



OFFICE OF VETERANS AFFAIRS

Borough of Paramus
105 North Farview Avenue
Paramus, NJ 07652
201.265.2100 Ext. 2220



[Email: affordablehousing@paramusborough.org](mailto:affordablehousing@paramusborough.org)

APPLICATION FOR VETERANS IN PARAMUS (VIP) HOUSING

All required information must be provided or the application will not be processed.

First Name	Middle Initial	Last Name	DOB	
Address		City	State	Zip
Phone Number	Cell Phone	Email		
Branch of Service	Years Served	From	To	

Rank held at time of Discharge: _____

Applicant must have served during one of following war periods. Circle #'s that apply.

- | | |
|--|--|
| 1. . ** Operation Northern/Southern Watch
August 27, 1992 – March 17, 2003 | 8. **Grenada Peacekeeping Mission
October 23, 1983 – November 21, 1983 |
| 2. **Operation Iraqi Freedom
March 19, 2003- Ongoing | 9. **Lebanon Peacekeeping Mission
September 26, 1982 – December 1, 1987 |
| 3. **Operation Enduring Freedom
September 11, 2001 – Ongoing | 10. Vietnam Conflict
November 1, 1955 – April 30, 1975 |
| 4. ***"Joint Endeavor/Joint Guard" Bosnia & Herzegovina
November 20, 1995 – June 20, 1998 | 11. **Lebanon Crisis of 1958
July 1, 1958 – November 1, 1958 |
| 5. ***"Restore Hope" Mission-Somalia
December 5, 1992 – March 31, 1994 | 12. Korean Conflict
June 23, 1950- January 31, 1955 |
| 6. **Operation Desert Shield/Desert Storm Mission
August 2. 1990 – February, 28 1991 | 13. World War II
September 16, 1940 – December 31, 1946 |
| 7. **Panama Peacekeeping Mission
December 20 1989 - January 31, 1990 | 14. World War I
April 6, 1917 – November 11, 1918 |

** NOTE: Peacekeeping Missions require a minimum of 14 days service in the actual combat zone where service-incurred injury or disability occurs in the combat zone, and then actual time served, though less than 14 days, is sufficient for purposes. The 14-day requirement for Bosnia and Herzegovina may be met by service in one or both operations for 14 days continuously or in aggregate. For Bosnia and Herzegovina combat zone also includes the airspace above the nations

Were you discharged or released under conditions other than honorable? YES NO
 Have you provided a copy of you DD214? YES NO
 Are you enrolled in the Veterans Administration Health System? YES NO
 Have you provided a copy of your VA Health Benefits Card? YES NO
 What is your VA disability rating? _____ %
 Have you provided a VA letter of disability rating? YES NO
 Is your disability service connected? (See definition below) YES NO
 Marital Status (Circle One): married single divorced separated widowed
 State the number of people in your household, including yourself

Add 3 references

Name	Relationship	Length of time known	Contact Information

***Disabled Veteran Service Connected Definition as per Federal Benefits for Veterans, Dependents and Survivors Chapter 2 Service-connected Disabilities.**

A Veteran who is determined by the VA to be disabled due to an injury or illness that was incurred or aggravated during active military service. These disabilities are considered to be service connected.

A veteran who, as a result of military service incurred the loss or loss of use of specific organs or extremities. Loss, or loss of use, is described as either an amputation or, having no effective remaining function of an extremity or organ.

- loss, or loss of use, of hand or foot
- immobility of a joint or paralysis
- loss of sight of an eye (having only light perception)
- loss, or loss of use, of a reproductive organ
- complete loss or loss of use, of both buttocks
- deafness of both ears (having absence of air and bone conduction)
- inability to communicate by speech (complete organic aphonia)
- loss of a percentage of tissue from a single breast, or both breasts, from mastectomy or radiation treatment
- post-traumatic stress disorder (PTSD)

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

#	Members Full Name	Relation	Birth Date	Sex	Social Security #
1.		Applicant			
2.					
3.					
4.					

2. Does anyone live with you now who is not listed above? Yes No
3. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question 2 or 3: _____

4. Please identify any special housing needs: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charges below.

Does any member of your household:

1.	Yes	No	Work full-time, part-time or seasonally?
2.	Yes	No	Expect to work for any period during the next year?
3.	Yes	No	Work for someone who pays you cash?
4.	Yes	No	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
5.	Yes	No	Now receive or expect to receive unemployment benefits?
6.	Yes	No	Now receive or expect to receive child support?
7.	Yes	No	Entitled to child support that he/she is not now receiving?
8.	Yes	No	Now receive or expect to receive alimony?
9.	Yes	No	Have an entitlement to receive alimony that is not currently being received?
10.	Yes	No	Now receive or expect to receive public assistance (welfare)?
11.	Yes	No	Now receive or expect to receive Social Security or disability benefits?
12.	Yes	No	Now receive or expect to receive income from a pension or annuity?
13.	Yes	No	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
14.	Yes	No	Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
15.	Yes	No	Own real estate or any assets for which you receive no income (checking account, cash)?
16.	Yes	No	If you own a home, do you maintain a mortgage on the property?
17.	Yes	No	Have you sold or give away real property or other assets (including cash) in the past two years?
18.	Yes	No	Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$ _____

Member No.	Source of Income / Type of Income	Total Gross Annual Income

ASSETS

1. List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members.

Member No.	Bank Name	Type of Account	Account Number	Balance
1.				
2.				
3.				
4.				
5.				

2. List all stocks, bonds, trusts, pensions, or other assets, including a house, and their value, owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

RENTAL HISTORY OR OWNERSHIP HISTORY

Name and address of your Present Landlord or Current Address:

_____	Telephone:	_____
_____	How long have you lived here?	_____
_____	Reason for leaving?	_____

Name and address of your Former Landlord and Address:

_____	Telephone:	_____
_____	How long did you live here?	_____
_____	Reason for leaving?	_____

EMPLOYMENT HISTORY

Name and address of Head of Household's present employer:

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

Name and address of spouse's or co-head employer:

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

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, that unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Applicant must meet all UHAC 2025 Affordable Housing Regional Income Limits, (Region 1).

We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

FOR OFFICE USE ONLY	
Date received: _____	By: _____
Today's Date: _____	Approved: _____ Rejected: _____
_____, Director of Affordable Housing.	

The following documentation (if it applies) MUST be provided so we can verify your income and household size.

Personal Identification

- Valid Government Issued ID, (Acceptable forms of ID include driver's licenses, state-issued ID cards, passports, and military IDs.
- Birth Certificate
- Social Security Card
- DD 214

Bank Statements and other Assets

- 6 months of Checking Statements
- 6 months of Savings Statements (CD; s IRA's, etc) current interest rates
- Stocks and Bonds
- Real Estate (total value minus any outstanding mortgage balance, closing costs, broker's fees, etc.) and income from real estate or businesses.
- (4) most recent consecutive pay stubs for all employed household members
- Social Security Award Letter/SS Computer Printout
- Pension Letter received from Pension fund
- Verification of Temporary Assistance for Needy Families (TANF)
- Verification of Support (Child Support and/or Alimony)
- Verification of Military Pay
- Workers Compensation- Letter from Workmen's Compensation
- Verification of Unemployment Benefits

Tax Returns

- 1040 Federal Tax Return (Both Front and Back) last 3 years
- State Tax Return (last 3 years)