

Battery View Senior Citizens Housing Ltd

72 Montgomery Street
 Jersey City, New Jersey 07302

PERSONAL DECLARATION

Household Information

What size apartment do you requesting? _____

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>
	Head of Household			

Current Address:	
Daytime Phone:	Evening Phone:

YES NO

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Do you expect any additions to the household within the next twelve months? |
| <input type="radio"/> | <input type="radio"/> | 2. Is there anyone living with you now who won't be living with you at this property? |
| <input type="radio"/> | <input type="radio"/> | 3. Do you have less than full custody of your child(ren)? |
| <input type="radio"/> | <input type="radio"/> | 4. Are there any absent household members who under normal conditions would live with you?
<i>(For example, a household member away in the military or school.)</i> |
| <input type="radio"/> | <input type="radio"/> | 5. Have you <i>(if Yes, please explain below)</i> : |
| <input type="radio"/> | <input type="radio"/> | a. Filed for bankruptcy? |
| <input type="radio"/> | <input type="radio"/> | b. Been arrested and/or convicted of a felony? |
| <input type="radio"/> | <input type="radio"/> | c. Been evicted from a rental unit of any type? |

*If "YES" was answered to any of the above questions, please explain below.
 (If additional space is required, use the back of this page)*

<u>Question No.</u>	<u>Explanation</u>

Housing References

List the past FIVE 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>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	()	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	()	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by the applicant.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone that we can contact in an emergency.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

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

YES

NO

6. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company

Amount

7. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Amount

8. Income from any of the following:

- | | | | |
|-----------------------|-----------------------|-----------|---|
| <input type="radio"/> | <input type="radio"/> | a. | Regular pay as a member of the Armed Forces? |
| <input type="radio"/> | <input type="radio"/> | b. | Unemployment benefits or workman's compensation? |
| <input type="radio"/> | <input type="radio"/> | c. | Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)? |
| <input type="radio"/> | <input type="radio"/> | d. | Child Support or Alimony? <i>(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 payor.)</i> |

If "YES" was answered to "d" above, please complete 1, 2 & 3 below.

If No, continue to question "e".

1. Household Member Receiving Support	Payor	Amount
2. How is the support received? (Check all that apply)		
<input type="radio"/>	Child Support Enforcement Agency	<i>Name of Agency:</i> _____
<input type="radio"/>	Court of Law	<i>Name of Court:</i> _____
<input type="radio"/>	Directly from Individual	<i>Name of Person:</i> _____
<input type="radio"/>	Other	<i>Explain:</i> _____
3.	<input type="radio"/> If money is not actually received, are you taking legal action to remedy?	
	If Yes, obtain court papers.	
Explanation:		

- e. Social Security, SSI or any other payments from the Social Security Administration?
- f. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
- g. Regular payments from a severance package?
- h. Regular payments from any type of settlement? *(For example, insurance settlements.)*
- i. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)
- j. Educational grants, scholarships, or other student benefits?
- k. Regular payments from lottery winnings or inheritances?
- l. Regular payments from rental property or other types of real estate transactions?
- m. Any other income sources or types not listed?
- 9. Do you or any other household members expect any changes to your income in the next 12 months?

If "YES" was answered to any of the above questions (6-9), please complete the information below.
(If additional space is required, use back of this page)

<u>Question No.</u>	<u>Household Member</u>	<u>Source of Benefit/Payor</u>	<u>Amount</u>

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

- | <u>YES</u> | <u>NO</u> | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 10. a. Checking or savings account? |
| <input type="radio"/> | <input type="radio"/> | b. CDs, money market accounts or treasury bills? |
| <input type="radio"/> | <input type="radio"/> | c. Stocks, bonds or securities? |
| <input type="radio"/> | <input type="radio"/> | d. Trust funds? |
| <input type="radio"/> | <input type="radio"/> | e. Pensions, IRAs, Keogh or other retirement accounts? |
| <input type="radio"/> | <input type="radio"/> | f. Cash on hand over \$500? |
| <input type="radio"/> | <input type="radio"/> | g. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i> |
| <input type="radio"/> | <input type="radio"/> | h. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This <u>does not</u> include your personal belongings such as your car, furniture or clothing.)</i> |
| <input type="radio"/> | <input type="radio"/> | i. A safe deposit box? |

If Yes, to any of the above complete below. If No, continue to question 11.

<u>Question No.</u>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

- 11. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

If Yes: Household Member _____ Amount: _____

Explanation: _____

Applicant Status

YES

NO

- 12. Are you currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

- 13. Will your household be receiving or applying to receive Section 8 rental assistance in the next 12 months? Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature

I understand that management is relying on this information to prove my household's eligibility. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____