

# 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 placed 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*, contact the NCHA Office for assistance. *If not*, please continue.

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

<b>Income Limit Area</b>	<b>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 (\$) *	<b>\$28,750</b>	\$31,400

**I. INSTRUCTIONS FOR COMPLETING FORM:**

Yes  No

**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. Applicants(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):** \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

**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

### **III. Census Information**

#### **Race:**

##### **What is your race or ethnicity?**

##### **Are you Hispanic/Latino?**

Yes  No

##### **Co-Applicant**

<input type="checkbox"/> White	<input type="checkbox"/>
<input type="checkbox"/> Hispanic, Latino, or Spanish	<input type="checkbox"/>
<input type="checkbox"/> Black or African American	<input type="checkbox"/>
<input type="checkbox"/> Asian or Asian Indian	<input type="checkbox"/>
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/>
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
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? \_\_\_\_\_

Has 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 \_\_\_\_\_

### **IV. 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 \_\_\_\_\_

## **V. INCOME INFORMATION:**

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

## **INCOME ELIGIBILITY**

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

## **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 Head/Co-Head	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 \$ \_\_\_\_\_

## **HOUSEHOLD COMPOSITION**

(List all people who will live in the rental unit. **Provide SSNs for all members**, except those who do not contend eligible immigration status.)

**NON-DISCRIMINATION STATEMENT:** Property Management does not discriminate based on disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Joseph Capano is designated to coordinate compliance with non- discrimination requirements. *Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.*

## **LIST BELOW ALL PERSONS AGED 62 OR OLDER WHO WILL RESIDE IN THE RENTAL UNIT:**

Use the following codes to describe each adult member's relationship to the Head of Household: **C=Co-Head**    **L=Live-in Aide** (if required by an elderly/disabled applicant)

**Marital Status Codes:**    **S = Single**    **M = Married**    **O = Other**

<b>Full Name as It Appears on Social Security Card</b>	<b>Social Security#</b>	<b>Relation to Head</b>	<b>Gender</b>		<b>Marital status</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Disabled</b>	<b>Yes/No</b>	<b>Employment</b>	<b>List Most Recent Date of TANF Benefits</b>
			M	F							
Last	-	-									
First	MI				HEAD						
Last	-	-			Spouse or Co-Head						
First	MI										
First	MI										

**If a Social Security number is not provided for any adult household member, check the reason below:**

\_\_\_\_\_  
(name of household member) is an ineligible non-citizen.

\_\_\_\_\_  
(name of household member) has not been assigned a Social Security number, was receiving HUD rental assistance at another location on January 31, 2010, and was 62 or older as of January 31, 2010.

## **VI. 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? \_\_\_\_\_
2. 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? \$ \_\_\_\_\_
3. 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	Head	Co-Head	Current Value \$
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

## **VII. 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	Head	Co-Head	Type of Expense	Amount
Medical Insurance			Doctor visit(s)	\$
Prescription Expense			Pharmacy	\$
Other				\$

## VIII. RENTAL HISTORY:

**MUST BE COMPLETED FOR APPLICATION TO BE ACCEPTED (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 State(s) in which applicant & co-applicant has resided:**

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

## IX. CREDIT HISTORY/PERSONAL REFERENCES (*Must be filled out completely*)

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 have 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 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.)***

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Signature of Head of Household

Date

---

Signature of Spouse of Head of Household or Co-Head

Date

---

Received by Management Representative

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

**STUDENT STATUS AFFIDAVIT**  
Each Household member who is 18 or older must sign this form

Applicant/Resident Name \_\_\_\_\_ Date \_\_\_\_\_

Are you a student who enrolled as either a part time or full time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered no, please skip the following questions and sign below.

If you answered yes, please complete the following questions:

	<b>YES</b>	<b>NO</b>
1. Are you a graduate or professional student?	____	____
2. Are you disabled? If yes, were you receiving Section 8 assistance as of November 30, 2005	____	____
3. Are you at least 24 years of age?	____	____
4. Are you a veteran of the United States military?	____	____
5. Are you married?	____	____
6. Do you have a dependent child?	____	____
7. Will you be living with your parents? If no: Are your parents receiving or eligible to receive Section 8 assistance? Are you claimed as a dependent on your parent's tax return?	____	____
8. Are you classified as a Vulnerable Youth?	____	____

A student meets HUD's Definition of vulnerable youth when:

- a) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- b) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- c) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) or as unaccompanied, at risk of homelessness.

