

Please read each question carefully, answer each question completely and be prepared to verify items checked "Yes".

1. Do you anticipate any change in the size of your household *within the next 12 months*? Yes No
(future spouse, adoption of minor child, foster care, etc.)
If yes, please describe any changes here: _____
2. Will anyone under the age of 18 listed above live in the unit less than 50% of the next 12 months? Yes No
If yes, please explain here: _____
3. Is any adult member of your household separated, but not divorced? Yes No
4. Is your household currently receiving, or planning to apply for, Section 8 voucher assistance? Yes No

DISABILITY INFORMATION

5. Does any member of the household need an apartment designed for the disabled? Yes No
6. Is the disabled member confined to a wheelchair? Yes No
7. Has the disabled member been declared disabled by the Social Security Administration? Yes No
8. Does the disabled member require the use of a walker or cane or other device to assist with walking? Yes No
9. Does the disabled member require a live-in care attendant for medical purposes? Yes No
10. Does the disabled member need assistance with the preparation of daily meals? Yes No
11. Do you have Medicare insurance? Yes No
a.) if yes, what is your monthly premium? \$ _____
12. Does any member have supplemental health/medical insurance? Yes No
a.) if yes, please Name of Insurance Company: _____
Address of Company: _____
Policy Number: _____
Monthly Premium Amount \$ _____

STUDENT ELIGIBILITY QUESTIONS

13. Are **ALL** members of your household full-time students? Yes No

14. Will **ALL** members of your household be full-time students during any 5 months of *this* year? Yes No

15. Will **ALL** members of your household be full-time students during any 5 months of *next* year? Yes No

16. Is **ANY ADULT** members of your household a part-time student in an institute of higher education? Yes No

If yes, who is enrolled? _____ School they are enrolled in: _____

How do they pay for their education? _____ Cost of tuition per semester: _____

17. Does **ANY Adult** member of your household intend to become a student *within the next 12 months*? Yes No

If yes, who will be enrolling in school? _____

If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY/CHILD SUPPORT INFORMATION

18. Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID# _____) Yes No

a.) Name of person with court order: _____ Payment Amount \$ _____ per _____

b.) Name of person(s) paying support/alimony: _____

c.) Are the full court-ordered amount(s) being received? Yes No

d.) If "NO", are you making efforts to collect the amounts due? Yes No

e.) If "YES", please explain the efforts you are making:

19. Does any member of your household receive child support or alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc.) Yes No

a.) Payment amount \$ _____ per _____

b.) Name of person(s) paying support/alimony:

_____ Phone _____ for child _____

_____ Phone _____ for child _____

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

20. Is any member of your household employed? Yes No

a.) Who is employed? _____
What company? _____ Phone # _____
Amount Earned? \$ _____ per _____

b.) Who is employed? _____
What company? _____ Phone # _____
Amount Earned? \$ _____ per _____

Check here if there are any additional jobs in the household. Attach a separate sheet with contact information.

21. Are any household members self-employed? Yes No

a.) Who is self-employed? _____
b.) What type of work? _____
c.) Amount Earned? \$ _____ per _____

22. Are any adult members of the household unemployed? Yes No

a.) Who is unemployed? _____
b.) Are they receiving unemployment compensation? _____ Amount Received? \$ _____
c.) Is any member of the household seeking employment Yes No

23. Does any member of the household receive pay from the military? Yes No

a.) Who is paid by the military? _____
b.) What branch of the military? _____
c.) What amount do they receive? \$ _____ per _____
d.) Contact person: _____ Phone: _____

24. Does any member of the household receive payments from the Social Security Administration? Yes No

a.) Who receives the payment? _____
b.) What type of payment? SS SSI Other
c.) What is the amount? \$ _____ per _____

Does **any other** household member receive payments from Social Security Administration? Yes No

a.) Who receives the payment? _____
b.) What type of payment? SS SSI Other
c.) What is the amount of the payment? \$ _____ per _____

25. Does any household member receive severance pay or worker's compensation? Yes No

a.) Who is receiving the severance or compensation? _____
b.) What company pays them? _____
c.) What is the amount of the payment? \$ _____ per _____
d.) Contact Person? _____ Phone: _____

INCOME INFORMATION CONTINUED

26. Does any household member receive TANF (Temporary Assistance for Needy Families)? Yes No

(Do not include Food Stamp benefits here)

