

APPLICATION FOR ADMISSION & RENTAL ASSISTANCE - Studio

Section 8 Housing: Ridge Oak, Inc., 150 Manchester Drive, Basking Ridge, New Jersey

www.ridgeoak.org



Equal Housing Opportunity

- MAIL THE COMPLETED ORIGINAL APPLICATION TO:**
Ridge Oak, Inc., 150 Manchester Drive, Basking Ridge, New Jersey 07920 Attn: Rental Office
- Ridge Oak will **not** accept hand-delivered, e-mailed or faxed applications.
- If due to disability, you need assistance completing this application, please advise us of your needs when you receive the application or call the Ridge Oak Occupancy Department between the hours of **9 am and 4:30 pm** at **908-221-0266**.

PLEASE PRINT LEGIBLY

1. **Applicant Name** _____ **SSN#** _____
(First) (MI) (Last) (Social Security Number)

Date of Birth ____/____/____ Age ____ **Check:** Female Male Do not wish to respond
Month Day Year

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone Number () _____ Cell Phone Number () _____

E-mail address _____

Check this box if you would like to receive periodic updates by e-mail from Ridge Oak Senior Housing.

Per the HUD Occupancy Handbook, Ridge Oak must determine and verify applicant household composition/size to determine and verify income and eligibility for housing assistance as well as suitability of apartment size. Assisted households must have only one residence and receive rental assistance only in that unit. This ensures government assistance is paid on only one unit for a household. Ridge Oak will not provide assistance to applicants/tenants who will maintain a residence in addition to the assisted unit.

Applicant Current Household Composition (check all that apply):

_____ I have a Live-in Aide

_____ I am Temporarily Separated from my Spouse or Co-Head of Household (For example; spouse is living out of the state or county)

For Ridge Oak Office Use Only: Date & Time Rec's _____ Staff Initials _____ Application #: _____
Income Limit 1 person: \$54,000 - Annual Income \$ _____ Household Size # of Persons: _____

Eligible? Yes No Income is < 30% Median: 1 Person < \$22,150 Yes No

_____ I am Permanently Separated from Spouse or Co-Head of Household (Legally separated, divorced or permanently institutionalized)

_____ I have Children that are part of my household; adult, adopted, foster and/or away at school

_____ Other Household Members – Please Specify: _____

2. Every applicant **must** provide a complete list of **ALL** states in which he/she has resided:

3. **Other Contact Information** – *In order for us to communicate verbally or in writing with a family member(s) or friend(s) regarding this application, this section **must** be completed:*

Name _____ Relationship _____

Mailing Address, City, State & Zip _____

Home Phone Number () _____ Cell Phone Number () _____

E-mail Address _____

Check this box if you would like to receive periodic updates by e-mail from Ridge Oak Senior Housing.

4. **Other Contact Information** – *In order for us to communicate verbally or in writing with a family member(s) or friend(s) regarding this application, this section **must** be completed:*

Name _____ Relationship _____

Mailing Address, City, State & Zip _____

Home Phone Number () _____ Cell Phone Number () _____

E-mail Address _____

Check this box if you would like to receive periodic updates by e-mail from Ridge Oak Senior Housing.

5. **Apartment Size** – **This application is for a STUDIO unit only. No other applications (for other types of units) are available at this time.**

LOCATION: 150 Manchester Drive, Basking Ridge, NJ - Garden-style apartment spread site; outside entrance to apartments; walk outside to mail and laundry room.

Studio/Efficiency (approx. 466 sq. ft.) *Only single person household can occupy a studio apartment. No transfers due to personal preference are allowed if an applicant is offered and accepts a studio apartment.*

* **ALL APARTMENTS ARE SMOKE-FREE!** *

6. **How did you hear about Ridge Oak? Check all that apply:**

- Ridge Oak Website
- Other Website
- Friend/Family
- Current/Former Resident
- Church (specify) _____
- Community Agency _____

7. Do you have a disability as defined in the Fair Housing Act as follows: *"Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."*

- YES * NO

If "YES," please detail how Ridge Oak may accommodate your needs.
The apartments have a grab bar by the toilet and in the shower.

8. Check the appropriate box (**voluntary**):

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

9. Check the appropriate box (**voluntary**):

- Hispanic Non-Hispanic

10. **Power of Attorney** – If you have a power of attorney, please attach a copy.

