



50-55 SOUTH ESSEX AVE. ORANGE, NJ 07050

RE: 50-55 South Essex

Thank you for contacting us. As per your request, enclosed is an application for the above-referenced apartment building, which participates in a governmentally assisted affordable income housing program. Please note the following before completing and returning this application:

1. Do not submit duplicate applications. This will not increase your chances of being eligible.
2. The application should be filled out very carefully. Leaving out information pertaining to the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, **DO NOT USE WHITE-OUT OR LIQUID PAPER** anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
3. **ONLY THE APPLICATION ITSELF SHOULD BE SUBMITTED AT THIS TIME. DO NOT ATTACH ANY CHECKS OR OTHER DOCUMENTS TO YOUR APPLICATION.** If your application is selected for further processing, additional information will be requested at that time. In addition, if your application is eligible for further processing, a non-refundable credit check fee will be required at the time of the interview - Again, this should **NOT** be sent with your application.
4. Income Eligibility: All income sources for all household members should be listed on the application. In general, gross income is what is calculated for most income except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two (2) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for processing you will be contacted with a list of such documentation which you will need to provide at that time.





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5. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied they include but are not limited to the following:
 - Credit History
 - Background Checks
 - Bankruptcy
 - Housing Status – (i.e. Non Payment and/or Holdover Proceedings)

6. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences or leases prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to this building provided that you comply with this requirement and give up your current such unit before signing a lease with this building (if you are selected and approved). Violation of this requirement may lead to the loss of the apartments and leases in question as well as referral to the appropriate authorities for potential criminal charges.

7. Submission of False or Incomplete Information: The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant's disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution.

Once you have reviewed all of this information, and would still like to apply, please complete and return the enclosed application. The completed application must be returned BY REGULAR MAIL TO:

South Essex Avenue Urban Renewal, LLC
50 South Essex Avenue
Orange, NJ 07050-2607





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RENTS AND INCOME GUIDELINES
ANTICIPATED OCCUPANCY SPRING 2014

Apartments Available	Apartment Size	HH Size	Monthly Rent*	Total Maximum Annual Income **	Minimum Income Requirements
8	1 Bedroom	1	\$887*	\$36,840	\$26,610
		2	\$887*	\$42,120	
30	2 Bedroom	1	\$1058*	\$36,840	\$31,740
		2	\$1058*	\$42,120	
		3	\$1058*	\$47,400	
		4	\$1058*	\$52,620	
18	3 Bedroom	1	\$1215*	\$36,840	\$36,450
		2	\$1215*	\$42,120	
		3	\$1215*	\$47,400	
		4	\$1215*	\$52,620	
		5	\$1215*	\$56,880	
		6	\$1215*	\$61,080	
1	2 Bedroom	1	\$465*	\$18,450	\$13,950
		2	\$465*	\$21,050	
		3	\$465*	\$23,700	
		4	\$465*	\$26,300	
1	3 Bedroom	1	\$531*	\$18,450	\$15,930
		2	\$531*	\$21,050	
		3	\$531*	\$23,700	
		4	\$531*	\$26,300	
		5	\$531*	\$28,450	
		6	\$531*	\$30,550	
3	1 Bedroom	Max 2	\$1,400	N/A	\$42,000
5	3 Bedroom	Max 6	\$2,100	N/A	\$63,000

*Rents are minus the utility allowance
 **Rent and Income guidelines subject to change
 SUBJECT TO OTHER OCCUPANCY CRITERIA





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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
50 South Essex Ave
Orange NJ 07050-2607
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
- Do not like neighborhood
- Not enough space
- Living with relatives or another family
- Homeless
- Rent too high
- Bad housing conditions
- Increase in your family size (marriage, birth)
- Current apartment not suitable for person(s) with disabilities
- Health reasons
- Other: _____

K. Source of Information

How did you hear about this development?

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

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

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: _____

