

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The New Jersey Law Against Discrimination, *N.J.S.A.* 10:5-1 to -49, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The New Jersey Division on Civil Rights is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's Multiple Dwelling Reporting Rules, *N.J.A.C.* 13:10-1.1 to -2.6, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The Multiple Dwelling Reporting Rule requires landlords to provide a summary of this information to the Division and to retain the information on this form. The information is used to prevent and eliminate discrimination in housing. Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.

Visit the Division on Civil Rights Web site at: www.NJCivilRights.org

CIVIL RIGHTS

Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

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If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: Tenant Applicant Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at DCR.MDRR@percivilrights.nj.gov

CIVIL RIGHTS

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| 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. | |
| | |

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 to average 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 604 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.

Dear Applicant:

Please be advised that in order for our Agency to process your Low-Income Public Housing application, you **MUST** attach the following information that applies to you or your household:

1. **INCOME VERIFICATION** – **MUST BE IN LETTER FORM.**
 - A. Job letter stating when your employment began and your annual gross salary.
 - B. Social Security S.S.I. /S.S.D. – stating monthly benefit amount.
 - C. TANF – stating monthly social services benefit amount.
 - D. Child Support – Letter from County Probation.
2. **ASSET VERIFICATION** – Statements from the bank or any statement savings, passbook, past 6 months checking account statements, stocks, bonds, money markets, or Certificate of Deposit you may own. Also, verification of all property /real estate.
3. **BIRTH CERTIFICATE** – Voter's registration card or baptismal record.
4. **SOCIAL SECURITY CARD(s)** – For everyone in the household over six (6) years of age.
5. **SENIOR/DISABLED APPLICANTS ONLY** – If you pay for Blue Cross/Blue Shield, AARP, or any other health insurance, please attach copy of your premium.

**Failure to submit the required information
and or documentation will result in your
application returned to you for completion.**

**APPLICATIONS WILL BE ACCEPTED
MONDAY THROUGH FRIDAY,
BETWEEN THE HOURS OF 9:00 AM AND
3:00 PM ONLY.**

FOR OFFICE USE ONLY

LAKWOOD HOUSING AUTHORITY
 317 SAMPSON AVENUE
 P.O. BOX 1599
 LAKWOOD, NJ 08701
 (732) 364-1300

Case No. _____
 Date: _____
 Time: _____
 Initials: _____

APPLICATION FOR RENTAL LOW-INCOME HOUSING

Date of Application: _____

Name _____ Phone#: _____
 (Last) (First) (MI)

Address _____
 (Number) (Street) (Apt. #)

 (City) (State) (Zip Code)

1. List the names of all persons who will occupy apartment, including yourself. List yourself first as HEAD OF HOUSEHOLD

| Full Name | Relation to family Head | Sex | Date of Birth | Place of Birth | Social Security Number |
|-----------|-------------------------|-----|---------------|----------------|------------------------|
| 1. | HOH | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

Minority/Race: White ___ Black ___ American Indian or Alaskan Native ___ Asian of Pacific Islander ___

Ethnicity: Hispanic _____ Non-Hispanic _____

2. Name and Address of Previous Landlords:

1. _____
 (Name) (Address) (City) (State) (Zip)
 2. _____
 (Name) (Address) (City) (State) (Zip)

3. Do you own an automobile? Yes _____ No _____
If your answer is yes, fill out below

_____ (Make) _____ (year) _____ (License Plate #) _____ (Color)

Do you have a valid Driver's License? Yes _____ No _____

If answer is yes, complete question below.

Date of Issuance: _____ Expiration Date: _____

State of Issuance: _____ Driver's License No.: _____

4. Are you, your spouse, or any other person whom you expect to occupy the apartment with you presently disabled or handicapped? Yes _____ No _____

a. Name of person Disabled: _____

b. Date of birth of Disabled person: _____ Age: _____

c. If person who is disabled is under the age of sixty-two (62), is such person disabled by determination from the Social Security Administration as defined in Section 223 of the Social Security Act or in Section 102 (b) (5) of the Developmental Disabilities Services and Facilities Construction Amendments of 1970? Such Determination can be obtained from the Social Security Administration, and must accompany this application. Yes _____ No _____

5. Living Conditions:

a. In which of the following are you presently living: (Check one)

Apartment _____ Own Home _____ Renting _____ Other (please explain) _____

Are you living with family, friends or relatives and paying rent and utilities? If so, give name relationship, and living arrangements in detail:

b. Monthly rent now being paid: \$ _____

Cost of utilities per month: \$ _____

Total \$ _____

6. Total income for all occupants. List by name or occupants and source of income:

Name of Occupant **Source of Income** **Income per Month**

Do you expect an increase or decrease in income: Yes _____ No _____

If yes, explain: _____

8. List deductions. (Medical, Medical Insurance, etc.)

| Name of Occupant | Type of Deduction | Amount per Month |
|------------------|-------------------|------------------|
| | | |
| | | |
| | | |

10. List your assets below. (Saving, Checking, Stocks, Bonds, Real Estate, etc) DO NOT list personal automobiles, home furnishings:

| Name of Owner | Description of Assets | Market Value or Amount |
|---------------|-----------------------|------------------------|
| | | |
| | | |
| | | |

11. Have you disposed of Real Estate or property within the last two (2) years: Yes _____ No _____

If answer is yes, please list description of property to whom given or sold, date of transaction and market value of the property. Please provide a copy of said transaction.

12. Have you ever had any problems or disputes with landlords or neighbors? Yes ___ No ___

13. Have you or any member of your family ever been evicted for non-payment of rent or for any other reason? Yes _____ No _____

14. List names of all members of your family at which you lived for the past five years. Provide names, addresses and telephone numbers of all landlords.

15. List names and phone numbers of three references, Employees or Personal (not Relatives)

16. Have you or any member of your family who will reside with you used or still use and illegal control substance (drug) or alcohol? Yes _____ No _____

17. If yes, you or the member(s) of your family attend or presently attend drug rehabilitation programs? Yes _____ No _____ List names and address of facility attended.

18. Have you or anyone in your household ever been convicted of a crime? Yes _____ No _____

If applicant cannot readily supply the required information at the time of submission of the application, it is the applicant's responsibility to make every effort to obtain such information and to submit it to the Authority as soon as possible.

The above information is correct to the best of my knowledge. We/I am aware that a misrepresentation on this application may result in an eviction, in addition to other penalties under applicable laws, rules or regulations.

I have no objections to inquire for the purpose of verifying the facts stated herein. I also understand that this is not a contract and does not bind either party.

(Signature)

(Date)

CERTIFICATION

I hereby certify that I have been informed by the Lakewood Housing Authority that I must report to the Lakewood Housing Authority **in writing** any change in my address within two weeks of moving.

I fully understand that if I fail to do so, and the Authority is unable to reach me for any reason due to my failing to provide my new address, I can, and probably will, be terminated from the waiting list. If that happens, I will have no recourse but to reapply when application intake resumes. I also understand that failure by the U.S. Post Office to forward mail to my new address will not be accepted as an excuse for re-instatement. In short, I understand and agree that **it is my** responsibility to inform the Lakewood Housing Authority of any changes in address.

I also acknowledge receiving copy of this Certification for my records.

(Name)

(Date)