

STUDIO APPLICATION FOR ADMISSION & RENTAL ASSISTANCE

www.ridgeoak.org

✓ **Section 8 Housing: Ridge Oak, Inc., 150 Manchester Drive, Basking Ridge, N.J.**

1. **MAIL THE COMPLETED ORIGINAL APPLICATION TO:**

Ridge Oak Senior Housing, 150 Manchester Drive, Basking Ridge, New Jersey 07920, Attn: Occupancy Department

2. Ridge Oak will NOT accept hand-delivered, e-mailed or faxed applications.

3. If you have difficulty completing this application due to a disability, please advise us of your needs when you receive the application or call us between the hours of **9:00 a.m. and 4:00 p.m.** at **908-221-0266** to request assistance.

PLEASE PRINT LEGIBLY

1. **Applicant Name** _____ SSN# _____
(First) (MI) (Last)

Date of Birth ____/____/____ Age ____ Check: FEMALE MALE
Month Day Year

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone Number () _____ Cell Phone Number () _____

E-mail address _____

2. **Other Contact Information** – If you would like to designate another person to receive copies of correspondence related to this application, please complete the following information:

Name _____ Relationship _____

Mailing Address, City, State & Zip _____

Home Phone Number () _____ Cell Phone Number () _____

E-mail Address _____

Power of Attorney – If you have a power of attorney, please attach a copy.

.....
For Ridge Oak Office Use Only: Date & Time Rec'd _____ Staff Initials _____ Application Number: _____

Annual Income \$ _____ Income <45,500 Eligible V1-11? Yes No

V1-11: Income is <30% Median: 1 Person < \$22,050 Yes No

3. Apartment Size - At this time, only studio applications are available.

LOCATION: 150 Manchester Drive, Basking Ridge, N.J. - Garden-style apartment spread site; outside entrance to apartments; walk outside to mail and laundry room.

* **ALL APARTMENTS ARE SMOKE-FREE!**

Studio/Efficiency (approx. 466 sq. ft.) **Only one person can occupy a studio apartment. Transfers to larger units based upon personal preference will not be considered.**

4. How did you hear about Ridge Oak? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Ridge Oak Website | <input type="checkbox"/> Church (specify) _____ |
| <input type="checkbox"/> Other Website | <input type="checkbox"/> Community Agency _____ |
| <input type="checkbox"/> Friend/Family | |
| <input type="checkbox"/> Current/Former Resident | |

5. Do you have a blood relative(s) living in Basking Ridge or Liberty Corner? YES NO

6. Do you need the features of a wheelchair-accessible apartment? YES NO

INCOME

This section **MUST** be completed by the applicant and co-applicant (if applicable) in order to process this application. List all gross monthly income. If you do not have the income, write "N/A" on the line provided.

Applicant

Social Security Income	\$	
Supplemental Security Income (SSI)	\$	
Pension	\$	
P.A.A.D Lifeline Electric Assistance	\$	
Employment Income	\$	
Unemployment Income	\$	
Alimony	\$	
Business Net Income	\$	
Trust Fund	\$	
Disability Payments	\$	
I-864 Sponsor Contributions to Household (Legal non-citizens only)	\$	
Does any family member/friend give money to you or pay your bills? If yes, please list <u>monthly</u> amount		
	\$	

Have you taken any "periodic" (for example: monthly, quarterly, yearly) distributions from any of the following investment accounts? Please mark an "X" in either the "Yes" or "No" box and list the amount that was taken out. Specify whether it was monthly, quarterly, yearly or other.

	Yes	No	Amount	Monthly/Quarterly/Yearly/Other
Brokerage Account	<input type="checkbox"/>	<input type="checkbox"/>	\$	Monthly/Quarterly/Yearly/Other
IRA	<input type="checkbox"/>	<input type="checkbox"/>	\$	Monthly/Quarterly/Yearly/Other
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	\$	Monthly/Quarterly/Yearly/Other
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$	Monthly/Quarterly/Yearly/Other

7. **Employment History**

Do you work full time, part-time or seasonally?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are you self-employed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you work for someone who pays you cash?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If you answered "YES," to any of the above questions, please complete the following information:

Name of Employer _____ Phone #: () _____

Street Address, City, State & Zip _____

How long have you worked there? _____ Supervisor's Name _____

ASSETS

This section **MUST** be completed by the applicant and co-applicant (if applicable). Provide the monetary value of your assets and the anticipated income. If you do not have the asset, write "N/A" on the line provided.

