



HSI Rental Application

The application you are completing is for all Homeless Solutions properties which are located in Morris County: Units are offered in the order they become available. If you do not accept a unit when it is offered, you will be placed at the bottom of the waiting list. Income eligibility will be determined once your name comes up on the waiting list. We are unable to determine income eligibility in advance since household income may change during the waiting period. Income eligibility is based on HUD's/Tax Credit Limit income guidelines.

I am homeless and applying for housing under the Special Needs Program for homeless households. *Special Needs Programs for homeless households requires verification of eligibility. Please complete enclosed FORM A.

1 Jean Street Apartments
29 Abbett Avenue
23 Abbett Avenue
37 Harrison Street Apartments
88 Martin Luther King Avenue
Housing Tree – Rockaway
133 Landing Road Apartments

38-42 Abbett Avenue Apartments
24 Walnut Avenue
16 Morton Street
81 Martin Luther King Avenue
34 Abbett Avenue
31 Drakestown Road

PLEASE RETURN COMPLETED APPLICATION TO:

HOMELESS SOLUTIONS, INC.
PROPERTY MANAGEMENT
3 WING DRIVE, SUITE 245
CEDAR KNOLLS, NJ 07927

OR

EMAIL: propertymanager@hsinj.org

3 Wing Drive, Suite 245, Cedar Knolls, NJ 07927 ■ (973) 993-0900 ■ Fax: (973) 993-0919 ■ homelessolutions.org



RENTAL APPLICATION

3 WING DRIVE, SUITE 245
CEDAR KNOLLS, NJ 07927

APPLICATION DATA: (For Office Use Only)	
Application W/L#:	_____
Date Received:	_____
<input type="checkbox"/> Special Needs:	_____
<input type="checkbox"/> LIHTC:	_____
<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Voucher Source:	_____
<input type="checkbox"/> Non-Voucher Applicant:	_____

Name	_____
Address	_____
City/State/Zip	_____
Phone #	_____
Email Address	_____
Alternate Contact Information:	
Name	_____
Phone #	_____
Email Address	_____
Relationship	_____

HOUSEHOLD COMPOSITION							
MBR#	Last Name	First Name	MI	Relationship to Head of Household	Date of Birth	Full time Student?	Social Security #
1				Head of Household			
2							
3							
4							
5							

Does anyone live with you now who is not listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone listed above live somewhere else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you expect a change in your household income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone have a handicap requiring an accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any member of your family a veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any member of your family in the military or reserves?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or anyone in the family been evicted in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or anyone in your family ever lived in any Homeless Solutions Housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has you or any member of your family been convicted of manufacturing methamphetamine on the premises of federally assisted housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or any member of your household subjected to a lifetime sex offender registration under a State sex offender registration program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any question; explain here:		

Do you receive any case management or support services from any organization? Yes No

If yes, may we contact your case manager? Yes No

Case manager name and phone number: _____

GROSS ANNUAL INCOME: (Wages, Self-Employment, Retirement Benefits, Social Security Benefits, Public/General Assistance, Unemployment, Child Support, Family Support, etc.)

MBR#	Source of Income	Annual Income
		\$
		\$
		\$
		\$

ASSETS: (list all checking, savings, cash apps, IRA, CD, etc., for all household members)

MBR#	Bank or Financial Institution	Type of Account	Balance
			\$
			\$
			\$
			\$

Are you currently homeless? Yes No

(If you are applying under the Special Needs Program, please complete all required documents and submit with your signed application)

Applicant Certification

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

Signatures:

Head of Household: _____

Date: _____

Spouse/Co-Head: _____

Date: _____

Other Adult: _____

Date: _____

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We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988) and The New Jersey Law Against Discrimination (LAD)• It is Illegal to Discriminate Against Any Person Because of Race, Creed, Color, Religion, Sex, Gender Identity or Expression, Disability/Handicap, Familial Status, or National Origin, Ancestry, Nationality, Marital or Domestic Partnership or Civil Union Status, Affectional or Sexual Orientation, or Source of Lawful Income or Source of Lawful Rent Payment.