10. Are you receiving any financial assistance to pay for your education?

If yes, please list the sources of financial assistance:

\_\_\_\_\_  
\_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_





NEPTUNE CITY HOUSING  
AUTHORITY  
**NCHA**

**COMMISSIONERS**

TOM ADCOCK, *Chairman*  
JOHN PIETRUNTI, *Vice Chairman*  
CELESTE CLARK, *Co-Chairperson*  
PAMELA GOLDBERG  
DONNA SUSINO  
PATRICIA ALBANO  
KELLY STRAZDAS  
MARK AIKINS, *Attorney*

EXECUTIVE DIRECTOR AND  
SECRETARY-TREASURER  
**BART J. COOK, ESQ., PHM**

2000 SIXTH AVENUE  
NEPTUNE CITY, NEW JERSEY 07753  
TELEPHONE - 732-988-2540  
FAX - 732-988-1587

**CERTIFICATION REGARDING DISPOSITION OF ASSETS**

I, We \_\_\_\_\_ certify that I:

(Check one):

**HAVE**  **HAVE NOT**

disposed of assets for less than fair market value in the two years (24 months) proceeding to the date of this certification. *Any asset that is disposed of for less than its full value is counted, including cash gifts as well as property. Assets that are disposed of include, but are not limited to, assets that are given away or sold for less than the fair market value.*

If an asset was disposed of, please complete the following information. The assets disposed of was: \_\_\_\_\_

Date asset was disposed of: \_\_\_\_\_

The fair market value of the asset was: \$

The amount received for the asset was: \$

**PENALTIES FOR MISUSING THIS CONSENT:** *Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 48 (a) (6), (7) and (8).*

I certify that the information provided herein is true and complete to the best of my knowledge

*Applicant:* \_\_\_\_\_

Signature

Date

*Co-Applicant*

Signature

Date

Fair Housing Act

42 U.S.C. §§ 3601-19

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex (including gender identity and sexual orientation), familial status, national origin, and disability. It also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.



## 010 COMMISSIONERS

TOM ADCOCK, *Chairman*  
JOHN PIETRUNTI, *Vice Chairman*  
CELESTE CLARK  
PAMELA GOLDBERG  
DONNA SUSINO  
PATRICIA ALBANO  
KELLY STRAZDAS  
MARK AIKINS, *Attorney*

# NEPTUNE CITY HOUSING AUTHORITY NCHA

EXECUTIVE DIRECTOR AND  
SECRETARY-TREASURER  
**BART J. COOK, ESQ., PHM**

2000 SIXTH AVENUE  
NEPTUNE CITY, NEW JERSEY 07753  
TELEPHONE - 732-988-2540  
FAX - 732-988-1587

Dear Tenant:

HUD allows NCHA tenants to **Self-Certify**. This means that a tenant can self-certify that their net family **non-necessary assets** that are valued at **\$50,000 or less** at the time of your Annual Recertification (*This may be adjusted for inflation annually*). Below are some examples of such items for your reference:

### **Necessary Assets that are excluded from net family assets include:**

- Retirement accounts, such as IRAs, employer retirement plans, and retirement plans for self-employed individuals
- Educational savings accounts
- "Baby bonds" accounts
- Irrevocable trusts
- Non-necessary personal property with a combined value of \$50,000 or less, adjusted annually for inflation
- Real property that the family does not have the effective legal authority to sell

### **Non-Necessary which may in included as assets are: (Examples)**

- Cash
- Personal property includes vintage baseball cards,
- Recreational boats,
- Coin collections,
- Art, and antique jewelry.
- Vehicle - However, whether a specific item is considered "necessary" will depend on the family's circumstances. For example, a car used to get to work, an expensive medical device, or a laptop used for school might be considered necessary.

**I certify that I do not possess more than \$50,000.00 in assets.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Fair Housing Act

42 U.S.C. §§ 3601-19

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex (including gender identity and sexual orientation), familial status, national origin, and disability. It also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.



NEPTUNE CITY HOUSING  
AUTHORITY  
**NCHA**

**NJ Fair Chance Housing Disclosure**

On Juneteenth 2021, Governor Murphy signed the Fair Chance in Housing Act (FCHA), which bars housing providers from asking about criminal history on housing applications in most instances. The FCHA is the first state law of its kind in the country and is intended to ensure people with past criminal histories have a fair shot at accessing safe and affordable housing.

The following Model Disclosure Statement has been drafted by the New Jersey Division on Civil Rights (DCR) to reflect housing protections set forth in the Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64, (FCHA) and the accompanying rules, N.J.A.C. 13:5. This Model Disclosure Statement can be used by housing providers as a resource in creating their own materials.

**Model Disclosure Statement:**

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer. With some exceptions, the FCHA makes it unlawful for a housing provider to ask an applicant if they have a criminal history on their initial application materials, in an interview, or in any other way before making an offer. It is also unlawful for a housing provider to publish any advertisement prohibiting applicants with criminal histories from applying for a unit.

There are two exceptions that housing providers may ask about on initial application materials:

- Whether an applicant has ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing; or,
- Whether the applicant is subject to a lifetime registration requirement on a state sex offender registry.

**Criminal History Information that can Never be Considered:**

A housing provider can never, either before or after the issuance of an offer, ask about the following types of criminal records or rely upon the following types of criminal records in rejecting an applicant (whether the information is obtained from an applicant or from a third-party vendor or other outside person/entity):

1. arrests or charges that have not resulted in a criminal conviction;
2. expunged convictions;
3. convictions erased through executive pardon;
4. vacated and otherwise legally nullified convictions;
5. juvenile adjudications of delinquency; and
6. records that have been sealed.
- 7.