	Current Balance	Annual Income
Real Estate – Market Value	\$ _____	\$ _____
Balance of Mortgage	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Money Market Account	\$ _____	\$ _____
Certificate of Deposit (CD)	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds (tax exempt, savings)	\$ _____	\$ _____
Brokerage Account	\$ _____	\$ _____
Annuity and/or IRA	\$ _____	\$ _____
401 K and/or Profit Sharing	\$ _____	\$ _____
Whole Life Insurance Policy	\$ _____	\$ _____
Revocable Trust Fund	\$ _____	\$ _____
Revocable Pre-paid Funeral	\$ _____	\$ _____
Cash Held at home or in a safe deposit box	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Federal Tax Return for Prior Year **YES** **NO** **IF YES, please attach a copy.**

Has any household member disposed of any assets for less than fair market value during the past two years? **YES** **NO**

If YES, please provide the following information:

Description of Asset _____

Date disposed of _____ Value of Asset \$ _____

8. Do you rent? YES NO

If YES, provide the following information:

CURRENT Landlord's Name _____

Street Address _____

City, State & Zip _____

Telephone Number () _____

How Long Have You Lived There? _____ Monthly Rent _____

Reason for Leaving _____

Approximately how much notice do you need to give to your current landlord?

30 days 60 days None Other _____

IF YOU HAVE RESIDED AT YOUR CURRENT ADDRESS FOR 5 YEARS OR MORE, THERE IS NO NEED TO COMPLETE THE FOLLOWING PREVIOUS LANDLORD/ADDRESS SECTION.

YOUR PREVIOUS STREET ADDRESS _____

City, State & Zip _____

PREVIOUS Landlord's Name _____

Street Address _____

City, State & Zip _____

Telephone Number () _____

How Long Have You Lived There? _____ Monthly Rent _____

Reason for Leaving _____

9. Are you now living in federally assisted housing? YES NO

If YES, Name of Complex _____

Name of Manager _____ Telephone Number _____

Has your rental assistance ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? YES NO

If YES, explain: _____

10. Do you live with a family member? YES NO

If YES, what is the relationship? _____

11. Please check either **YES** or **NO** for the following questions:

A. Do you own a car? **YES** **NO**

B. Do you have a pet? **YES *** **NO**

*** Note: Ridge Oak tenants are allowed one (1) pet per household. Weight limit is 30 lbs and height limit is 18". Pets must be licensed, vaccinated and pet deposit is required.**

Type of Animal _____

C. Have you or any member of your household currently or in the past used illegal drugs? **YES** **NO**

D. Have you or any member of your household ever been convicted of drug-related criminal activity? **YES** **NO**

E. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? **YES** **NO**

F. Have you or any household member ever been convicted or pled to a felony and/or misdemeanor? **YES** **NO**
If YES, list dates, crimes, locations, jail/prison time served, probation or parole status:

G. Are you or any member of your household a current illegal user of or addicted to a controlled substance? **YES** **NO**

H. Have you or any member of your household ever been on parole or are now on parole? **YES** **NO**

I. Are you or any member of your household subject to registration under a state sex offender registration program? **YES** **NO**

J. Have you or anyone in the household been a victim of domestic violence, dating violence or stalking? **YES** **NO**

12. Check the appropriate box (voluntary):

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

13. Check the appropriate box (voluntary):

- Hispanic
- Non-Hispanic

CORELOGIC SAFERENT TENANT RELEASE FORM

7300 West More Road, Suite 3
Rockville, MD 20850

Phone: 800-221-9379

Fax: 800-345-9379

The applicant and co-applicant must complete this form.

PLEASE PRINT CLEARLY

Applicant Name – First, Middle, Last	Social Security Number	Date of Birth
_____		() _____
Current Mailing Address	Home Telephone Number	
_____	_____	_____
City	State	Zip Code

Previous Mailing Address		
_____	_____	_____
City	State	Zip Code
() _____	_____	
Work Telephone Number	Ext.	
<p>I hereby grant Ridge Oak, Landlord and its designee, CoreLogic SafeRent, a credit reporting agency, the right to process this Credit Application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the dates and terms of the lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes, but is not limited to, making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions, records of court proceedings and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application and reports shall remain the sole property of Ridge Oak regardless if rental lease is granted or renewed.</p>		
_____		_____
Applicant Signature	Date	

Company Name: Ridge Oak, Inc., Ridge Oak II, Inc.