INCOME

This section MUST be completed by the applicant in order to process this application. List all gross monthly income. If you do not have the income, write "N/A" on the line provided.

Applicant

Social Security Income	\$ _____
Supplemental Security Income (SSI)	\$ _____
Pension	\$ _____
P.A.A.D. Lifeline Electric Assistance	\$ _____
Employment Income	\$ _____
Unemployment Income	\$ _____
Alimony	\$ _____

Business Net Income \$ _____
 Trust Fund \$ _____
 Disability Payments \$ _____
 I-864 Immigration Sponsor Contributions to Household
 (Legal non-citizens only) \$ _____

Does any family member/friend give money to
 you or pay your bills? If yes, please list monthly amount \$ _____

Are you collecting a Social Security Benefit under another person's earnings? YES * NO

If "YES," please list the Social Security Claim # _____
 (This number will be on your Medicare card followed by a letter)

Have you taken any "regular or predictable" distributions (for example: monthly, twice a year, quarterly, annually) from any of the following investment accounts? Required Minimum Distributions from a retirement account is considered income. The applicant must place an "X" in either the "Yes" or "No" box and list the amount that was taken out. Specify whether it was monthly, quarterly, yearly or other.

	Yes	No	Amount	Monthly/Quarterly/Yearly/Other
Brokerage Account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
IRA	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other

11. Employment History

Do you work full time, part-time or seasonally? YES * NO
 Are you self-employed? YES * NO
 Do you work for someone who pays you cash? YES * NO

If you answered "YES" to any of the above questions, please complete the following information:

Name of Employer _____ Phone # () _____
 Street Address, City, State & Zip _____
 How long have you worked there? _____ Supervisor's Name _____

ASSETS

This section **MUST** be completed by the applicant. Provide the monetary value of your assets and the anticipated income. If you do not have the asset, write "N/A" on the line provided.

	Current Balance	Annual Income
Real Estate – Market Value	\$ _____	\$ _____

Balance of Mortgage	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Money Market Account	\$ _____	\$ _____
Certificate of Deposit (CD)	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds (tax exempt, savings)	\$ _____	\$ _____
Social Security Debit Card	\$ _____	\$ _____
Brokerage Account	\$ _____	\$ _____
Annuity and/or IRA	\$ _____	\$ _____
401 K and/or Profit Sharing	\$ _____	\$ _____
Whole Life Insurance Policy	\$ _____	\$ _____
Revocable Trust Fund	\$ _____	\$ _____
Revocable Pre-paid Funeral	\$ _____	\$ _____
Cash Held at home or in a safe deposit box	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Federal Tax Return for Prior Year YES * NO * **IF "YES," please attach a copy.**

Has any household member disposed of any assets for less than fair market value during the past two years?
 YES * NO

If "YES," please provide the following information:

Description of Asset

Date disposed of _____

Value of Asset \$ _____

12. Do you rent? YES * NO

If "YES," provide the following information:

CURRENTLY Living With _____ **Relationship to Applicant:** _____

CURRENT Landlord's Name _____

Street Address _____

City, State & Zip _____

Telephone Number () _____ Fax Number () _____

E-mail Address _____

How Long Have You Lived There? _____ Monthly Rent _____

Approximately how much notice do you need to give to your current landlord?

30 days 60 days None Other _____

IF YOU HAVE RESIDED AT YOUR CURRENT ADDRESS FOR 5 YEARS OR MORE, THERE IS NO NEED TO COMPLETE THE FOLLOWING PREVIOUS LANDLORD/ADDRESS SECTION.

YOUR PREVIOUS STREET ADDRESS _____

City, State & Zip _____

PREVIOUS Landlord's Name _____

Street Address _____

City, State & Zip _____

Telephone Number () _____ Fax Number () _____

E-mail Address _____

How Long Have You Lived There? _____ Monthly Rent _____

13. Are you now living in federally assisted housing? YES * NO

If "YES," complete the following:

Name of Complex _____

Name of Manager _____ **Telephone Number** _____

Fax Number _____ **E-mail Address** _____

Has your rental assistance ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason?