The law also prohibits housing providers from requiring drug or alcohol testing; from disseminating or distributing an applicant's record in any way not authorized under the FCHA; and from retaliating against anyone for exercising their rights to file a complaint under the law.

If a housing provider chooses to evaluate criminal history, it may do so only after a conditional housing offer has been made. Before considering the applicant's criminal history, it must provide a Disclosure Statement informing the applicant that the eligibility criteria for the unit includes the applicant's criminal history, and appraising the applicant of their right to demonstrate mitigating factors, i.e. inaccuracies in their criminal record or evidence of rehabilitation.

After a conditional offer, a housing provider can only consider the following types of criminal records (see below for further information on interpreting relevant criminal offenses)

Fair Housing Act

42 U.S.C. §§ 3601-19

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex (including gender identity and sexual orientation), familial status, national origin, and disability. It also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.



- A conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- A conviction for any crime that requires lifetime state sex offender registration;
- Any conviction for a 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Any conviction for a 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; and
- Any conviction for a 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

### **Withdrawal Process:**

If a housing provider finds such an offense(s) in an applicant's record, the housing provider may withdraw the conditional offer only if withdrawal is necessary to fulfill a substantial, legitimate, and non-discriminatory interest. In so doing, the housing provider must perform an individualized assessment based on the following factors:

- Nature and severity of the offense(s);
- Applicant's age at the time of the offense(s);
- How recently the offense(s) occurred;
- Any information the applicant provided in their favor since the offense(s);
- If the offense(s) happened again in the future, whether that would impact the safety of other tenants or property; and
- Whether the offense(s) happened on, or was connected to, property that the applicant rented or leased.

The housing provider must also provide a Notice of Withdrawal form indicating the specific reasons for the withdrawal, and notifying the applicant of their right to appeal the denial of their application. The applicant can then request a copy of all the information the housing provider relied upon in making the withdrawal within 30 days of receiving the Notice, and the housing provider must provide the information free of charge within 10 days after receipt of a timely request.

### **Appealing a Withdrawal:**

The housing applicant may then use that information to appeal to the housing provider, claiming that the housing provider violated the FCHA, and provide additional information in support of a violation. A housing provider must consider and provide a determination based on that new information within 30 days.

NCHA may withdraw a conditional offer based on your criminal record only if NCHA determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If NCHA utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, NCHA will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if Neptune City Housing Authority receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, NCHA must show that it did not rely on that information in making a determination about your tenancy.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by Neptune City Housing Authority in making this determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other

### **Fair Housing Act**

42 U.S.C. §§ 3601-19

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex (including gender identity and sexual orientation), familial status, national origin, and disability. It also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.



mitigating factors to NCHA at any time, including after the ten days.

Any action taken by NCHA in violation of the process laid out in this statement may constitute a violation of the FCHA. If you believe that any owner, agent, employee, or designee of NCHA has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at [www.NJCivilRights.gov](http://www.NJCivilRights.gov) 1-866-405-3050). A complaint must be filed with DCR within 180 days of the alleged discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

Or you may reach out our contract administrator:

Ms. Laura Hallam  
Contract Administrator | Asset Management Division  
**NJ Housing and Mortgage Finance Agency**  
637 S Clinton Avenue | Trenton, NJ 08611  
609.278.7569  
[LHallam@njhmfa.gov](mailto:LHallam@njhmfa.gov)

#### Fair Housing Act

42 U.S.C. §§ 3601-19

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex (including gender identity and sexual orientation), familial status, national origin, and disability. It also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.

**Neptune Housing Authority**  
 Tel: (732) 774-7692 • Fax: (732) 774-9456  
**Applicant Screening Authorization Form**  
**Applicant Information**

Last Name	First Name			M.I.
Date of Birth / /	Social Security Number - -	E-mail Address		
Current Street Address	City	State	Zip Code	Length of Residence months
Previous Street Address	City	State	Zip Code	Length of Residence months
Current Employer	Position	Length of Employment Years Months	Salary	Monthly Yearly

**Co-Applicant Information**

Last Name	First Name			M.I.
Date of Birth / /	Social Security Number - -	E-mail Address		
Current Street Address	City	State	Zip Code	Length of Residence months
Previous Street Address	City	State	Zip Code	Length of Residence Years Months
Current Employer	Position	Length of Employment Years Months	Salary	Yearly Monthly

**Applicant Signature(s)**

By signing below, I/We authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.