Declaration – Applicant and Co-Applicant

Applicant Name _____ **Co-Applicant Name** _____

Date of Birth _____ Date of Birth _____

Social Security No. _____ Social Security No. _____

INSTRUCTIONS: Complete Declaration No. 1, 2 or 3 below:

DECLARATION NO. 1

1. _____ I/We am/are a citizen or national of the United States.

Applicant Signature

Date

OR

DECLARATION NO. 2

2. _____ I/We am/are a non-citizen with eligible immigration status.

Has an I-864 Affidavit of Support from Homeland Security been signed on your behalf? Yes No

Name of Affidavit Sponsor _____

Alien Registration No. _____

Applicant Signature

Date

OR

DECLARATION NO. 3

3. _____ I/We am/are not contending eligible immigration status, and I/we understand that I/we am/are not eligible for financial assistance. *(If you checked this block, no further information is required, and the person named above is not eligible for assistance.)*

Applicant Signature

Date

Applicant's Certification (Please read this carefully before you sign)

1. I understand that studio apartments located at 150 Manchester Drive, Basking Ridge, New Jersey, are subsidized through the Section 8 program of the U.S. Department of Housing and Urban Development (HUD). I understand that the head of household must be 62 years of age or older and that the maximum annual income for one person is \$45,500. *The applicant must be both age and income eligible at the time the application is submitted.*
2. I understand that a studio apartment is only for one-person. I understand that Ridge Oak has a NO TRANSFER policy.
3. I understand that Ridge Oak, Inc. is a **smoke-free community**; no cigarette, pipe or cigar smoking will be permitted in any apartment or common area.
4. The wait list will be developed on a first-come, first-served basis. Applications will be received and date-stamped prior to placement in the wait list book. Wait list assignment is not a guarantee of eligibility.
5. I understand that if I am selected to receive HUD assistance, the unit I occupy will be my only residence.
6. The application and the attachments to the application, including a copy of the Federal Tax Return and copy of the 1099's provided, are the property of Ridge Oak and will not be returned to the applicant.
7. I understand that all application information is being collected solely to determine my eligibility.
8. I authorize the owner/manager to verify all information provided on this application, to check my credit history, perform a criminal background check, contact previous and/or current landlords, review records of court proceedings and to collect information which may be released to appropriate Federal, State, or local agencies.
9. I understand that if I am eligible, the rent is 30% of adjusted income.
10. I understand that the applicant will be removed from the wait list if the applicant is offered an apartment and refuses the apartment.
11. I agree to notify management in writing immediately regarding any changes in household address, telephone number, and household composition. I understand that if management cannot reach me by telephone or by U.S. Mail, my name will be taken off of the wait list.
12. I understand that applications will be rejected for the following reasons, including but not limited to:
 - Hand delivered, faxed, emailed or incomplete application
 - Applicant does not meet age or income guidelines
 - Applicants with poor credit history, ie, any credit history that is an indication of irresponsible behavior or that may indicated future problems for the development
 - Poor tenant/landlord history
 - Applicants subject to a lifetime registration requirement under a state sex offender registration program
 - Applicants who have been convicted of using illegal drugs
 - Applicants who were evicted from subsidized housing for drug-related criminal activity within the last three years
 - Applicants arrested for assault and/or battery
 - Applicants with a felony and/or misdemeanor conviction and/or plea
 - Admission is prohibited for a period of ten years from the date of release from prison for criminal activity.
 - Household member fails to provide verification/proof of social security number.
13. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that falsification of information is grounds for rejection and is punishable under Federal law.

IF YOU FILED A FEDERAL TAX RETURN WITHIN THE LAST 2 YEARS, YOU MUST SUBMIT A COPY OF YOUR MOST RECENT 1040 FEDERAL INCOME TAX RETURN WITH COPIES OF ALL ATTACHED SCHEDULES and 1099's WITH THIS APPLICATION!

Applicant's Signature _____

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.

Applicant Name:	
Mailing Address:	
Telephone No	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
Email 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.

_____	_____
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. Form HUD- 92006 (05/09)