EQUAL HOUSING OPPORTUNITY

HOUSING AUTHORITY OF BERGEN COUNTY

FOR OFFICE USE ONLY

APPLICATION DATE _____

APPLICATION TYPE _____

ASSETS & ELIGIBILITY

Total Assets _____

Income from Assets _____

Eligibility Income _____

Income Limit _____

APPLICANT INTERVIEW QUESTIONNAIRE

NAME: _____

ADDRESS: _____

_____

TELEPHONE # _____ WORK # _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

HOUSEHOLD COMPOSITION & CHARACTERISTICS

NUMBER OF FAMILY MEMBERS _____ NUMBER OF MINORS _____

FAMILY MEMBER #	FAMILY MEMBER'S FULL NAME	RELATION-SHIP TO HEAD	BIRTHPLACE	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER
		HEAD					

_____

PLEASE ANSWER THE FOLLOWING QUESTIONS

DO YOU ANTICIPATE A CHANGE IN YOUR FAMILY SIZE WITHIN THE NEXT YEAR?
YES ___ NO ___ IF YES, EXPLAIN. _____

DO YOU AND/OR YOUR SPOUSE REQUIRE A MOBILITY IMPAIRED UNIT? YES ___ NO___
IF YES, PERSON REQUIRING A MOBILITY IMPAIRED UNIT _____

HAVE YOU EVER LIVED IN PUBLIC HOUSING? YES ___ NO ___
IF YES, WHERE _____

HAVE YOU EVER PARTICIPATED IN THE SECTION 8 PROGRAM? YES ___ NO ___
IF YES, ENTER THE DATE(S) AND WHAT AGENCY _____

HAVE YOU EVER BEEN EVICTED FOR NON-PAYMENT OF RENT? YES ___ NO ___
IF YES, ENTER THE DATE(S) AND ADDRESS(ES) OF UNIT(S) FROM WHICH YOU WERE EVICTED: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___
IF YES, ENTER DATE(S) AND CHARGE(S) _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CURRENT LIVING ARRANGEMENTS

RENT $_____ PER MONTH LEASE TERM _____ # OF BEDROOMS _____

LANDLORD'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

UTILITIES PAID BY LANDLORD _____ TENANT _____

APPLICANT: _____

Tenant Income and Asset Calculation Form

ASSETS

H/H #	Type of Assets	Account Number	Cash Value	Interest Rate	Interest Income

TOTAL ASSETS $_____ IMPUTED INCOME _____ ACTUAL INCOME_____

INCOME

Household Member	Income Type	Gross Amount	Frequency 52 26 24 12	Annual Income

INCOME _____

ASSET INCOME _____

TOTAL INCOME _____

I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN ARE, TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE HAVE NO OBJECTION(S) TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE INFORMATION.

_____
SIGNATURE OF HEAD OF HOUSEHOLD DATE _____

_____
SIGNATURE OF SPOUSE DATE _____

_____
SIGNATURE
HOUSING AUTHORITY OF BERGEN COUNTY PERSONNEL DATE _____

WARNING:18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more that $10,000.00 or imprisoned for not more than five years, or both.

HOUSING AUTHORITY OF BERGEN COUNTY
ONE BERGEN COUNTY PLAZA, 2ND FLOOR
HACKENSACK, N.J. 07601
PHONE: 201-336-7600
FAX: 201-336-7630
WWW.HABCNJ.ORG

DOMINGO SENANDE
EXECUTIVE DIRECTOR

NO ASSET CERTIFICATION

I, _____ currently residing at _____ certify that I currently have no assets of any kind. I understand that if I do have assets in the future I will report the change to my Housing Subsidy Specialist within ten days.

It is further understood that if, I obtain housing assistance through the Housing Authority of Bergen County, and it is subsequently discovered that I have withheld or provided false or misleading information, that it may result in my subsidy being terminated.

_____
Signature

_____
Social Security Number

_____
Date

WARNING: 18 U.S.C. 1001 PROVIDES, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN $10,000.00 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

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DOMINGO SENANDE
EXECUTIVE DIRECTOR

NO INCOME CERTIFICATION

I, _____ currently residing at _____ certify that I am presently not employed and/or receiving any other source of income. I understand that if and when I start working or receiving any income from an outside source, that I am to report the change to my Housing Subsidy Specialist within ten days.

