

WALTER BEHNKE SENIOR HOUSING Preliminary Application

200 GARDEN STATE PLAZA BLVD. PARAMUS, NEW JERSEY 07652, PHONE / (201)845-8090 FAX (201)845-5780

ALL HOUSEHOLD MEMBERS OVER AGE 18 MUST COMPLETE AND SIGN THIS APPLICATION

Applicant			Sex (m/f)
Date of Birth	Social Security Number	Home Phone	Work Phone
Current Street Address			
Mailing Address or P.O. Box #			Email Address
Marital Status: ___ Married ___ Divorced ___ Widowed ___ Separated			
Co - Applicant			Sex (m/f)
Date of Birth	Social Security Number	Home Phone	Work Phone
Current Street Address			
Mailing Address or P.O. Box #			Email Address
Marital Status: ___ Married ___ Divorced ___ Widowed ___ Separated			

HOUSEHOLD COMPOSITION:

Please list all household members, including the Applicant, Co-Applicant, who will live in the new residence.

	Name	Relationship	Sex	Date of Birth	Social Security Number
1					
2					
3					
4					

CURRENT HOUSING INFORMATION:

Do you rent or own your home?
 ___ Rent ___ Own ___ Other

What is your monthly rent or mortgage payment? \$ _____

How long have you lived at this address?
 ___ Years ___ Months

Selling your current home (if yes, provide a copy of listing) ___ Yes ___ No

EMPLOYMENT INFORMATION:

List information for **each** household member **18 years of age or older**, who is receiving income from employment. If at a current job for less than two years, please indicate previous employment. **Be sure to include all part-time employment as well.** Attach additional sheets if necessary.

Applicant Name	Job Title	Currently Employed?
Employer Name	Immediate Supervisor and Title	
Employer Address		
Phone # () -	Years at Job: _____	Full/Part Time? (Choose 1)

CO-APPLICANT EMPLOYMENT INFORMATION:

<i>Co-Applicant Name</i>	<i>Job Title</i>	<i>Currently Employed?</i>
<i>Employer Name</i>		<i>Immediate Supervisor and Title</i>
<i>Employer Address</i>		
<i>Phone # () -</i>	<i>Years at Job: _____</i>	<i>Full/Part Time? (Choose 1)</i>

INCOME INFORMATION: All income information from all sources is required for every household member who is 18 years of age or over regardless of employment status:

State the amount of income received from each applicable source of income:

	Weekly	Bi-Weekly	Monthly	Annually
1. Gross Salary or Wages	\$	\$	\$	\$
2. Gross Salary or Wages	\$	\$	\$	\$
3. Gross Salary or Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Disability Payment	\$	\$	\$	\$
TANF/Welfare	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$

State the annual amounts of any additional household income not indicated above:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Tips/Commissions Regular Overtime Alimony Child Support Other

ASSET INFORMATION List all checking and savings accounts including CD's, money market funds, assets held by financial institutions, stocks, bonds, or other assets and attach verification and proof of current interest rate.

Name of Financial Institution (Bank and/or Credit Union)	Type of Account (Savings, Checking, IRA, Money Market, etc.)	Current Value	Interest Earned (Annually)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

If you own a home, indicate amounts: Actual Equity: \$ _____ Estimated Value: \$ _____

Mortgage Amount: \$ _____ Other Debts: \$ _____

Do you own an income producing real estate (rental property)? ____ Yes ____ No

If yes, list the net income and attach IRS documentation or other form of verification:

Net Monthly Income: \$ _____ Net Annual Income: \$ _____

DEMOGRAPHIC INFORMATION: (optional)

Disclaimer: This section is in no way related to the eligibility determination process but is used for informational purposes only.

Racial/Ethnic (check one):

_____ 1-white _____ 2-African-American/Black _____3-American Indian _____4-Asian
_____5-Hispanic (non-black) _____6-Hispanic (non-white) _____7-Other:_____

PREFERENCE FOR VETERANS:

If you are an honorably discharged veteran of the United States armed forces, you will receive a preference and offered an apartment before other applicants.

Are you an honorably discharged Veteran of the US armed services? Yes _____ No_____

APPLICANT CERTIFICATION:

I/We, the applicant(s), acknowledge that this application shall be considered fraudulent if the applicant(s) or any persons or entities acting at the direction of the applicant(s) or with the applicant’s knowledge or consent, are deemed to have given materially false, misleading or inaccurate information or statements or failed to provide material information in connection with the application. Material information includes, but not limited to, representations concerning the applicant’s employment, income, household composition, assets, marital status or occupancy of the rental unit as applicant’s principal residence. A Certification of Eligibility based upon materially false, misleading or inaccurate information, omissions or statements concerning applicant’s employment, income, household composition, assets, marital status or occupancy of the rental unit as applicant’s principal residence, shall be void. In such event, the applicant shall be deemed ineligible for the affordable housing program and the landlord reserve all rights to legal and equitable remedies against the applicant.

I/We certify that if selected, the unit I/we occupy will be for 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/PHA 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 _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

Owner/Manager/PHA Representative _____ Date: _____