VAWA NOTIFICATION

This notice is to inform you of the protections we offer to survivors of domestic violence. These protections are authorized by the Violence against Women and Justice Department Reauthorization Act of 2005 and subsequent acts. These protections apply to all people who are survivors of domestic violence no matter the gender of the survivor or the abuser. These protection ns apply to all residents and potential residents from the time of application until you leave our housing.

VAWA PROTECTIONS

Homeless Solutions, Inc. and our affiliates will not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

Homeless Solutions, Inc. and our affiliates will not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse e.

Homeless Solutions, Inc. and our affiliates may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Head of Household Signature

Date





CONSENT FOR AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Homeless Solutions, Inc. and/or its management agents any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the HOME, Tax Credit or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Homeless Solutions, Inc. in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to: Identity and Marital Status, Employment, income and Assets, Residences and Rental Activity, Credit and Criminal Activity and Medical or Child Care Allowances.

Any information provided to and obtained by any employee of Homeless Solutions or its management agent may be reviewed for relevance to eligibility status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

- | | | |
|--|----------------------------------|---|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans Administration |
| Post Offices | Welfare Agencies | Retirement Systems |
| Courts, Probation and Parole | State Unemployment Agencies | Banks and other Financial Institutions |
| Law Enforcement Agencies | Social Security Administration | Credit Providers and Credit Bureaus |
| Support and Alimony Providers | Medical and Child Care Providers | Utility Companies |
| Coordinated Services Planning | Educational Institutions | Other service providers (cell phone, cable, etc.) |
| | Family Services | |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that Homeless Solutions may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. Homeless Solutions, Inc. may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State and local welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Homeless Solutions, Inc. and will stay in effect for thirty-six (36) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES: NOTE: This release information form may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for copy of tax form" must be prepared and signed separately.

_____	_____	_____
Head of Household Signature	(Print Name)	Date
_____	_____	_____
Adult Member Signature	(Print Name)	Date
_____	_____	_____

Adult Member Signature (Print Name) Date

Adult Member Signature (Print Name) Date

Certification of Special Needs Status- FORM A

I, _____, am applying for Special Needs housing. I am making the following certification to determine my eligibility housing. I understand that I must be able to show proof of all certifications that I am making.

I am homeless:

- I am a homeless individual (or family) who lacks a fixed, regular, and adequate nighttime residence, meaning:
- My primary nighttime residence that is a public or private place not meant for human habitation
- I am living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)
- I am exiting an institution where I have resided for 90 days or less and I resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (not including transitional housing)
- I am an individual or family who will imminently lose my primary nighttime residence. My residence will be lost within 14 days of the date of application for homeless assistance, no subsequent residence has been identified, and I lack the resources or support networks needed to obtain other permanent housing
- I am an unaccompanied youth under 25 years of age, or families children and youth, with who do not otherwise qualify as homeless under this definition, but I am defined as homeless under another federal statute; I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; I have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and I can be expected to continue in such status for an extended period of time due to special needs or barriers
- I am an individual or family who is fleeing, or is attempting to flee, domestic violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing

I am not homeless but one of the following conditions apply to me:

- I am a victim of domestic violence, not as described above.
- I am a teen 18 to 21 years of age who is aging out of foster care.

Your name _____

Describe your qualifying situation in more detail:

I, _____, certify that this information is true, complete and accurate.

Applicant's Signature _____ Date _____

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Case Worker/3rd Party Verification

Name and title of case worker: _____

Caseworker's organization: _____

Phone number and email address: _____

I am familiar with _____. To the best of my knowledge, the information is true base on the following facts, observations, and documentation. Please provide specific dates whenever possible. Attach additional pages if necessary:

Case Worker Signature _____

Date _____