YES * NO

If "YES," explain: _____

14. Do you live with a family member? YES * NO

If "YES," what is the relationship? _____

15. Please check either YES or NO for the following questions:

A. Do you own/lease a car? YES NO

B. Do you have a pet, service or assistance animal? YES * NO

*** Note: Ridge Oak tenants are allowed one (1) pet per household. Weight limit is 30 lbs. and height limit is 18". Pets must be licensed, vaccinated, and a \$300 pet deposit is required. Assistance or service animals are not subject to all requirements of the facility Pet Policy. Refer to Reasonable Accommodation and Pet Policy for more information.**

Type of Animal _____

C. Have you or any member of your household ever been convicted of drug-related criminal activity? YES NO

D. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? YES NO

E. Have you or any household member ever been convicted or pled to a felony and/or misdemeanor? YES * NO

If "YES," list dates, crimes, locations, jail/prison time served, probation or parole status:

F. Are you or any member of your household subject to registration under a lifetime state sex offender registration requirement in any state? YES * NO

If "YES," list all state(s) in which requirement applies:

G. Have you or anyone in the household been a victim of domestic violence, dating violence, or stalking? YES * NO

*** Note: Please refer to the facility Violence Against Women Policy.**

H. Is anyone in the household a US military veteran? YES * NO

If "YES," what branch? _____

I. Is any member of your household a child under the age of 6 who was added to the household within the last 6 months? YES NO

J. Is any member of your household seeking temporary housing as a result of a Presidentially Declared Disaster? YES NO

16. If you turned 62 years of age or older as of 1/31/2010 and do not have a Social Security Number, were you receiving HUD assistance at another location on 1/31/2010? YES NO

CORELOGIC RENTAL PROPERTY SOLUTIONS

40 Pacifica, Suite 900

Irvine, CA 92618

Phone: 800-811-3495

PLEASE COMPLETE THIS FORM. PRINT CLEARLY!

<hr/>		
Applicant Name – First, Middle, Last	Social Security Number	Date of Birth
<hr/>		()
Current Mailing Address	Home Telephone Number	
<hr/>	<hr/>	
City	State	Zip Code
<hr/>	()	
Previous Mailing Address	Home Telephone Number	
<hr/>	<hr/>	
City	State	Zip Code
<hr/>	()	
Work Telephone Number	Ext.	
<p>I hereby grant Ridge Oak, Inc., Landlord, and its designee, CoreLogic Rental Property Solutions, a credit reporting agency, the right to process this Credit Application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the dates and terms of the lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes, but is not limited to, making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions, records of court proceedings and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application and reports shall remain the sole property of Ridge Oak, Inc., regardless if rental lease is granted or renewed.</p>		
<hr/>	<hr/>	
Applicant Signature	Date	

Company Name: Ridge Oak, Inc.

Citizenship Declaration

Property Name: Ridge Oak, Inc.

Contract Number: NJ39H085009

Instructions: Complete this Declaration.

Head of Household Name: _____

Relationship to Head of Household: _____

Date of Birth: _____ Social Security #: _____

Gender: Female Male Do not wish to respond

Nationality: _____

(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

INSTRUCTIONS: The applicant must complete the Declaration below by printing the head of household member's first name, middle initial, and last name in the space provided. Then review the sections shown below and complete either Section 1, 2 or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, last name)

SECTION 1

1. A CITIZEN OR NATIONAL of the United States. Sign and date below.

Applicant Signature

Date

OR

SECTION 2

2. **I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS** and I understand that I am not eligible for financial assistance. If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below.

Applicant Signature

Date

OR

SECTION 3

Alien Registration #: _____ **Admission #:** _____
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: _____
(To be entered by owner if and when received)

3. **A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS** as evidenced by one of the documents listed below.
If this section is checked, sign and date below and submit the documentation required below with this declaration and a verification consent form.

Applicant Signature

Date

NOTE: If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form.

If you checked the above section and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form

AND

- b. One of the following documents:

- (1) Form I-551, *Permanent Resident Card*

- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

- a. "Admitted as Refugee Pursuant to section 207":
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h) or "deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
- a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990); or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - c. A court decision granting withholding or deportation; or
 - d. A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If for any reason, the documents shown in subparagraph 2.b above are not currently available, complete the Request for Extension section below.

