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## SECAUCUS HOUSING AUTHORITY

700 COUNTY AVENUE SECAUCUS, NJ 07094

PHONE (201) 867-2957

E-MAIL WWW.SECAUCUSHA.ORG

**PRELIMINARY APPLICATION FOR ADMISSION**

Name (Head of Household): \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Application Date: \_\_\_\_\_

**FAMILY COMPOSITION**

Household Member: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Occupation: \_\_\_\_\_

**PRESENT HOUSING INFORMATION**

- |  |     |    |
|--|-----|----|
| 1. Are you handicapped?                                    | Yes | No |
| 2. Do you require any special accommodations?              | Yes | No |
| 3. Is the Head of Household a Veteran?                     | Yes | No |
| 4. Have you established a bona fide residence in Secaucus? | Yes | No |
| 5. Do you own an automobile?                               | Yes | No |
| 6. Do you have any pets?                                   | Yes | No |

If you have answered **yes** to any of the 6 questions, please give an explanation: \_\_\_\_\_

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**INCOME/EMPLOYMENT INFORMATION:**

Please include all sources of Income, Social Security, Pensions, Annuities, etc.

Employer/Income Source: \_\_\_\_\_

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

Employment Telephone No.: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Social Security: Monthly Gross Amount: \_\_\_\_\_ Yearly Gross Amount: \_\_\_\_\_

Monthly Gross Amount: \_\_\_\_\_ Yearly Gross Amount: \_\_\_\_\_

Pension: Monthly Gross Amount: \_\_\_\_\_ Yearly Gross Amount: \_\_\_\_\_

Annuities: Current Value: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Distribution Amount: \_\_\_\_\_

IRAs: Current Value: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Distribution Amount: \_\_\_\_\_

**Other:** Please explain \_\_\_\_\_

**ASSETS:**

Assets owned (include all Real Estate, Bank Accounts, Stocks, Bonds, Securities, Insurance Policies and any other Income generating assets.)

Real Estate: Current Assessed Value: \_\_\_\_\_ Equalized Ratio %: \_\_\_\_\_

Bank Accounts: Current Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Current Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Current Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Current Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Stocks, Bonds, Securities, etc. Current Value: \_\_\_\_\_

Current Value: \_\_\_\_\_

Current Value: \_\_\_\_\_

Current Value: \_\_\_\_\_

**LIABILITIES:**

(Include all out-of-pocket health insurance.)

Medicare Amount: \_\_\_\_\_

Supplemental Insurance Amount: \_\_\_\_\_

**Other Comments or Clarifications:**

(Please include any additional information that you feel is relevant to this Application, or clarify any of the items contained in this Application. Use additional paper, if necessary.)

**RACIAL AND ETHNIC INFORMATION:**

The following information is requested, and not required, for statistical purposes in order that the Department of Housing and Urban Development may determine the degree to which its programs are being utilized by minority groups. You are required by law to provide this information.

- Caucasian
- African American
- American Indian
- Spanish American
- Asian (Japanese, Korean, Chinese, Filipino)
- Other

**CERTIFICATION**

I hereby certify that all the information that I have presented in this preliminary application is true and correct to the best of my knowledge. I also understand that any information which is purposely misrepresented and relied upon in order to obtain Federal Housing Benefits could result in my prosecution for fraud. I have no objection to any inquires that may be made in order to verify the information contained in the preliminary application.

**Applicant's Signature:** \_\_\_\_\_

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

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**For Secaucus Housing Authority Use Only**

Date/Time Received: \_\_\_\_\_

Priority Code: \_\_\_\_\_

Comments:

TO: Applicants for Low-Income Housing  
 FROM: Secaucus Housing Authority  
 RE: Application Instructions

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The attached application kit includes all of the materials that are necessary to prepare an application for our low-income housing program. In order for us to place your name on our waiting list, it is necessary to fully complete the enclosed application form and **attach the following documents**.

#### Identification

- Birth Certificate, Certificate of Naturalization, Green Card
- Social Security Card
- Valid Driver's License

#### Proof of Income

- Most recent Social Security Award Letter
- Statements: Pensions, Annuities, 401(k), etc.
- Most recent Federal Tax Return
- Most recent Bank Statements: Checking, Savings, Certificate of Deposits, IRAs, and Keogh accounts
- Property (Home, Condo, Land) – Submit assessed value along with equalization ratio for property value from your local tax assessor
- Other Sources of income not listed above

If you are claiming a Local Preference, please check the box (es) below that apply to your situation and provide the documentation listed next to each specific preference. (Preferences 1-2 cannot be combined, but Preferences 1-2 can be combined with #3 to obtain 2 Preference Points)

#### LOCAL PREFERENCES

1.  **Residency Preference:** For families who live in the Town of Secaucus. In order to verify that an applicant is a resident, the HA will require a minimum of 3 of the following documents: rent receipt, lease, utility bills, employer or agency records, drivers licenses, credit card statements, statement from household with who the family is residing.
2.  **Working preference:** This preference is available for families with at least one member who is employed in the Town of Secaucus. The HA will require the following documents: A statement from the employer and copies of recent paycheck stubs that indicate the location of the place of employment or third party verification that indicates the place of employment.
3.  **Veterans' preference:** This preference is available to veterans, or surviving spouses of veterans of the U.S. Military Armed Forces,. The HA will require the veteran's DD-214 form indicating his/her minimum 2-years of service or served in active combat duty.

