

# Application Information

## (MUST READ INFORMATION)

To apply for HUD public housing, you must first fill out an application and meet NJ FY2025 Income limits to qualify (*see chart*). Completely fill out the application in its entirety and return to us to be place on our Wait list.

Applications may be made in person at the NCHA's administrative offices on Monday through Friday except holidays between the hours of 9:00 AM. and 3:00 P.M. Applications can also be downloaded online at [neptunecityhousingauthority.org](http://neptunecityhousingauthority.org) or we can mail application to interested families upon request.

Persons with disabilities who require reasonable accommodation in completing an application may call the Housing Authority to make special arrangements.

The completed application will be dated, and time stamped upon its return to the Housing Authority.

### UNIT SIZE OCCUPANCY STANDARDS

This property has units designed to serve elderly persons and persons with disabilities. The unit size standards listed below take into consideration not only family type, **but also** family size and what unit sizes are available in the property. It is possible that a family might be eligible for subsidy under HUD's requirements but would not be eligible under the unit size requirements of this property. If the appropriate unit size is part of the configuration of the property but is not available at the time of application, the applicant will be put on a waiting list.

### TWO PERSONS PER ONE-BEDROOM POLICY

The property has adopted a bedroom size standard of **two persons per 1 bedroom**. This standard serves to prevent the over-utilization or under-utilization of units that could result in an inefficient use of housing assistance. This standard also ensures that residents are treated fairly and consistently in order to receive adequate housing space. The property will not make social judgments on a family's sleeping arrangement. Management has adopted the following occupancy standards:

<u>Bedroom</u>	<u>Minimum</u>	<u>Maximum</u>
0	1	1
1	1	2

### ASSIGNING A SMALLER UNIT THAN REQUIRED

Management will consider assigning a family to a smaller unit size than the standards listed above if the family requests the smaller unit, is eligible for the smaller unit based on the number of family members, and occupancy of the smaller unit will not cause serious overcrowding or will not conflict with the local codes.

### Application Process

The application process will involve two phases. The *first phase* is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information establishing any preferences to which they may be entitled. The first phase results in the



family's placement on the waiting list.

Upon receipt of the family's pre-application, the second phase, NCHA will make a preliminary determination of eligibility. Within 6-8 weeks from the date of receipt of your application, you will be mailed an "Application Receipt Letter" from the Neptune City Housing Authority Senior Apartments. If NCHA determines the family to be ineligible, the notice will state the reasons therefore and will offer the family the opportunity of an informal review of the determination.

Our Rental Office will contact you for screening when you are on the top of the waitlist. All applicants must successfully complete the screening process in order to be placed in a public housing unit. If you wish to speak to an NCHA Rental representative, please call (732)988-2450 between 9am-12pm Monday-Friday



**For Office Use Only**

Applicants **DO NOT** write in this section

**Eligibility Determination**

Date/Time \_\_\_\_\_ Efficiency: \_\_\_\_\_ Initial Eligibility: ☐ Yes ☐ No  
Received by \_\_\_\_\_ 1-Bdrm: \_\_\_\_\_ (2 or more persons only)  
Waiting List Placement: \_\_\_\_\_ Preference(s) claimed: \_\_\_\_\_  
List any reasonable accommodation/assistance requested by applicant: Yes ☐ No ☐

**APPLICATION FOR ADMISSION**

**Neptune City Housing Authority Senior Apartments  
Rental Assistance Program (Section 8)**

**Limited English Proficiency:**

Do you require Oral and/or written information in any language other than English? If ☐ Yes ☐ No  
yes, contact the NCHA Office for assistance. If not, please continue.

**I, INSTRUCTIONS FOR COMPLETING FORM:**

**Please do not leave any section of the application blank or your application will not be placed on our waiting list**

**Complete this application in Ink and in your own handwriting.** Use the legal name for each person who will reside in the rental unit exactly as it appears on his/her Social Security card. Applicant(s) must sign certifying the information pertaining to them is correct and true. Any required information not received by the property management within the period given after the date of this application will result in denial of the application.

