation
Income	Source of Income			Income - Yearly, Monthly, Hourly		Phone
	Address, City, State, Zip					Comment:

A person with a disability may ask for:
 I. A change in rules (reasonable accommodation);
 II. A physical change to their apartment or shared areas in the building (reasonable accommodation);
 III. An accessible apartment;
 IV. Aids and services to help you communicate with us.
If you or anyone in your household has a disability and needs any of these things to live in the property listed above and use our services then contact the property management staff to fill out a form called a "Request for Reasonable Accommodation or Modification" (Optional).

Do you need an accessible unit? Yes No If yes, please check one: Mobility Sensory

Other Accessible Feature Needed:

Applicant - Last	First	Initial	Daytime Phone Number			
Income (For additional, please attach a separate sheet of paper)	Source of Income		Income - Yearly, Monthly, Hourly		Phone	
	Address, City, State, Zip			Comment:		
Vehicles						
Auto #1 - Make	Model		Year	Color	License	State
Auto #2 - Make	Model		Year	Color	License	State
Miscellaneous						
Have you ever been evicted or asked to move? Yes <input type="radio"/> No <input type="radio"/> Describe:						
Will you have any animals? Yes <input type="radio"/> No <input type="radio"/> Describe Animal(s):						
Do you currently have bedbugs in your existing residence? Yes <input type="radio"/> No <input type="radio"/> Describe:						
Will you have any liquid furniture? Yes <input type="radio"/> No <input type="radio"/> Describe:						
Will you be installing a satellite dish? Yes <input type="radio"/> No <input type="radio"/>						
Emergency Contact						
Name of Nearest Relative/Contact		Relationship		Address, City, State, Zip		Phone
NON-REFUNDABLE APPLICATION PROCESSING FEE \$ _____						
<p>FAIR CREDIT REPORTING ACT & INVESTIGATIVE CONSUMER REPORTING AGENCY ACT: In compliance with the Fair Credit Reporting Act and the Investigative Consumer Reporting Agency Act, Applicant hereby authorizes Landlord/Manager (and their agents) to verify the information above and to obtain reports necessary to verify the above information, which may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, income verification (including employment verification, if applicable) and previous tenant history. Applicant releases and agrees to defend, hold harmless and indemnify Landlord/Manager, their agents, servants and employees from and against any and all liability, legal proceedings and costs including attorney's fees arising out of verification of the information contained in this application and supporting documentation.</p> <p>I understand that FPI's third-party providers will collect some of my anonymized credit, payment history, and behavior data, which may be used, now or in the future, to generate tenant risk models in accordance with the rules allowed by California Privacy Rights Act (CPRA) and the federal Fair Credit Reporting Act. By signing this document, you certify that you have read and acknowledged this notice.</p> <p>This property follows all fair housing laws and does not discriminate against applicants or residents based on race, color, religion, national origin, sex, familial status, handicap/disability or any other protected class covered by relevant state and/or local fair housing laws. In addition, the owners of this apartment community have a legal obligation to provide "reasonable accommodation" to applicants and residents if they or any member of their household have a qualified disability or handicap and request reasonable accommodation.</p> <p>I understand that any change to my household income, assets, student status and/ or other compositions after the date of my signature, but prior to initial occupancy must be disclosed immediately to management staff.</p> <p>I understand that I acquire no rights in an apartment until a fully executed rental agreement has been completed and all monies due have been paid. I certify that to the best of my knowledge, all statements are true and complete.</p>						
Applicant Signature					Date	
Email Address:					 	
Day Time Phone #:						

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