It is further understood that if, I obtain housing assistance through the Housing Authority of Bergen County, and it is subsequently discovered that I have withheld or provided false or misleading information, that it may result in my subsidy being terminated.

_____
Signature

_____
Social Security Number

_____
Date

WARNING: 18 U.S.C. 1001 PROVIDES, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN $10,000.00 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

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PHONE: 201-336-7600
FAX: 201-336-7630
WWW.HABCNJ.ORG

DOMINGO SENANDE
EXECUTIVE DIRECTOR

NO CHILD SUPPORT CERTIFICATION

I, _____ currently residing at

_____ certify that I am currently

not receiving child support on behalf of my child(ren):

_____

_____

_____

_____

for the following reason(s):_____

_____

_____

_____

I understand that if and when I start receiving child support that I am to report the change to my Assisted Housing Specialist within ten days.

It is further understood that if, I obtain housing assistance through the Housing Authority of Bergen County, and it is subsequently discovered that I have withheld or provided false or misleading information, that it may result in my subsidy being terminated.

_____

Signature

_____

Social Security Number

_____

Date

WARNING: 18 U.S.C. 1001 PROVIDES, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN $10,000.00 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
HOUSING AUTHORITY OF BERGEN COUNTY ONE BERGEN COUNTY PLAZA, 2ND FL. HACKENSACK, NJ 07601	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ONE NEWARK CENTER, 12TH FL. NEWARK, NJ 07012-5260

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, (X) _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or

( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or

( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

[ ] Immigrant status under §§101(a)(15) or 101(a)(20) of the INA 3/; or

[ ] Permanent residence under 249 of INA 4/; or

[ ] Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or

[ ] Parole status under §§212(d)(5) of the INA 6/; or

[ ] Threat to life or freedom under §243(h) of the INA 7/; or

[ ] Amnesty under §245A of the INA 8/.

(X) _____ (X) _____

Signature of Family Member) Date

☐ Check box on left if signature is of adult residing in the unit who is responsible for child names on statement above.

HA: Enter INS/SAVE Primary Verification #:_____ Date:_____

[See reverse side for footnotes and instructions]

1. **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than $10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories.

2. **Eligible immigration status and 62 years of age or older**. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a section 214 covered program on June 19, 1995. If you are eligible and elect to select this category you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3. **Immigrant status under §101(a)(15) or 101(a)(20) of INA**. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15) respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), *[special agricultural worker status]*, who has been granted lawful temporary resident status.

4. **Permanent residence under §249 of INA**. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) *[Amnesty granted under INA 249]*.

5. **Refugee, asylum, or conditional entry status under §§207, 208 or 203 in INA**. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) *[refugee status]*; pursuant tot he granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) *[asylum status]*; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity *[conditional entry status]*.

6. **Parole Status under §212(d)(5) of INA**. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5) *[parole status]*.

7. **Threat to life or freedom under §243(h) of INA**. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h) *[threat to life or freedom]*.

8. **Amnesty under §245A of INA**. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) *[amnesty granted under INA 245A]*.

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

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

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Signature of Applicant	**Date**

HOUSING AUTHORITY OF BERGEN COUNTY
ONE BERGEN COUNTY PLAZA, 2ND FLOOR
HACKENSACK, N.J. 07601
PHONE: 201-336-7600
FAX: 201-336-7630
WWW.HABCNJ.ORG

DOMINGO SENANDE
EXECUTIVE DIRECTOR

APPLICANT/TENANT CERTIFICATION

Shelter Plus Care Voucher

1. FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's and or a participant's eligibility, the recommended unit size, and to correctly determine the amount of rent and subsidy.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Agency/Indian Housing Authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. This disclosure of information is subject to the Federal Privacy Act (5 USC 552a, as amended).

2. SOCIAL SECURITY NUMBER (SSN) DISCLOSURE & VERIFICATION

Applicants and participants, including each member of the household are required to disclose his/her assigned Social Security Number (effective 01/31/2010, children under the age of 6 are required to disclose their SSN), with the exception of the following individuals:

- Individuals who do not contend to have eligible immigration status
- Existing participants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined the SSN to be valid through the EIV System
- Existing participants as of January 31, 2010, who are 62 years of age or old, and had not previously disclosed a valid SSN

Proof of SSN must be provided within 90 days of the agency's request. In cases of unforeseen circumstances beyond the family's control, an additional 90 day period may be granted.

