



50-55 SOUTH ESSEX AVE. ORANGE, NJ 07050

Desired Apt Size:

- 1 bedroom
- 2 bedroom
- 3 bedroom

RENTAL APARTMENT APPLICATION

Instructions:

1. Mail only one application per family.
2. When completed, this application must be returned by regular mail only (**do not send by registered or certified mail**).
3. Mail completed application to:
South Essex Avenue Urban Renewal, LLC
P.O. Box 2014
New York, NY 10035
4. **No payment should be given to anyone in connection with the preparation or filing of this application.**
5. This information to be filled out by the Applicant:

*****50-55 SOUTH ESSEX IS A SMOKE-FREE COMMUNITY*****

A. Name and Address

Name _____

Current Address _____

City, State, Zip Code _____

How long have you lived at this address? _____ Years _____ Months

Home Phone No. () _____ Work Phone No. () _____

Cellular Phone No. () _____ Email Address: _____

B. Household Information

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING? _____

List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, start with yourself, and provide the following information.

Full Name	Relationship To Applicant	Age	Sex M/F	Occupation (Write "In School" if attending school)	Student FT/PT
	SELF				





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C. Income from Employment

List all full and/or part-time employment before taxes for ALL HOUSEHOLD MEMBERS including yourself WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employed earnings, commissions, and bonuses.

Household Member	Name & Address of Employer	Yrs at Job	Gross Annual Earnings
1.			
2.			
3.			
4.			
5.			

Total Gross Household Earnings _____

D. Income From Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, interest income, babysitting, care taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants.

Household Member	Type of Income	Amount
1.		\$ _____ per _____
2.		\$ _____ per _____
3.		\$ _____ per _____
4.		\$ _____ per _____
5.		\$ _____ per _____

Total Income From Other Sources _____

E. Total Annual Household Income (add totals for sections C&D)

Add all income listed above and indicate the total earned for the year: \$ _____ per year.





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F. Assets

	Name of Bank
Checking Accounts	
Savings Accounts	
CD's, Stocks, Bonds, Pension Plan	

G. Current Landlord

Landlord's Name: _____

(If you are living in a public housing project write the name of the building. If you are living with relatives or friends write the name of the individual(s).)

Landlord's Address: _____

Landlord's Phone Number: () _____

H. Current Rent

What is the total rent on the dwelling where you currently live or are temporarily staying?

\$ _____ monthly

How much do you contribute to the total rent of the dwelling? (If you do not contribute write "0")

\$ _____ monthly





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I. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? [] Yes [] No

Are you presently receiving any housing assistance program OTHER than Section 8? [] Yes [] No

If YES, what type? _____

Please check Yes or No. This information will not affect the processing of the application.

J. Reason For Moving

Why are you moving? Check all that apply:

- Living with parent
- Not enough space
- Homeless
- Bad housing conditions
- Current apartment not suitable for person(s) with disabilities
- Health reasons
- Do not like neighborhood
- Living with relatives or another family
- Rent too high
- Increase in your family size (marriage, birth)
- Other: _____

K. Source of Information

How did you hear about this development?

- Newspaper
- Local organization or Church
- A City affordable housing hotline or website
- Other: _____
- Sign posted on building
- Friend

L. Statistical Information

The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by minority families. Providing this information will not affect the processing of your application.

RACIAL GROUP IDENTIFICATION (Please check only one from the group which best identifies the applicant):

- White
- Asian
- American Indian or Alaska Native & White
- Asian and White
- American Indian or Alaska Native & Black or African American
- Other Multi Racial: _____
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Black or African American and White

ETHNICITY (Check only ONE from this group):

_____ Hispanic

_____ Non-Hispanic





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M. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by New Jersey Housing and Mortgage Finance Agency (NJHMFA) or the U.S. Department of Housing and Urban Development (HUD), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