Applicant: X Date: \_\_\_\_\_

Co-Applicant: X Date: \_\_\_\_\_

**OFFICE USE ONLY**

NTN Access Number:

Address/Unit Applied For:

Month/Rent Amount for Unit Applicant will be \$\_\_\_\_\_

Submit above Information to **NTN**

**Neptune City Housing Authority  
Senior Apartments**

U.S. Department of Housing and Urban Development (HUD)

**Document Package for  
Applicant's/Tenant's Consent  
to the Release Of Information**

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Owner or Management Agent)**
- 4. Individual Verifications (to be signed by the Applicant or Tenant)**
- 5. Revocation of Consent (to be signed by the Applicant or Tenant and Owner or Management Agent)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (xx/2025)

## HUD-9887/A Fact Sheet: Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head, regardless of age, must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by HUD.

Federal laws and regulations require that the information you provide must be verified. This information is verified in two ways:

1. HUD and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), state agencies that keep wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD and PHAs can receive the information authorized by form HUD-9887.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all the sources of income that you report. There are certain mandatory deductions that reduce the income used in determining tenant rents. The O/A will verify your family's expenses if you are eligible to have certain expenses deducted from your annual income.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a health and medical care expenses deduction. Her annual income may be adjusted because of this deduction. Because Mrs. Anderson's health and medical care expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris is 53 years old. Mr. Harris does not qualify for the health and medical care expenses deduction, because he is not at least 62 years of age and he is not disabled. Because he is not eligible for the deduction, the amount of his health and medical care expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his health and medical care expenses and cannot verify with a third party about any health and medical care expenses that Mr. Harris reports.

### Consumer Protections

Information received by HUD and/or the PHA is protected by the Federal Privacy Act. Information received by the O/A or PHA is subject to State privacy laws. Employees of HUD, the PHA, and the O/A are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

**NOTE:** These forms have been translated into languages other than English and those translations must be provided if needed. If you cannot read and/or sign a consent form due to a disability, the O/A shall provide reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include, depending on the circumstances, the following: home visits when the applicant's or tenant's disability prevents them from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on their behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

The O/A **must** tell you, or a third party which you choose, of the findings made because of the O/A's verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, information received under the form HUD-9887 or form HUD-9887/A, HUD or the O/A may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement

actions by HUD. Any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

**The O/A is required to give each household a copy of form HUD-9887/A Fact Sheet, form HUD-9887, and HUD-9887-A along with appropriate individual consent forms and the revocation of consent form.** The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes verification requirements and the verification process. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of applicant/tenant information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third-party verification along with consumer protections.
4. **Individual Verification Forms:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.
5. **Revocation of Consent:** Allows the applicant/tenant to revoke their consent of the 9987 and 9887-A.

The public reporting burden for the HUD 9887 and the HUD 9887-A is estimated to average 10 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. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000 or email:

PaperworkReductionActOffice@hud.gov. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number

### **Consequences for Not Signing the Consent Forms or Revoking the Consent Forms**

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on forms HUD-9887 and 9887-A.

If you revoke your consent of form HUD-9887, form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants).

If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the lease. This includes the opportunity for you to meet with the O/A.

### **Programs Covered by this Fact Sheet**

A. Section 8 Project-Based Rental Assistance (PBRA)

1. New Construction
2. State Housing Agencies Program
3. Substantial Rehabilitation
4. Section 202/8
5. Rural Housing Services Section 515/8
6. Loan Management Set-Aside (LMSA)
7. Property Disposition Set-Aside (PDSA)
8. Rental Assistance Demonstration (RAD)

B. Section 202/162 Project Assistance Contract (PAC)

C. Section 202 Project Rental Assistance Contract (PRAC)

D. Section 202 Senior Preservation Rental Assistance (SPRAC)

E. Section 811 Project Rental Assistance Contract (PRAC)

F. Section 811 Project Rental Assistance (811 PRA)

**Notice and Consent to the Release of Information**  
to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A)

**U.S. Department of Housing and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp. xx/xx/xxxx)

<b>Neptune City Housing Authority Senior Apartments 2000 Sixth Avenue Neptune City, New Jersey 07753</b>	<b>Neptune City Housing Authority Senior Apartments 2000 Sixth Avenue Neptune City, New Jersey 07753</b>	<b>Bart J. Cook, Esq. <i>Executive Director,</i> Roslyn Meredith <i>Community Office Manager</i></b>
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**Notice To Tenant:** Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have **to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have agreed upon with the owner or management agent (O/A).**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a Contract Administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Section 104 of the Housing Opportunity Through Modernization Act of 2016 (Pub. L. 114-201). This law authorizes, in part, O/As to obtain any financial record from any financial institution, as the terms financial record and financial institution are defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the O/A determines that the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

**Purpose:** By signing this consent form, you are authorizing HUD and the above-named PHA to request income information from the government agencies listed on this form. HUD and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A and/or the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age, must sign the relevant consent forms. After an applicant or participant has signed and submitted a consent form to the O/A on or after January 1, 2024, they do not need to sign and submit subsequent consent forms except under the following circumstances:

1. When any person 18 years or older becomes a member of the family;

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2. When a member of the family turns 18 years of age; and
3. As required by HUD or the O/A in administrative instructions.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