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Applicant's Certification (Please read this carefully before you sign)

1. I understand that the garden-style studio apartments located at 150 Manchester Drive, Basking Ridge, New Jersey, are subsidized through the Section 8 program of the U.S. Department of Housing and Urban Development (HUD). I understand that the head of household must be 62 years of age or older. The maximum annual income for one person is \$54,000. Income limits (issued by HUD for Somerset County) change annually. **The Head of Household must be both age and income eligible at the time of application AND when called for a financial interview.**
2. I understand that verbal and written communication will only be made with the applicant and designated "Other Contact" on pages one and two of this application.
3. I understand that a studio apartment is for a single-person household only. I understand my household composition and status is subject to verification. I understand that Ridge Oak has a NO TRANSFER policy based on personal preferences.
4. I understand that Ridge Oak is a **smoke-free community**; no cigarette, e-cigarette, pipe or cigar smoking of any type will be permitted in any apartment or common area.
5. The wait list will be developed on a first-come, first-served basis. Applications will be received and date-stamped prior to placement in the wait list book. Wait list assignment is not a guarantee of eligibility.
6. I understand that if I am selected to receive HUD assistance, the unit I occupy will be my only residence.
7. The application, attachments to the application or any documentation that the applicant provides at a financial interview are the property of Ridge Oak, Inc. and will not be returned to the applicant.
8. I understand that all application information is being collected solely to determine my eligibility.
9. I authorize the owner/manager to verify all information provided on this application, to check my/our credit history, perform a criminal background check, contact previous and/or current landlords, review records of court proceedings and to collect information which may be released to appropriate Federal, State, or local agencies.
10. I understand that if I am eligible, the rent is 30% of adjusted income.
11. I understand that if I attach a copy of my most recent Federal Income Tax return, that the return is used to verify the sources of income, not the amount of income.
12. I understand that the applicant will be removed from the wait list if the applicant is offered an apartment and refuses the apartment.

13. I agree to notify management in writing immediately regarding any changes in household address, telephone number, e-mail address and household composition. I understand that if management cannot reach me by telephone, by U.S. Mail or e-mail, my name will be taken off of the wait list.
14. I/We understand that applications will be rejected for the following reasons, including but not limited to:
- Hand delivered, faxed, emailed or incomplete application
 - Applicant does not meet age or income guidelines
 - Household size exceeds occupancy limits
 - Applicant with poor credit history, ie., any credit history that is an indication of irresponsible behavior or that may indicate future problems for the development
 - Poor tenant/landlord history.
 - Adverse police record, criminal background check, reference checks and/or self-disclosure which would indicate the following:
 - Any household member has been evicted from a federally assisted site for drug-related criminal activity within the past three years.
 - Any household in which a member is currently engaging in illegal drug use or reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
 - If there is reasonable cause to believe that any household member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment of the premises by other residents.
 - Any household member is subject to a registration requirement under a lifetime state sex offender registration program.
 - Arrests for assault and/or battery accompanied by relevant evidence that an applicant engaged in such criminal activity. Also, the conduct underlying the arrest will be considered.
 - Any felony or misdemeanor conviction or plea accompanied by relevant evidence that an applicant engaged in such criminal activity. Also, the conduct underlying the conviction or plea will be considered.
 - Household member fails to provide verification/proof of social security number unless the household member is a child under the age of 6 who was added to the household in the last 6 months.
 - Multiple applications submitted by applicant.
15. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that falsification of information is grounds for rejection and is punishable under Federal Law.

IF YOU FILED A FEDERAL TAX RETURN WITHIN THE LAST 2 YEARS, YOU MUST SUBMIT A COPY OF YOUR MOST RECENT 1040 FEDERAL INCOME TAX RETURN WITH COPIES OF ALL ATTACHED SCHEDULES and 1099's WITH THIS APPLICATION!

Applicant's Signature _____

Date _____

Supplemental and Optional 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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Application Addendum

Your reply to the following is completely OPTIONAL.

Our facility is located in Bernards Township, NJ; includes Basking Ridge and Liberty Corner. Periodically, we request assistance from the Township to develop new affordable housing projects. It is not uncommon for Township officials to ask how many people in Bernards (or their family members) express and interest in our community.

This information is being requested for statistical purposes only and is not indicative of any residency preference for housing. Furthermore, your response to these questions will NOT be kept in your application file nor will this information be maintained on our waiting list!

Thank you in advance for any information you may be willing to provide!

Do you currently reside in Bernards Township; Basking Ridge or Liberty Corner?

YES NO

Have you lived in Bernards Township; Basking Ridge or Liberty Corner in the past?

YES NO

Do you currently have a blood relative(s) living in Bernards Township; Basking Ridge or Liberty Corner?

YES NO