

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.

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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 <input type="checkbox"/> No <input type="checkbox"/>						
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:	
<p>A person with a disability may ask for:</p> <p>I. A change in rules (reasonable accommodation);</p> <p>II. A physical change to their apartment or shared areas in the building (reasonable accommodation);</p> <p>III. An accessible apartment;</p> <p>IV. Aids and services to help you communicate with us.</p> <p>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).</p>						
Do you need an accessible unit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check one: <input type="checkbox"/> Mobility <input type="checkbox"/> 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 #:					



160 Halsted Associates Urban Renewal, LLC
 Managed by East Orange Housing Authority.

East Orange Housing Authority - Public Housing Rental Application

Tel: (973) 678-0250 * Fax: (973) 414-0756

Last Name		First Name		M.I.
Date of Birth	Social Security Number	Home Telephone		
E-Mail Address	Mobile Telephone			
Current Street Address	City	State	Zip Code	
Previous Street Address	City	State	Zip Code	
Length of Residence at Current Address Months	Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or Rent? <input type="checkbox"/> <input type="checkbox"/>	

Co-Applicant

Co-Applicant Last Name		First Name		M.I.
Date of Birth	Social Security Number	Home Telephone		
E-Mail Address	Mobile Telephone			
Co-Current Street Address (if different)	City	State	Zip Code	
Co-Previous Street Address (if different)	City	State	Zip Code	
Length of Residence at Current Address months	Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or Rent? <input type="checkbox"/> <input type="checkbox"/>	

Applicant Signature (s)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is denied.

Applicant: X _____ Co-Applicant: X _____
 Date: _____ Date: _____

OFFICE USE ONLY

NTN Access Number: _____	Address/Unit Applied for: _____	Monthly Rent Amount for unit applicant is applying for: \$ _____
Date Screened: _____	Projected Move-In Date: _____	Apartment/Unit Type: _____

Property Name: 160 Halsted Street Associates Unit: _____

INITIAL LIHTC ELIGIBILITY CERTIFICATION QUESTIONNAIRE

Certification Type:

Initial Certification

Re-certification

Other:

Phone Number: _____

Cell Number: _____

Work Number: _____

Email Address: _____

I. HOUSEHOLD COMPOSITION

- **Unless assistance is required, this form must be completed by the tenant.**
- **List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.**
- **Do not include minors who will be present less than 50% of the time.**
- **List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.**

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	LAST FOUR OF SSN	FT STUDENT?
1.	HEAD	/ /	XXX-XX-_____	[] YES [] NO
2.		/ /	XXX-XX-_____	[] YES [] NO
3.		/ /	XXX-XX-_____	[] YES [] NO
4.		/ /	XXX-XX-_____	[] YES [] NO

Have there been any changes in household composition in the last twelve months? YES NO

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? YES NO

If yes, explain:

Is there someone not listed above who would normally be living with the household? YES NO

If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES NO

INCOME QUESTIONNAIRE INSTRUCTIONS:

- **List gross amounts anticipated to be received in the next 12 month period following the certification date**
- **For minors include *unearned* income such as benefits, SSA, SSI, gifts, child support, income from assets**
- **For adults include both earned income from jobs and unearned income**
- **Answer each YES-NO question.**
- **For each YES include the gross amount and frequency**
- **Do not leave any unanswered questions or blanks**

II. HOUSEHOLD INCOME

Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.

All adults must sign the form.

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
35. Are any income changes expected in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please describe:						

For each source of income checked YES above, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email

III. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 nd checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 nd savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 nd debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. CD (Certificate of Deposit)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? YES NO

25. Has anyone disposed of any assets for less than fair market value in the past 2 years? YES NO

If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.