**Please Provide NCHA with your desired date of move in, if immediate, please note:** Month/Year: \_\_\_\_/\_\_\_\_  
Immediate: \_\_\_\_\_

**II. APPLICANT (s)**

**Applicant Name** (Head of Household): \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Social Security # (Head):** \_\_\_\_\_ **SSN (Co-Applicant):** \_\_\_\_\_

**Current Physical Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address: (if different from above)** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



**Email Address:** \_\_\_\_\_

Veteran Eligible:      Yes ☐      No ☐

Disability?              Yes ☐      No ☐

Requires Assistance:/Modified Unit:      Yes ☐      No ☐

## **Census Information**

### **Race:**

**What is your race or ethnicity?**

Are you Hispanic/Latino? ☐ Yes      No ☐

- ☐ White
- ☐ Hispanic, Latino, or Spanish
- ☐ Black or African American
- ☐ Asian or Asian Indian
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other race or ethnicity (Please Specify) \_\_\_\_\_

## **CURRENT HOUSING (Please Circle)**

Are you seeking housing due to a Presidentially Declared Disaster? Have you been displaced by government action?

Yes ☐      No ☐

## **SOCIAL SECURITY**

Is any household member's legal name different from the name on his/her Social Security card?

Yes ☐      No ☐

If yes, who/name? \_\_\_\_\_

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used?      Yes ☐      No ☐

If yes, explain \_\_\_\_\_



### **III. COMMUNICATIONS**

Place a check mark in the appropriate boxes in each section below to identify any language or disability needs in communication.

- ☐ Mark this box if you read or speak English.
- ☐ Mark this box if your preferred language is other than English
- ☐ Mark this box if you need help with a disability to communicate
- ☐ I require any alternative means of communication such as
- Large Print
  - Presented Orally
  - In Braille
  - Another format \_\_\_\_\_

### **IV. INCOME INFORMATION:**

Type of Income	Monthly Amount	Yearly Income:
Social Security, SSI	\$	\$
Wages, Pension, Trust, etc.	\$	\$

### **INCOME ELIGIBILITY**

We follow the HUD Low Income Chart for Monmouth-Ocean County, see below

#### **FY 2025 Income Limits Summary**

<b><u>FY 2025</u> Income Limit Area</b>	<b><u>FY 2025</u> Income Limit Category</b>	<b>Persons in Family</b>	
Monmouth/ Ocean, NJ HUD Metro FMR Area	Very Low (50%) Income Limits to qualify for NCHA Housing	1 \$47,900	2 \$54,750
	Extremely Low 30% Income Limits (\$) *	\$28,750	\$31,400

### **PREVIOUS YEAR'S TAX RETURN INFORMATION**

Indicate the amount of gross income shown by each family member residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income:
		\$
		\$

Does anyone outside the household help with bills on a regular basis? ☐ Yes ☐ No

If yes, Amount: \$ \_\_\_\_\_

Please List name of each person or agency that assists with bills or contributes to your household:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone#: \_\_\_\_\_

Has anyone in your household applied for any Social Services benefits that are in the process of being approved?

Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

1. Has any family member been awarded Child Support? ☐ Yes ☐ No If yes, amount \$ \_\_\_\_\_

2. Has any family member been awarded Spousal Support? ☐ Yes ☐ No If yes, amount \$ \_\_\_\_\_

## V. ASSETS

1. Do you own a home? Yes ☐ No ☐ If yes, what is its present value? \$ \_\_\_\_\_

What will you do with your home if you move into rental housing? \_\_\_\_\_

3. Has any asset been given away or sold for less than its fair market value in the **past 2 years**?

Yes ☐ No ☐

If yes, what was its market value? \$ \_\_\_\_\_ How much did you receive? \$ \_\_\_\_\_

4. Check **yes or no** for each type of asset owned by any family member and list its value and amount of income generated by the asset.

Types of Assets	Yes or No
Real Estate	
Stocks	
Bonds	
Retirement or Pension Fund	
Insurance Settlements	
Checking Accounts	
Savings Accounts	

## VI. PREVIOUS HOUSING ASSISTANCE

1. Has any household member lived in public housing or participated in the Housing Choice Voucher Program?

Yes ☐ No ☐ Do Not Know ☐

If yes, under when: Dates: \_\_\_\_\_

**2. Please list information about each Housing Agency where any family member has lived or received assistance.**

Name of Housing Agency: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Lease was in name of: \_\_\_\_\_ Why did you move? \_\_\_\_\_

Were any wages disregarded in calculating your rent?

