

Dear Applicant:

Please be advised that in order for our Agency to process your RAD Project based Section 8 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.**

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

FOR OFFICE USE ONLY

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

APPLICATION FOR RAD Project Based Section 8

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.					

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
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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
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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
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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 _____

19. Are you or anyone in household a registered lifetime sex offender? 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)

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



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

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

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 DCRMDRR@njcivilrights.org

