



The Madeline Corporation and Bergen County's United Way, both New Jersey based 501 (c) 3 organizations with over 60 years of continuous service to the community, have formed a partnership for the sole purpose of providing safe, affordable housing serving families, seniors and special needs individuals throughout the State of New Jersey.

APPLICATION FOR LEASE

Today's Date:	<i>FOR OFFICE USE ONLY</i>
Property Name:	Date Received:
Address:	Lottery Number:
City/State/Zip:	Apartment Size:
Phone Number:	Received By:
Please note that all lines, questions or requests for information MUST be completed. This requires that you provide the relevant information requests, answer yes or no where applicable or write "N/A" if the information requests does not apply.	
I. APPLICANT (Potential tenant)	
Name (First, MI, Last):	DOB:
SSN:	Home Phone:
Address:	Cell Phone:
City/State/ Zip:	Email:
II. ALTERNATE CONTACT INFORMATION (Contact person related to this application.)	
Name:	Relationship:

Address:	Primary Phone:
Email:	Secondary Phone:

III. SOURCES OF INCOME (Check all boxes that apply and include current documentation for items checked)

Social Security (retirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Amount: \$ _____
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Amount: \$ _____
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Amount: \$ _____
SSI/SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Amount: \$ _____
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Amount: \$ _____
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Amount: \$ _____
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Amount: \$ _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual Amount: \$ _____ Please specify: _____

IV. DEVELOPMENTAL DISABILITY CERTIFICATION/ABILITY TO LIVE INDEPENDENTLY

I hereby certify that I have a severe, chronic developmental disability which:

1. Is attributable to mental or physical impairment or combination of mental and physical impairments; 2. Is manifested before the person attains age twenty-two; 3. Is to continue indefinitely; 4. Results in substantial functional limitations in three or more of the following areas of major life activity; (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and 5. Reflects the person's need for a combination of and sequence of special, interdisciplinary or generic care, a treatment, or other services which are of lifelong or extended duration and are individually prescribed and coordinated.

However, I do not require a highly supervised setting in order to ensure healthy and safety, and am able to live independently in accordance with the number of hours and types of services that I receive (either through DDD, Medicaid, health insurance, family contribution or earned income) upon move-in and the foreseeable future.

Signature of Applicant: _____

Date: _____

Signature of Legal Guardian (if applicable): _____

Date: _____

*Please include the documentation of disability completed by your doctor with this application.

V. DISABILITY CERTIFICATION

The **DOCUMENTATION OF DISABILITY** form must be completed by a licensed physician and submitted as an attachment to this application.

VI. PRIMARY SERVICE PROVIDER (Please do not write DDD, Medicaid or Social Security as the provider of services. They are funding sources, not providers. Please identify the agency, company or private person/people providing actual support services).

Name of Agency/Company:

Contact Person:

How will services be paid for?

Phone Number:

VII. HOUSING PREFERENCE (Select One.)

Please check the box indicating which housing arrangement you are applying for.

☐ One bedroom apartment

☐ Two bedroom unit, shared with another applicant

**Please note that selected choice is not guaranteed as availability is limited

VIII. ASSET INFORMATION (Documentation is required.)

Checking

Name of Bank/Credit Union: _____

Address: _____

Phone Number: _____

Account Number: _____

Current Balance: \$ _____

☐ Single ☐ Joint ☐ No checking account

Savings

Name of Bank/Credit Union: _____

Address: _____

Phone Number: _____

Account Number: _____

Current Balance: \$ _____

☐ Single ☐ Joint ☐ No savings account

Special Needs or Supplemental Needs Trust Fund

☐ No Trust Fund If Yes, what is the monthly ☐ or annual ☐
disbursement (check one please):
\$ _____

Real Estate

☐ No Real Estate Value: \$ _____
Jointly Owned By: _____

Stocks/Bonds

☐ No Stocks/Bonds ☐ YES, provide company name and address for each: _____

IX. BACKGROUND AND CRIMINAL HISTORY

***A background check will be conducted on each applicant. Any one or more of the following may result in automatic denial of the application.

Do you have any felonies or misdemeanors involving:

☐ Yes ☐ No Sexual Misconduct

☐ Yes ☐ No Illegal possession, manufacture, sale and/or distribution of a controlled substance

☐ Yes ☐ No Physical crime against a person or persons and/or another person's property

X. CERTIFICATION OF APPLICANTS

VERY IMPORTANT- READ CAREFULLY

I/We certify the information given in this application is accurate and complete. I/We further understand that any inaccuracies or information withheld may be the basis for immediate denial of my application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request a complete criminal background check through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility or level of assistance.

PLEASE BE FURTHER ADVISED

Federal law prohibits the Landlord from discrimination against any applicant because of race, color, creed, religion, sex, national origin, political or other affiliation, family status, handicap, or source of income. As required by federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply.

Signature of Applicant

Date

Signature of Guardian (if applicable)

Date