3. DISPOSAL OF ASSETS CERTIFICATION

The undersigned tenant(s) hereby certify as follows:

☐ Yes, I have ☐ No, I have not

Disposed of any assets below market value during the last two years. If I obtain housing assistance through the Housing Authority of Bergen County, and it is subsequently discovered that I had withheld or provided false or misleading information, my assistance may be terminated.

4. GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge, and certify that the information shown is true and correct.

I have voluntarily provided all of the information requested on the application and/or during the annual reexamination. I am fully aware that I am liable for criminal prosecution if I have intentionally misstated any facts or have withheld any information. If subsequently, it is discovered that I had withheld or provided false or misleading information, my assistance may be terminated.

5. REPORTING CHANGES

I am required to report in writing, within ten (10) days, any changes. Changes include but are not limited to income, assets and household size (when a person moves in or out of the unit). I am required to notify the Housing Authority and the owner before moving or terminating the lease. I am to notify the Housing Authority in writing if I will be absent from the unit for a period of thirty (30) days or more and provide the required information regarding the absence. I am to provide the Housing Authority with any eviction notice received from the owner.

6. REPORTING PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

7. NO DUPLICATE HOUSING OR ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately, in writing. I will not sublease my assisted residence.

8. OWNERSHIP/INTEREST IN UNIT

I certify that neither I nor any family member immediate or extended has ownership or any interest in the subsidized unit. I may not receive assistance for a unit whose owner is the parent, child, grandparent, grandchild, sister or brother of any member of the household.

9. COOPERATION

I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, and verify my true circumstances. Cooperation includes but is not limited to attending pre-scheduled meetings, providing requested documentation, completing and signing required forms, allowing the Housing Authority to inspect the unit, fixing any breach of Housing Quality Standards caused by the family and abiding to the terms of the lease. I understand failure or refusal to do so by any household member may result in delays, termination of assistance, or eviction.

10. CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination of housing assistance or termination of tenancy.

11. REVIEW AND HEARING REQUESTS

I (applicant) may request an informal review in the following situations: denied issuance of a Shelter Plus Care Voucher.

I (participant) may request an informal hearing in the following situations: denial or termination of assistance, determination of Total Tenant Payments, or the number of bedrooms deemed appropriate by the Housing Authority standards.

12. "ENTERPRISE INCOME VERIFICATION (EIV) SYSTEM AND EXAMPLES OF ANTICIPATED MEDICAL EXPENSES

I herby acknowledge that at the time of my admission/renewal, I received the following information/brochures:

☐ Enterprise Income Verification (EIV) System: "What You Should Know About EIV"

☐ Medical Expenses for Disabled/Elderly families: Examples of Anticipated Medical Expenses that are Deductible and Non-deductible

1._____ _____

(Print) Name of Head of Household Date

_____

Signature of Head of Household

2._____ _____

(Print) Spouse/Co-head Date

_____

Signature of Spouse/Co-head

3._____ _____

(Print) Family Member 18 years of Age or Older Date

_____

Signature of Family Member 18 years of Age or Older

4._____ _____

(Print) Family Member 18 years of Age or Older Date

_____

Signature of Family Member 18 years of Age or Older

*IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 800-630-8081.

WARNING: 18 U.S.C. 1001 PROVIDES, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKES OR USES FRAUDULENT STATEMENTS OR ENTRIES, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN $10,000.00 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

Please complete, as indicated below, receipt of the enclosed brochure.

I have received a copy
of the notice entitled:

Violence
Against
Women
Act

What applicants, tenants, owners, and landlords need to know.

Print full name

_____

Signature

_____

Address and Apt. #

_____

Date

_____

CONFIDENTIALITY

Any information provided pursuant to the Violence Against Women Act (VAWA) shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

STATE AND LOCAL LAWS

Some states have passed laws effecting applicants, tenants, owners and landlords that are more stringent than requirements of the Violence Against Women Act (VAWA). Many states have related laws pending. You may want to check with your state and/or city for the most current state and local laws protecting victims of domestic violence, dating violence or stalking.