A. Section 8 Project-Based Rental Assistance (PBRA)

1. New Construction
2. State Housing Agencies Program
3. Substantial Rehabilitation
4. Section 202/8
5. Rural Housing Services Section 515/8
6. Loan Management Set-Aside (LMSA)
7. Property Disposition Set-Aside (PDSA)
8. Rental Assistance Demonstration (RAD)

B. Section 202/162 Project Assistance Contract (PAC)

C. Section 202 Project Rental Assistance Contract (PRAC)

D. Section 202 Senior Preservation Rental Assistance (SPRAC)

E. Section 811 Project Rental Assistance Contract (PRAC)

F. Section 811 Project Rental Assistance Demonstration (811 PRA)

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assistance benefits. If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodation to participate in the informal hearing process. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Expiration:** The authorization to release the information requested by the consent form will remain effective until the earliest of:

1. The rendering of a final adverse decision for an assistance applicant;
2. The cessation of a participant's eligibility for assistance from HUD and the O/A; or
3. The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD.

**Consent:** I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the Federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:		Additional Signatures, if needed:	
Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Co-Head of Household	Date	Other Family Members 18 and Over	Date

## **Agencies To Provide Information**

State Wage Information Collection Agencies (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to: Social Security number verification, death indicator (when applicable), Title II (Federal Old Age, Survivors, and Disability Insurance Benefits (OASDI)), Title XVI (Supplemental Security Income (SSI) for the Aged, Blind, and Disabled), and Title VIII (Special Benefits for Certain World War II Veterans (SVB) benefit information.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to the following information that may appear on your tax return:

- 1099-S Statement for Recipients of Proceeds from Real Estate Transactions
- 1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions
- 1099-A Information Return for Acquisition or Abandonment of Secured Property
- 1099-G Statement for Recipients of Certain Government Payments
- 1099-DIV Statement for Recipients of Dividends and Distributions
- 1099-INT Statement for Recipients of Interest Income
- 1099-MISC Statement for Recipients of Miscellaneous Income
- 1099-OID Statement for Recipients of Original Issue Discount
- 1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives
- 1099-R Statement for Recipients of Retirement Plans
- W2-G Statement of Gambling Winnings
- 1065-K1 Partners Share of Income, Credits, Deductions, etc.
- 1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.
- 1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the O/A determines the record is needed to determine an applicant or participant's eligibility for assistance or level of benefits.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD office, Office of Inspector General (OIG) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD or the O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

## Applicant's/Tenant's Consent to the Release of Information

Verification of Information Provided by Applicants and Tenants of Assisted Housing

## U.S. Department of Housing and Urban Development

Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp. xx/xx/xxxx)

**Privacy Notice: Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**Principal Purpose:** The Department of Housing and Urban Development (HUD) has developed this form to facilitate the verification and consent of release for an applicant's eligibility, recommended unit size, and the amount tenant(s) must pay towards rent and utilities. Applicants must provide the names of all tenants who are at least 18 years old, as well as the names of each family head, spouse, or co-head, regardless of age. **Disclosure:** HUD may disclose this information to federal, state, and local agencies when it is relevant to civil, criminal, or regulatory investigations and prosecutions. HUD, the owner, the management agent (OA), or the public housing agency (PHA) may use computer matching to verify the information you provide. You must provide all the requested information in this form. Failure to provide any of the information may result in the delay of assistance or termination of assistance benefits.

**Penalties for Misusing this Consent:** HUD, the PHA, the O/A, and any Contract Administrator (or any employee of HUD, the PHA, the O/A, or the Contract Administrator) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD-9887 is restricted to the purposes cited on the form HUD-9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, the O/A or the Contract Administrator responsible for the unauthorized disclosure or improper use.

### Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Individual Verification Forms (upon applicant/tenant request)
2. Verbally inform applicants and tenants that:
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/ or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
4. O/As are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Owners must also give applicants/tenants a copy of the signed individual verification forms upon their request.

## **Applicant's/Tenant's Consent to the Release of Information**

Verification of Information Provided by Applicants and Tenants of Assisted Housing

## **U.S. Department of Housing and Urban Development**

Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp. xx/xx/xxxx)

### **Instructions to Applicants and Tenants**

This form HUD-9887-A contains consumer information and protections concerning the HUD-required verifications that Owners must perform.

**1. Read this material which explains:**

- HUD's requirements concerning the release of information, and
- Other consumer protections.

**2. Sign on the consent forms:**

- you have read this form, or
- the Owner or a third party of your choice has explained it to you, and
- you consent to the release of information for the purposes and uses described.

### **Authority for Requiring Applicant's/Tenant's Consent to the Release of Information and for O/As to Verify Information Provide by the Applicant/Tenant**

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

HUD's regulations in 24 CFR part 5, subpart B require that as a condition of admission to or continued occupancy, applicants and participants must sign a HUD-approved release and consent form (including any release and consent as required under 24 CFR 5.230) authorizing any depository or private source of income, or any Federal, state or local agency, to furnish or release to the owner or HUD such information as the owner or HUD determines to be necessary. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, benefit payments, and income received from assets. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly or disabled, and allowances for child care expenses, health and medical care expenses, and reasonable attendant care and auxiliary apparatus expenses.