A completed application must be returned to the Housing Authority Office for processing. We are not responsible for applications that are delivered to any other office. If your application is deemed qualified, your name will be placed on our waiting list. You will receive a letter that indicates your position on the list and approximate time that you will have to wait before a unit may be offered to you. This letter will serve as a receipt that your name has been placed on the list. It is important that you retain this letter for future reference.

If you have any questions concerning the preparation of your application, please feel free to call our office.

## Low Rent Application

### Things You Should Know

Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

#### Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000.00
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your state and local governments may have other laws and penalties as well.

#### Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is.

#### Completing the Application

When you give your answers to application questions, you must include the following information:

##### Income

- All sources of money you and any member of your family receive (wages, welfare, payments, alimony, social security, pension, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
- Earnings from second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

##### Assets

- All bank accounts, saving bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of you family/household who will be living with you.
- Any business or asset you sold in the last 2 years of less than its full value, such as your home to your children.

##### Family/Household Members

- The names of all the people who will actually be living with you.

##### Signing the Application

- Do not sign any forms unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certificate forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.

- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. For all adult family/household members.
- Any family/household member has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than full value.

NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION (SBI)

# REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

(TYPE OR PRINT ALL INFORMATION)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

SECAUCUS HOUSING AUTHORITY  
700 COUNTY AVENUE  
SECAUCUS, NEW JERSEY 07094

ASSIGNED IDENTIFIER (ORI Number)

REQUESTING AGENCY USE ONLY

NAME (Including Maiden Name)

SBI NUMBER (If Known)

\_\_\_\_\_  
(Last Name) (Maiden Name) (First Name) (Middle)

ADDRESS

FBI NUMBER (If Known)

\_\_\_\_\_  
(Number) (Street) (City) (State)

DOB

SEX

RACE

SOCIAL SECURITY NUMBER

\_\_\_\_\_  
(Month) (Day) (Year)

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

THE HOUSING OPPORTUNITY PROGRAM EXTENSION ACT 1996

\_\_\_\_\_  
(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code, Local Ordinance, or Resolution.)

PUBLIC LAW (PUB.L.) 104-120

THERESA WEINBRECHT

\_\_\_\_\_  
Type or Print Name of Authorized Person Making Request

\_\_\_\_\_  
Signature of Authorized Person Making Request

## AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

Supervisor, State Bureau of Identification:

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to THE SECAUCUS HOUSING AUTHORITY

\_\_\_\_\_  
(Insert name of agency you authorize to receive this information.)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is **voluntary**. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

\* SPECIAL NOTE: Applicant must sign the yellow original\*

**X**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SECAUCUS HOUSING AUTHORITY  
700 COUNTY AVENUE  
SECAUCUS, NEW JERSEY

Authorization to Release information

PLEASE READ ALL TERMS CAREFULLY AND SIGN BELOW:

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

\_\_\_\_\_

Landlord's Telephone #: \_\_\_\_\_

Applicants Previous Address: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Housing Authority of the Town of Secaucus to obtain any and all information it deems necessary in the processing of my application for low-income housing. This authorization includes, but is not limited to credit reports, civil and criminal actions, rental history, employment/salary information, police and vehicle reports, and any other relevant information. I release all employees and its agents from all liability from any damage whatsoever incurred in furnishing or obtaining such information.

\_\_\_\_\_

Applicant's signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-applicant's signature

\_\_\_\_\_

Date





**RENTAL HISTORY**

The following person(s) has/have recently applied for residency in **the Secaucus Housing Authority**, and have indicated to us that they were tenants on your property located at \_\_\_\_\_

**Applicant(s)** \_\_\_\_\_  
\_\_\_\_\_

**Signature(s)** \_\_\_\_\_  
\_\_\_\_\_

**We would appreciate your cooperation in providing the following information.**

1. How long did the above named person(s) reside on your property? \_\_\_\_\_
2. Monthly rent? \_\_\_\_\_ Size \_\_\_\_\_
3. Was the resident(s) ever delinquent in their rent payment? \_\_\_\_\_
4. Did the resident(s) maintain the unit? i.e. Cleanliness? \_\_\_\_\_
5. Report maintenance needed \_\_\_\_\_
6. Did the Resident(s) disrupt the community? \_\_\_\_\_
7. Would you rent to this/these individual(s) in the future? \_\_\_\_\_
8. If not, why?

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

Signature of person(s) filling out this form \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your time and cooperation.