- a.) Who is receiving TANF benefits? _____
b.) Caseworker: _____ Phone _____
c.) What is the amount received? \$ _____ per _____

27. Does any household member receive period payments from a pension, annuity or retirement account? Yes No

- a.) Who receives the payment? _____
b.) What company is the payment received from: _____
c.) Contact person: _____ Phone: _____
d.) What is the amount received? \$ _____ per _____

28. Does anyone outside your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utilities or groceries? Yes No

- a.) Please provide their name, address and phone number: _____

b.) What is the amount they contribute? \$ _____ per _____

29. Are there any other sources of income, such as Lifeline, that you receive? Yes No

If yes, please describe: _____

30. Does your household expect any changes in their income *within the next 12 months*? Yes No

If yes, please describe: _____

31. Does your household receive long term care insurance payments, in excess of \$180 per day, for a family member residing in a long term care facility? Yes No

If yes, please describe: _____

32. Do any adult members of your household have a zero income? Yes No

If yes, please describe: _____

33. Does any household member submit a Federal Tax return? Yes No

If yes, please include a copy of your most recent 1040 Federal Income Tax Return including W-2, 1099's and additional schedules.

ACCOUNT AND ASSET INFORMATION

Account Information

34. Does any household member have a Checking account, Savings, CD or Money Market account? Yes No

a.) Bank Name _____ Name/s on Account _____

Account Type Checking Savings CD Money Market Balance \$ _____

Account Number: _____

b.) Bank Name _____ Name/s on Account _____

Account Type Checking Savings CD Money Market Balance \$ _____

Account Number _____

Check if there are additional accounts of these types belonging to the household.

(Attach separate sheet with the bank name, account type and name(s) on the account.)

35. Does any household member have Stocks, Bonds, Mutual Funds, Investments or Whole Insurance Policy? Yes No
(life insurance that you can make withdrawals from even if there isn't a death benefit. We do not count Term Life Insurance)

Institution Name: _____ Names on Account _____

Contact Phone: _____ Account Type Stock Bonds Mutual Funds Whole Life

Account Balance: _____

36. Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account? Yes No

Institution Name: _____ Names on Account _____

Contact Phone _____ Account Type IRA Keogh 401K Annuity Other

Account Balance: _____

37. Does any household member have a Pension account that will pay upon retirement? Yes No

(Not including IRA, Keogh, 401K or Annuity account)

Pension Company; _____ Name on Account _____

Contact Name, Address & Phone Number _____

38. Does any member of your household own any Real Estate? Yes No
(Include rental property, Primary Residence, Vacation property, Time-Shares, Commercial Property, and property being sold by deed of trust or contracts for deed.)

Property Owner: _____ Type of Property _____

Mortgage Company _____ Mortgage Balance _____

Mortgage Address and Phone _____

Appraised Value of Property _____

ACCOUNT AND ASSET INFORMATION CONTINUED

39. Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? Yes No
40. Does any household member have a Trust Account? Yes No
Institution Name: _____ Name on Account _____
Is this Account a Revocable or Non-Revocable Trust Account? _____
41. Does any household member have any Treasury Bills or Government Savings Bonds? Yes No
Owner's Name of Treasury Bills or Savings Bonds _____
Series: _____ Face Value \$ _____ Serial Number _____
(Attach a Separate sheet listing each savings bond serial number and face value)
42. Does any household member have cash on hand or a safe deposit box? Yes No
Which household member _____ What amount of cash is kept on hand \$ _____
43. Does any household member have any accounts or assets that were not described above? Yes No
(Please DO NOT include personal use vehicles, furniture or clothing, etc.)
What type of asset _____ What is the estimated value \$ _____
44. In the last two years, has any household member given away any asset(s) for less than they were worth? Yes No
(Examples include property, transferring of an asset account into someone else's name, charitable contribution, etc.)
What was the estimated value of this asset? \$ _____

CRIMINAL HISTORY INFORMATION

45. Has any household member ever been engaged in criminal, alcohol or drug related activities? Yes No
If yes, please explain _____
46. Has any household member ever been convicted of a crime, including alcohol or drug related offense and or physical crime against another person? Yes No
If yes, please explain _____
47. Are any members of your household subject to a lifetime sex offender registration term in any state? Yes No
If yes, please explain _____
48. Has any household member ever been evicted from an apartment or other residence? Yes No
If yes, please explain _____

ADDITIONAL HOUSEHOLD INFORMATION

49. Do you presently own a pet? Yes No

Do you expect to acquire a pet within the next twelve months? Yes No

Please note: Only one domesticated pet under 25 pounds is permitted and a Pet Deposit is required.