In addition, HUD's regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits.

### **Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the O/A in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### **Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your family receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

**Applicant's/Tenant's Consent to the Release of Information**

Verification of Information Provided by Applicants and Tenants of Assisted Housing

**U.S. Department of Housing and Urban Development**

Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(Exp. xx/xx/yyyy)

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature, and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the certification is delayed, or the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

**Name of Applicant or Tenant (Print)**

**Signature of Applicant or Tenant & Date**

I have read and understand the purpose of this consent and its uses, and I understand that misuse of this consent can lead to personal penalties to me.

Roslyn L. Meredith

*Name of Project Owner or Owner's representative*

Community Office Manager

*Title*

Signature & Date

cc: Applicant/Tenant; Owner file

**Applicant's/Tenant's Revocation of  
Consent to the Release of Information****U.S. Department of Housing and  
Urban Development**  
Office of Housing  
Federal Housing CommissionerOMB Approval No. 2502-0204  
(Exp. xx/xx/xxxx)

**Revocation of Consent:** I hereby revoke my consent to allow HUD, the PHA, or the O/A to use information from the Federal and state agencies listed on the back of this form or to request or obtain information from any other third party for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. **I understand that revoking my consent may result in termination of assisted housing benefits.**

If you are an applicant and denied assistance for this reason, the O/A must notify you of the reason for your rejection in writing and give you an opportunity to respond to the owner in writing or request a meeting within 14 days to dispute the rejection. The O/A must inform you that if you are a person with disabilities, you have the right to request reasonable accommodations to participate in the informal hearing process. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Signatures:		Additional Signatures, if needed:	
Head of Household	Date	Other Family Member 18 and Over	Date
Spouse	Date	Other Family Member 18 and Over	Date
Co-Head of Household	Date	Other Family Member 18 and Over	Date

**Penalties for Misusing this Consent**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate.  
WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil  
penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001,  
1010, 1012, 1014; 31 U.S.C. §3729, 3802).

**Instructions to Owners/Agents**

You must provide a copy of the signed revocation to the applicant/tenant and retain the original in the tenant file. You must immediately notify the local HUD office of the applicant/tenant's revocation of consent. After consent is revoked, you must not use EIV data to verify income or request information from third parties for the purpose of verifying the applicant/tenant's eligibility and level of benefits under HUD's assisted housing programs.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

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Signature

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Date

December 2005  
form **HUD-1141**  
(12/2005)

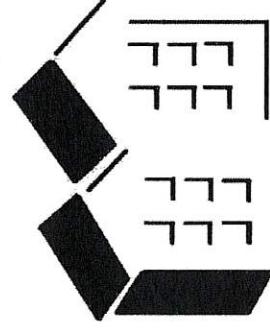


HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# What You Should Know About EIIV

## A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

### What is EIIV?

The Enterprise Income Verification (EIIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIIV system.

### What information is in EIIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

The information in EIIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIIV will help to improve the integrity of HUD rental assistance programs.

### Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

**Note:** If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

EIIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

#### What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD and a CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

#### What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

#### Debts owed to PHAs and termination information

Reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and **request** correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third-party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

**Where can I obtain more information on EIV and the income verification process?**  
Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/ph/eiv](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv)

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NEPTUNE CITY HOUSING  
AUTHORITY  
NCHA**

**COMMISSIONERS**

TOM ADCOCK, *Chairman*  
JOHN PIETRUNTI, *Vice Chairman*  
CELESTE CLARK *Co-Chairperson*  
PAMELA GOLDBERG  
PATRICIA ALBANO  
KELLY STRAZDAS  
DONNA SUSINO  
MARK AIKINS, *Attorney*

EXECUTIVE DIRECTOR AND  
SECRETARY-TREASURER  
**BART J. COOK, ESQ., PHM**

2000 SIXTH AVENUE  
NEPTUNE CITY, NEW JERSEY 07753  
TELEPHONE -732-988-2540  
FAX -732-988-1587

**PET POLICY**

**Standard Pet Policy Information**

Residents at the Neptune City Housing Authority Senior Citizen Building located at 2000 Sixth Ave., Neptune City, shall be permitted to have one pet, subject to the terms and conditions set forth in this Policy.

