

**Hudson County
Housing Resource Center**

830 Bergen Avenue, Suite 5A
Jersey City, New Jersey 07306

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Tenant Application Form

Property/Address: 328 60TH STREET, WEST NEW YORK, NJ 07093 **Date:** _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm/dd/yyyy)	Student (Y/N)	Social Security Number

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Type:

1 BR 2 BR

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: _____			
2.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: _____			
3.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: _____			

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? **Yes** **No**
If YES, explain _____
 2. Have any of the household members used names or a social security number other than the names and numbers used above? **Yes** **No**
If YES, explain _____
 3. Are any or ALL members of the household full-time students? **Yes** **No**
If YES, explain _____
 4. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? **Yes** **No**
If YES, provide the nature of the crime(s): _____
Date: _____ State: _____ City: _____
County: _____
Are any of the above convictions a felony? **Yes** **No** If YES, Please explain _____

- Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **Yes** **No** If YES, Please explain _____

Are there any criminal charges pending now? Yes No If YES, please explain _____

5. Do you live in subsidized housing now or have you in the past? Yes No
If YES, where? _____ From _____ To _____
Were you evicted? _____ If YES, why? _____

6. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No
If YES, explain _____

7. Have you ever lived at any other property managed by West New York Housing Authority? Yes No
If YES, where? _____

8. How did you hear about us? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company/Self-Employed</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?

Yes No

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?

Yes No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency

Name of Agency: _____

Court of Law

Name of Court: _____

Directly from Individual

Name of Person: _____

Other

Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration?

Yes No

Household Member

SSA Office

Amount

_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?

Yes No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package?

Yes No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Disability, death benefits or life insurance dividends? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Regular gifts or payments from anyone outside of the household? Yes No
(This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Educational grants, scholarships, or other student benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Regular payments from lottery winnings or inheritances? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Any other income sources or types not listed above?

Yes No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months?

Yes No

If YES, explain: _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes No If YES, who? _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____

2. License #: _____ State Issued: _____ Make/Model/Year: _____

I hereby grant this property owner West New York Housing Authority the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only

Application Received Date: _____

Application Received By: _____