50. Do you presently own a vehicle? Yes No

If yes, is the vehicle registered? Yes No

If yes, is the vehicle insured? Yes No

Please note: Only one parking permit per apartment is allowed.

51. Are you a military veteran? Yes No

52. Please provide a complete list of all states in which any household member has resided.

	Last Name, First Name	Residing State(s)
1		
2		
3		
4		
5		
6		

Please let us know how you heard about our housing sites.

CERTIFICATION

I UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS QUESTIONNAIRE WILL BE USED TO DETERMINE MY ELIGIBILITY FOR HUD/ LOW INCOME HOUSING TAX CREDIT COMPLIANT PROPERTIES.

UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION I PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT PROVIDING FALSE INFORMATION IS CONSIDERED FRAUD AND PUNISHABLE ACCORDING TO THE LAW AND MAY RESULT IN THE LOSS OF MY HOUSING AT THIS PROPERTY.

I ALSO UNDERSTAND THAT THE INFORMATION PROVIDED IS CONSIDERED CONFIDENTIAL AND WILL BE USED SOLELY FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY OR CONTINUED ELIGIBILITY IN THIS PROGRAM.

PLEASE NOTE WE ARE REQUIRED TO REPORT TO THE NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY AND PROCESS FOR EVICTION ANY RESIDENT(S) FOR FAILING TO DISCLOSE ALL INCOME AND/OR ASSETS DURING THE MOVE-IN CERTIFICATION AND RECERTIFICATION PROCESS.

I UNDERSTAND THAT THIS APPLICATION/CERTIFICATION IS FOR PURPOSES OF VERIFYING QUALIFICATIONS AND DOES NOT IN ANY WAY BIND THE DIOCESAN HOUSING SERVICES CORPORATION OF THE DIOCESE OF CAMDEN, INC. TO RESERVE OR ASSIGN AN APARTMENT TO ME.

NATIONAL TENANT NETWORK (NTN) IS THE COMPANY FROM WHICH CRIMINAL RECORD INFORMATION IS OBTAINED. IF YOUR APPLICATION IS DENIED, YOU HAVE A RIGHT TO REQUEST A COPY OF THE BACKGROUND REPORT FROM NTN. IF YOU FEEL THAT ANY INFORMATION MAY BE MISREPORTED, INCOMPLETE OR NOT UP TO DATE, YOU CAN REQUEST A REINVESTIGATION WITH NTN. ALTHOUGH NTN MAY DETERMINE QUALIFICATION BASED ON THE RULES OUTLINED BY THE MANAGEMENT COMPANY ABOVE, NTN DOES NOT ITSELF DETERMINE QUALIFICATION CRITERIA. NTN ALSO DOES NOT PLAY A PART IN ANY APPEAL REQUEST OR APPEAL CONSIDERATION.

BY SIGNING BELOW, I/WE AUTHORIZE THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND AUTHORIZE THE LANDLORD TO OBTAIN INFORMATION IT DEEMS NECESSARY IN THE PROCESSING OF MY APPLICATION, INCLUDING CREDIT REPORTS, CIVIL AND CRIMINAL ACTIONS, RENTAL HISTORY, EMPLOYMENT AND SALARY DETAILS, POLICE AND VEHICLE RECORDS AND ANY OTHER RELEVANT INFORMATION. I UNDERSTAND THE INFORMATION ON THIS FORM MAY BE MAINTAINED IN A TENANT DATABASE FOR UP TO 5 YEARS. I UNDERSTAND THAT THE APPLICATION FEE, IF REQUIRED, IS NON-REFUNDABLE, EVEN IF MY APPLICANT IS REJECTED.

CERTIFICATION: ALL HOUSEHOLD MEMBERS WHO ARE 18 YEARS OF AGE OR WILL BE 18 YEARS OF AGE WITHIN THE UPCOMING 12 MONTH PERIOD MUST SIGN BELOW:

Head of Household Date

Co-Head of Household Date

Other Adult Member Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make a willful false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with Fair Housing Act, The Diocesan Housing Services Corporation of the Diocese of Camden has a policy of equal housing opportunity. Applicants will not be discriminated against on the basis of Race, Color, Creed, Sex, National Origin or Physical or Mental Handicap.

Note to Applicants: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 800-424-8590.