1. The purpose of this policy, a common household pet means: a dog, cat, bird, fish or turtle that is traditionally kept in the home for pleasure, rather than commercial purposes. A reptile, except for a turtle, is not considered to be a common household pet. Each apartment will be permitted to have one (1) four -legged animal and a tank for tropical fish (which tank shall not exceed 10 gallons) subject to the provisions set forth in this policy. This definition shall not include animals that are used to assist persons with disabilities.
2. This policy shall not apply to pets that are used to assist people with disabilities as defined by Federal and State law.
3. No tenant shall be permitted to have a pet which weighs more than twenty (25) pounds.
4. Each pet must be registered with the Neptune City Housing Authority (NCHA) office before moving the pet into an apartment at the NCHA. Pet owners, Service Dog excluded, are required to pay a **\$200 Pet Security Deposit** which is in accordance with the Owner *and/or* the Homeowner Association rules and regulations.
5. Each pet owner shall be liable for any damage caused by his/her pet. The pet owner will be required to reimburse NCHA for the real cost of any and all damages caused by his/her pet.
6. If the owner can longer keep the pet, they will be reimbursed their deposit in and around thirty (30 days)
7. **Pet License:** Each pet owner shall be required to comply with all Federal, State, County and Municipal Statutes, Ordinances and regulations concerning pet licensing of a pet. **No pet for which a license is required shall be permitted at the NCHA Senior Building.**
8. All pet owners **must present proof of pet inoculation/shots yearly** in accordance with State, County and Municipal law prior to bringing a pet onto the premises. Proof of inoculation shall be presented in the form of a certificate signed by a licensed veterinarian or State, or Municipal authority empowered to inoculate animals (or a designated agent of such an authority) stating that the pet has received all inoculations required by applicable State, County and Municipal law.

### **Rules for pet ownership at the Neptune City Senior Citizen Building:**

1. All Pet owners must be cognizant of their pets actions, behavior around others when in public areas. Owners must walk with pets at their sides at all times, not in front of owner nor behind owner.
2. No pet shall be permitted outside of the apartment of the pet owner unless the pet is on a leash, or inside a container which will prevent the pet from running loose. Any pet found outside of the apartment without a leash shall be subject to seizure by the NCHA, whereupon the pet shall be turned over to an appropriate animal shelter agency.
3. Each resident shall be responsible for the removal of any waste left by any pet on any portion of NCHA property, including the grounds outside. Please place waste in the dumpster in a bag.
- Each pet owner shall be required to keep noise from their pet at an acceptable level and prevent any other disruptive activity that may cause a nuisance. Tenants **will not** allow pets to create a disturbance by barking or otherwise creating a nuisance in accordance with *all* local and municipal regulations.
4. Infestation of a unit by fleas or other insects carried by his/her pet shall be the responsibility of the pet owner. Infestation of adjacent units or common areas attributable to a specific pet shall be the responsibility of the pet owner who shall be liable for the cost of correcting the infestation including, but not limited to, the costs associated with hiring a professional exterminator.
5. Each pet owner shall be required to provide NCHA with a written statement of the name, address and telephone number of at least one (1) substitute caretakers for the pet. The signature of each of these caretakers is required. In the event a pet owner is absent from the premises for more than six (6) consecutive hours, arrangements must be made for the pet to be placed under the care of some other person.

### **NCHA Rules for Refusal of a Pet**

1. A pet is not a common household pet as previously defined in paragraph one of this policy.
  - a. Keeping a pet would violate any applicable house pet rule.
  - b. The pet owner fails to provide complete pet registration information or fails to annually update the pet registration, or vaccinations as outlined State and Local ordinances
  - c. The NCHA reasonably determines, based on the pet owner's habit and practices, that the pet owner will be unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.
2. The NCHA shall notify the pet owner if it refuses to register a pet. The notice shall include the basis for NCHA's action and shall be served on the pet owner.

### **Pet Rule Violations:**

1. Pet owners shall be notified in writing of alleged violations of pet rules and be given ten (10) days to correct the problem or make a written request to discuss it. The notice shall state that failure to correct the problem may result in removal of the pet and/or termination of tenancy. The notice shall state that the pet owner is entitled to be

accompanied by another person of his or her choice at the meeting. In cases of emergency that threaten the life, health, and/or safety of any resident or property staff member, the NCHA reserves the right to take immediate action in order to remedy the situation. In this instance, the ten (10) day notice will not apply.

2. A pet owner requesting a meeting to discuss the alleged violation(s) of pet rules must do so in writing. Management will schedule the meeting within fifteen (15) days of receipt of written request. At the meeting, the pet owner and NCHA representatives shall discuss any alleged violation and attempt to correct it when feasible. If warranted, the NCHA may grant the pet owner additional time to correct alleged violation(s)
3. Failure of the pet owner to correct the alleged violation(s) within the prescribed time shall result in a notice being sent to the pet owner which shall require removal of the pet within ten (10) days.
4. Any violations of these rules by any tenant shall be subject to a fine of \$25.00 (twenty-five dollars) for the first incident, \$50.00 (fifty dollars) for the second incident and \$100.00 (one hundred dollars) for each incident thereafter. Any fines assessed under this paragraph shall be due and payable immediately by a tenant and may be taken out of the tenant's pet security deposit or the tenant's rental security deposit at the election of NCHA.
5. Nothing in this policy shall prohibit the NCHA from requiring the removal of any pet from the building, if the pet's conduct or condition is duly determined to constitute, under the provisions of State, County or Municipal law, rules or regulations, a nuisance or a threat to the health or safety of other occupants of the building or of other persons in the community of Neptune City.
6. Rights of non-pet owners: Applicants may reject a unit which is near a unit with a pet. The applicant's rejection of the unit shall not adversely affect the position on the waiting list or qualification for the tenant selection preference. NCHA is not required to transfer existing tenants because of proximity to units with pets.
7. A copy of this policy shall/will be made available to all tenants of the Neptune City Housing Authority Senior Citizen Building.