Head of Household Signature _____ **Date** _____

_____ **Printed Name**

Co Head and/or Other Member Signature _____ **Date** _____

_____ **Printed Name**

ADDENDUM TO TENANT INCOME CERTIFICATION
(FOR STATISTICAL USE ONLY)

The following information is requested in accordance with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE						
HH Mbr #	Last Name	First Name	Middle Name	Race	Ethnicity	Disabled (Y or N)
1						
2						
3						
4						
5						
6						
7						
8						

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at: <http://www.fairhousing.com/index.cfm>
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

_____ I have provided the above information.

_____ I decline to provide this information at this time.

Applicant/Resident Signature

Date

12/13/10

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: 160 Halsted Street Associates City: EAST ORANGE

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401(k)/403(b) Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies	\$ _____	_____	\$ _____	Government Benefits***
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:	_____	_____	_____	_____
\$ _____	_____	\$ _____	GoFundMe/Crowdsourcing	_____	_____	_____	_____
\$ _____	_____	\$ _____	Bitcoin/Cryptocurrency	_____	_____	_____	_____
\$ _____	_____	\$ _____	Personal property held as an investment** :	_____	_____	_____	_____
\$ _____	_____	\$ _____	Other (list): _____	_____	_____	_____	_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

***Examples: Payroll, Social Security or Welfare accounts (do not count Food Stamp Accounts).

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

160 A Halsted Street Associates
Managed by East Orange Housing Authority

Disposed of Assets Affidavit

An individual form must be completed for each household member 18 or older

Applicant/Resident Name: _____ **Unit:** _____

Initial Certification Effective Date: _____

Recertification Effective Date: _____

I HAVE NOT disposed of any assets for less than fair market value in the past two (2) years.

Fair Market Value is the market value of the asset minus reasonable cost incurred in selling/converting the asset into cash. Such costs include: 1- penalties for early withdrawal; 2- broker/legal fees for the sale of assets, and 3- settlement costs for real estate transactions.

I HAVE disposed of assets for less than fair market value in the past two (2) years.

Please list any assets disposed of within the past two (2) years for less than fair market value.

Asset Description	Date Disposed	Fair Market Value	Amount Sold or Given Away

Assets listed as disposed of during the past two (2) years for less than the fair market value prior to this certification/recertification, will be counted as assets if the difference in the value of the asset and the amount received for the asset exceeds \$1000.00.

Print Resident Name

Resident Signature

Date

Child Support Certification

Owners/Agent must count alimony or child support amounts awarded by the court unless the applicant/tenant certifies that payments are not being made and that he or she has taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.

Please use separate form for each child support case

I hereby certify that the following is true regarding my current child support for: (list names of children)

Please check all that apply:

1. I am currently receiving child support in the amount of \$ _____ per month/week from as a non-court ordered payment from: (A signed notarized statement from this provider of payment as verification of the amount of payment is attached)

Name of Provider

Relationship of Provider

2. I am currently receiving child support in the amount of \$ _____ per month/week. A print-out covering the past twelve (12) months from the appropriate agency (County, Courthouse or SRS Child Support Enforcement Unit) to verify payment is attached.
3. I am presently receiving child support arrears in the amount of \$ _____ per month/week.
4. Effective _____ I will begin receiving child support in the amount of \$ _____ per month/week. Supporting documentation of payment to be received is attached.
5. I may begin receiving child support in the future. A copy of my divorce decree and/or separation agreement is attached. If there isn't an agreement, please explain:

6. It is Court ordered that I receive \$ _____ per month/week for child support, but I do not receive it on a regular basis – Case # _____. Documentation from County, Courthouse or SRS Child Support Enforcement Unit is attached.
7. It is Court ordered that I receive \$ _____ per month/week for child support, but I do not receive it – Case # _____. A print-out covering the past twelve (12) months from the appropriate agency (County, Courthouse or SRS Child Support Enforcement Unit) to verify non-payment is attached.
8. I am **not** presently receiving child support and do not anticipate obtaining a court order for child support in the upcoming year.

Under penalty of perjury, I certify that the information presented on this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Print Name of Applicant/Tenant

Signature of Applicant/Tenant

Date

160 A Halsted Street Associates

Managed by East Orange Housing Authority

UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete a form

Applicant/Resident Name: _____

I am currently unemployed: YES NO

I work on a seasonal basis depending on the time of year: YES NO

I receive benefit income such as unemployment, disability, workers compensation: YES NO

(INITIAL) If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment.

I have been unemployed for _____ years and _____ months.

My last job paid \$ _____ per hour and I worked _____ hours per week.

*****Please complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$ _____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

Section C

I [print name], _____, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: _____

The start date is: _____

The salary is: _____

**Manager will contact employer for verification of this income*

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Resident Signature: _____ **Date** _____