Yes ☐ No ☐ Do Not Know ☐

Name of Housing Agency: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Lease was in name of: \_\_\_\_\_ Why did you move? \_\_\_\_\_

4. Was any wage disregarded in calculating your rent? Yes ☐ No ☐ Do Not Know ☐

**VIII. MEDICAL AND DISABILITY ASSISTANCE**

List all medical expenses the family anticipates paying during the next 12 months that **will NOT be** reimbursed by insurance or another outside source. **Do Not include life or burial Insurance premiums.** *(Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older.)*

Type of Expense	Amount	Type of Expense	Amount
Medical Insurance	\$	Doctor visit(s)	\$
Prescription Expense	\$	Pharmacy	\$
Other	\$		\$

**IX. RENTAL HISTORY:**

**MUST BE COMPLETED FOR TENACY (List 20 years of Rental History)**

**Current Landlord:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Were you ever late paying rent? Yes ☐ No ☐ Were you evicted or asked to move? Yes ☐ No ☐

If yes Explain: \_\_\_\_\_

**Previous Landlord #1:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address or Telephone Number: \_\_\_\_\_ Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_

Were you ever late paying rent? Yes ☐ No ☐ Were you evicted or asked to move? Yes ☐ No ☐

If yes Explain: \_\_\_\_\_

**Previous Landlord #2:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address or Telephone Number: \_\_\_\_\_ Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_

Were you ever late paying rent? Yes ☐ No ☐ Were you evicted or asked to move? ☐ Yes ☐ No

If yes Explain: \_\_\_\_\_

**YOU MUST List any other states in which applicant & co-applicant has resided:**

\_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**X. CREDIT HISTORY/PERSONAL REFERENCES**

List a business where you have made consistent payments in the past 24 months: \_\_\_\_\_

\_\_\_\_\_

List a credit card that you have made charges/payments on in the past 24 months: \_\_\_\_\_

\_\_\_\_\_

**You must list two (2) References (to whom you are NOT related by blood or marriage) and has knowledge of your ability and willingness to abide by a lease agreement**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

**XI. MISCELLANEOUS INFORMATION**

Is any person listed on this application currently a victim of domestic violence, dating violence, sexual assault, or stalking?

If yes, who? \_\_\_\_\_

☐ Yes ☐ No

Name of perpetrator: \_\_\_\_\_

**XII. PET INFORMATION**

Do you have a pet? Yes ☐ No ☐

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_



### **XIII. VEHICLE INFORMATION**

List vehicle(s) that household members will park on Agency-owned property if available. All vehicles on property must be registered and always insured.

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate#: \_\_\_\_\_

### **XIV. NCHA Current HUD Subsidized Lease Amendment/ Modification/Revision - Right to Re-Entry Addendum Clause (also known as the Power of Termination)**

- NCHA reserves the right of reentry into the premises if the tenant breaches any term, condition, covenant default or agreement contained in this lease
- In the event of any such default by tenant, NCHA shall have the right, after terminating this lease, to reenter the premises and remove all persons and property. Such property may be removed and stored in a public warehouse or elsewhere at the cost and of the account of tenant and dispose of by NCHA in any manner permitted by law.
- NCHA does have the right to reenter a tenant's unit in the event of lease violations that result in an eviction. This can cause a delay in making a unit ready for occupancy and create a financial burden to property
- If the Tenant moves before this Agreement ends, the Landlord may enter the unit to decorate, remodel, alter or otherwise prepare the unit for re-occupancy.

### **XV. APPLICANT CERTIFICATION**

#### **YOU MUST SIGN AND DATE TO BE ADDED TO OUR WAITLIST**

Each family member must certify to the accuracy of the information provided and sign this application  
I/we certify that the Information provided in this application is accurate and complete to the best of my/our knowledge and belief.

I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and eviction after leasing a dwelling unit.

I/we understand that all information provided in this application and required supplements and during the eligibility Interview is subject to verification.

I/we further understand that any changes to Information provided in this application must be provided to the Agency within 14 days of such change for this application to remain valid.

By my/our signature(s) below, I/we do hereby swear and attest that all information in this application is true and correct. *(Application must be signed by all adults who will /Live in the rental unit.)*

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by Management Representative

\_\_\_\_\_  
Date