VIOLENCE AGAINST WOMEN ACT

What Applicants, Tenants, Owners and Landlords Need to Know

Applicable to Public Housing and Section 8 Housing Choice Voucher Programs

Effective January 5, 2006

This brochure meets notification requirements of the federal Violence Against Women Act.

VAWA Protection for Public Housing And Section 8 Housing Choice Voucher Assistance Applicants

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing or housing choice voucher assistance, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible;
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence or stalking, ask if the PHA gives this preference. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

VAWA Protection for Public Housing Tenants and Housing Choice Voucher Program Participants

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, an owner or landlord may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity or good cause.

A Section 8 Housing Choice Voucher Participant who is a victim of domestic violence, dating violence or stalking may request and be granted portability due to the incident or threat if they are otherwise compliant with all program obligations and the perpetrator has moved out of the dwelling unit.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested certification within 14 business days, your assistance may be terminated.

VERIFICATION OF DISABILITY

Name:_____
SSN:_____

The above-named person is applying for participation in a federally-assisted housing program operated by the **Housing Authority of Bergen County**. To determine the applicant's eligibility, we must verify that he/she is disabled by the U.S. Dept. of Housing and Urban Development (HUD). HUD regulations define disability as follows:

A. A person with a physical, mental, or emotional impairment that:
   1. Is expected to be of long continued and indefinite duration;
   2. Substantially impedes his or her ability to live independently; and
   3. Is of such a nature that such ability could be improved by more suitable housing conditions

OR

B. A severe chronic developmental disability which:
   1. Is attributable to mental or physical impairment or combination of mental and physical impairments;
   2. Is manifested before the person attains age twenty-two;
   3. Is likely to continue indefinitely;
   4. Results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency;
      and
   5. Reflects the person's need for a combination of and sequence of special, interdisciplinary, or generic care, a treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

CERTIFICATION OF DISABILITY

I certify that the above referenced person is disabled according to the above definition(s) I have indicated. (Please check the definition(s) that applies) [ ] A; [ ] B; and describe your patient's condition:

_____
_____
_____
_____
_____

Estimated duration that disability will continue:_____

Physician's Name:_____
Physician's License Number:_____
Address:_____
_____
Telephone Number:_____

Physician's Signature:_____ Date:_____

BERGEN COUNTY HOUSING, HEALTH AND HUMAN SERVICES CENTER

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(201) 336-6475
Fax: (201) 488-9298
TDD: (201) 343-2185

JULIA M. ORLANDO, CRC, ED.M, MA
DIRECTOR

Homeless Self-Statement Certification

I _____certify that I was homeless (that is sleeping in a place not meant for human habitation such as living on the streets) **OR** living in a homeless emergency shelter during the following period(s) of time:

Between _____ and _____ I lived at _____
Between _____ and _____ I lived at _____
Between _____ and _____ I lived at _____
Between _____ and _____ I lived at _____
Between _____ and _____ I lived at _____
Between _____ and _____ I lived at _____
Between _____ and _____ I lived at _____

Please attach any accompanying discharge and/or pertinent documentation regarding homelessness status.

What else would you like to share about your history? For example, *"I can not remember the name of the place where I was living during the fall of 2004 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness."*

_____
_____
_____
_____
_____
_____
_____
_____
_____

I certify that the above information is correct.

_____ _____
(Signature of Client) (Date)

I reviewed the above statement with the client.

_____ _____ _____
(Signature of Staff Witness) (Organization) (Date)

BERGEN COUNTY EMERGENCY SOLUTIONS GRANT

HOMELESS CERTIFICATION

ESG Applicant Name: _____

☑ Household without dependent children (complete one form for each adult in the household)
☐ Household with dependent children (complete one form for household)
Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

☐ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.
Description of current living situation:

_____

_____

Homeless Street Outreach Program Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter

☑ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: BC HHH Center

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Agency Representative Signature: See attached Date: _____

Living Situation: Transitional Housing

☐ The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).

Immediately prior to entering transitional housing the person(s) named above was/were residing in:
☐ emergency shelter OR ☐ a place unfit for human habitation

Authorized Agency Representative Signature: _____ Date: _____