**Tenant Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Landlord Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_



## **COMMISSIONERS**

TOM ADCOCK, *Chairman*  
JOHN PIETRUNTI, *Vice Chairman*  
CELESTE CLARK, *2<sup>nd</sup> Vice Chairman*  
PAMELA GOLDBERG  
DONNA SUSINO  
PATRICIA ALBANO  
KELLY STRAZOAS  
MARK AIKINS, *Attorney*

# **NEPTUNE CITY HOUSING AUTHORITY**

## **NCHA**

EXECUTIVE DIRECTOR AND  
SECRETARY-TREASURER  
**BART J. COOK, ESQ., PHM**

2000 SIXTH AVENUE  
NEPTUNE CITY, NEW JERSEY 07753  
TELEPHONE - 732-988-2540  
FAX - 732-988-1587

## **NON-SMOKING POLICY**

### **PURPOSE:**

The Housing Authority of the Borough of Neptune City has adopted rules governing the prohibition of smoking by residents, guests, employees, and any and all other individuals on the Authority's property known as the Neptune City Housing Authority, 2000 6<sup>th</sup> Ave. Neptune City, NJ 07753. These rules were adopted to further the mission of the Authority in its continuing efforts to provide a decent, safe, and sanitary living environment for existing and prospective residents and in protecting and preserving the physical and financial interest of the Authority's facilities.

Governing Law: HUD Notice PIH-2009-21  
24 CFR 903.7 (b) (3); and 24 CFR 903.7 (e) (1)

### **Applicability:**

In accordance with this Non-Smoking Policy, current residents and prospective residents of the Neptune City Housing Authority shall be prohibited from smoking cigarettes/Marijuana/Vapes anywhere in the building, including in their apartment units.

All residents, their guests, visitors, and NCHA employees shall be prohibited from smoking cigarettes within a 25-foot distance of the building. This means that smoking should be permitted on the front sidewalk adjacent to 6<sup>th</sup> Avenue.

This non-smoking policy shall be incorporated into the resident lease and the rules and regulations governing residence at Neptune City Housing Authority. **Violation of this policy will be considered a lease violation and appropriate action shall be taken in accordance with applicable New Jersey State Law and Federal Regulations**

*Adopted: April 25, 2012*

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**Tenant's Name (Print)**

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**Sign**

---

**Date**

### Fair Housing Act

42 U.S.C. §§ 3601-9

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, because of race, color, religion, sex (including gender identity and sexual orientation), familial status, national origin, and disability. It also requires that all federal programs relating to housing and urban development be administered in a manner that affirmatively furthers fair housing.

**NEPTUNE CITY HOUSING AUTHORITY  
DRUG POLICY STATEMENT 2015 - Present**

**It is the policy of the Neptune City Housing Authority (NCHA) that you as lessee and all the other families living in the Senior Citizen Building at 2000 Sixth Ave., Neptune city, should have a safe environment, free from the use, manufacture and distribution of Drugs as "Dangerous Substances" under section102 of the Federal Controlled Substances act, 21 USC 802 as amended.**

**Whereas, residents of the Neptune City Housing Authority's senior citizen Building want to have homes that are decent, safe, and free from illegal Drugs; and**

**Whereas, Drug Trafficking is increasingly menacing to the families of the NCHA Senior Citizen Building and surrounding Neighborhoods; and**

**Whereas, Rental Housing, in particular, suffers from increasing Drug Trafficking, and the potential for related violent criminal activities; and**

**Whereas, any type of Drug Trafficking in and around the NCHA Senior Citizen Building contributes to a deterioration of the physical environment of this rental community and poses a threat to life and property of the families living in the property and surrounding neighborhood; and**

**Whereas, Drug Trafficking has devastating effect on the lives of children; and**

**Whereas, Drug Traffickers are not entitled to threaten the safety of the NCHA Senior Citizen Building families and their neighbors, by pursuing their activities in and around this property;**

**Whereas, the owners of this property will be an active participant in aggressively pursuing legal action to rid The NCHA Senior Citizen Building and the surrounding neighborhood of illegal Drug activities for the purpose of improving the health and safety of the families living in the community;**

**Now, therefore, The NCHA has established the following:**

**If during the term of your lease, any lessee or any person occupying or otherwise using your leased unit commits a Drug violation, such Drug violation shall be considered cause for termination of your lease. A Drug violation shall be defined as the actions of any person to:**

- (A) Use, manufacture, sell, distribute, dispense, or store for such purposes any Drugs on or about the leased premises, or**
- (B) Attempt, endeavor or conspire to manufacture, sell, distribute, dispense, or store for such purposes any Drug on or about the leased premises.**

**Tenant Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Management Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**