

The Lena and David T. Wilentz

Senior Residence

*360 DeMott Lane
Somerset, NJ 08873
732-873-3888*

Tenant Application



WILENTZ SENIOR RESIDENCE

at The Oscar and Ella Wilf Campus for Senior Living

360 DeMott Lane, Somerset, NJ 08873 • (732) 873-3888 • www.wilfcampus.org

The Oscar and Ella Wilf Campus for Senior Living
www.wilfcampus.org



Name: _____

Date: _____

Time: _____

App# _____

The following information is required before your interview

Applicant's Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone # () _____ Social Security # _____

Cell Phone # () _____ E-Mail _____

Date of Birth _____ Age _____

Marital Status: Single Married Widowed Divorced Separated

Are you a U.S. Citizen? Yes No

Are you or any member of your household, subject to a lifetime sex offender registration program in any state? Yes No

If Yes: Please list state: _____

Please list all states where applicant or any member of your household 18 and over has resided. If you need additional space, please write the information in the back of this application:

1. _____
2. _____
3. _____
4. _____
5. _____

Will there be a co-applicant? Yes No

Name of co-applicant _____ Relationship _____

Date of Birth: _____ Age _____ Social Security# _____

Is co-applicant a U.S. Citizen? Yes No

Do you presently live in (a/an): house apartment boarding/rooming house

Current Landlord Information: Rent: \$ _____/Mo.

Name/Management Co. _____

Address: _____

City/State: _____

Please list prior landlords:

1. _____

2. _____

3. _____

4. _____

5. _____

Are you presently receiving a rent subsidy? Yes No

How did you hear about Wilentz Senior Residence?

(Please be specific: Name of Company/Ad/Agency/Website) _____

Do you need the special features of a handicapped unit? Yes

Please list disability status: _____

Wilentz Residence has units that have been alerted to various degrees to be more "barrier-free" than a regular unit. These units have lower switch plates, lower peepholes, lower kitchen cabinets and additional grab bars. These units may be occupied by an applicant if they qualify as "needing" the special features. This need is required to be verified with a medical practitioner.

EMPLOYMENT INCOME

Are you presently employed? Yes No self-employed? Yes No

If yes to above, name of employer _____

Address _____
Street City State Zip

Occupation _____ Part Time Full Time

FINANCIAL INFORMATION

This section must be completed in full for your application to be processed.

	APPLICANT	CO-APPLICANT
Salary	\$ /year	\$ /year
Social Security	\$ /Month	\$ /Month
Supp. Security Income (SSI)	\$ /Month	\$ /Month
Pension (<i>Including overseas</i>)	\$ /Month	\$ /Month
Reparations	\$	\$
Rental Property	\$	\$
Deed/Trust/Mortgages held	\$	\$
Savings Account Interest	\$	\$
Certificates of Deposit Interest	\$	\$
Money Market Fund Interest	\$	\$
Bond Interest	\$	\$
Stock Dividends	\$	\$
IRA/Annuity Distributions	\$	\$
Other Investments or Income	\$	\$
Support from Family Member	\$	\$
Total Income	\$	\$

If you have zero income, has a **Form I-864 Affidavit of Support** been signed on your behalf?

Yes No Date: _____

Do you own real estate? Yes No If yes, market value? \$ _____

Name and addresses of children and/or authorized agents

Name Address Phone Relationship Power of Attorney

In order to determine how effective our affirmative fair market plan, as approved by HUD, has been, please check one of the following:

Ethnic Categories

- Hispanic or Latino**
- Not-Hispanic or Latino**

Racial Categories/Select All that Apply

- American Indian or Alaska Native**
- Asian**
- Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White**
- Other**

I/we understand that this is only a preliminary application for an apartment in ***The Lena and David T. Wilentz Senior Residence***. It is not a lease or a promise by Wilentz Senior Residence Corporation that an apartment will be made available to me.

I/we certify that the information contained on this form is true and complete to the best of my knowledge. I authorize ***Wilentz Senior Residence Corporation*** to make inquiries to verify the statements made herein.

Signature of Applicant

Date

Signature of Co-applicant

Date

VERIFICATION RELEASE FOR CREDIT/CRIMINAL/SEX OFFENDER REGISTRY CHECK.

I hereby authorize ***The Lena and David T. Wilentz Senior Residence***, to do a background credit and criminal check on me. I understand that this information will be kept confidential and will only be used to help determine whether I meet the criteria for tenancy at the above listed property. I understand that failing to pass the credit check, arrest and conviction of a crime or sexual offense may disqualify me for tenancy.

Signature of Applicant

Date

Signature of Co-applicant

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

===== 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 USC **408 (a) (6), (7) and (8).****

Wilentz Senior Residence does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, height, weight, physical or mental ability, veteran status, military obligations, and marital status

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www.wilfcampus.org



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.

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