

Georgia King Village
250 Georgia King Village, Newark, NJ 07107
Rental Application

Dear Applicant:

Thank you for your interest in an apartment at Georgia King Village, a federally assisted affordable housing complex participating in the Section 8 subsidy program. Enclosed is an application. **Please read everything CAREFULLY before completing the application.**

- Although you may be a household of two (2) or more persons, there can only be one applicant/head of household.
- **Submit only one (1) application. If more than one application is submitted, it will be disqualified.**
- The person submitting the application is the designated head of household. This person must sign the application.
- Only the application should be submitted at this time. Do not submit any documentation that has not been requested.
- Failure to include all the names of all household members who will live in the unit and their incomes, making willfully false and misleading statements or misrepresentations will result in the rejection of the application.
- Only applications that have been submitted with all requested information will be processed. Applications with incomplete information will be returned.
- All sources of income for every person who will reside in the unit must be listed on the application. All sources of income must be documented and will be verified.
- DO NOT USE WHITE OUT OR USE LIQUID PAPER TO MAKE CORRECTIONS ON THE APPLICATION.
- Unit assignment is based on a two person per bedroom standard.
- The submission of an application is not a guarantee of an apartment.
- Only original applications will be accepted. Photocopies of original applications will be returned to the applicant.
- **No payment should be given to anyone in connection with the preparation or filing of this application.**

When completed, this application must be returned by **regular mail** only to GK Preservation LLC, 1735 Park Avenue, 3rd Floor New York, NY 10035. DO NOT HAND DELIVER OR SEND BY REGISTERED OR CERTIFIED MAIL.



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For Office Use Only
Application # _____
Date Received _____

A. Applicant

Name _____

Current Address _____ (Number, street, apt.#)

_____ (City, State, Zip)

Home Phone No. (_____) _____ Cell Phone No. (_____) _____

Work Phone No. (_____) _____ Email _____

1. How long have you been living at this address? _____ years _____ months Is the apartment in your name? Yes / No

2. Present Landlord's Name: _____ Landlord's Tel Num: _____ Is your Landlord a relative? Yes / No
(If you are living in a public housing project, write "NYCHA." If you are living in a City-owned ("In Rem") building, write "HPD.")

3. Present Landlord's Address: _____

4. What is the total rent on the apartment where you currently live or are staying temporarily? \$ _____ per month.

5. How much do you contribute to the total rent on the apartment? (If you do not contribute anything, write "0"). \$ _____ per month

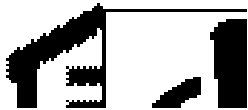
6. Why are you moving? Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood | <input type="checkbox"/> Living in shelter or on the streets |
| <input type="checkbox"/> Not enough space | <input type="checkbox"/> Living with relatives or another family | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size (marriage, birth) | <input type="checkbox"/> Health Reasons |
| <input type="checkbox"/> Current apartment not suitable for persons with disabilities | <input type="checkbox"/> Other _____ | |

Have you been displaced by government action or a presidentially declared disaster? Yes / No

7. List the states where you & anyone in the household have resided: _____

8. Do you currently have a Section 8 voucher? Yes / No Voucher size (circle one): Studio One Bedroom Two Bedroom Three Bedroom



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B. Household Information

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING? _____
 List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

Full Name	Relationship To Applicant	DOB	Sex (M/F)	Social Security Number*	Occupation - If in school write FT (full-time student) or PT (part-time student)
1.	Self				
2.					
3.					
4.					
5.					
6.					

*Applicants and all members of the household are required to disclose Social Security numbers, except those household members who do not contend eligible immigration status. Applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010 additional information will be requested. This information will be needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Do you or a member of your household require special accommodation? Yes /No If Yes, please specify the special accommodation required:



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C. Income from Employment

List all full and/or part-time employment for ALL HOUSEHOLD MEMBERS including yourself WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employed earnings.

Household Member	Name/Address/Phone of Employer	Years on Job	Gross Earnings Before Any Payroll Deductions and Taxes
			\$ _____ per _____
			\$ _____ per _____
			\$ _____ per _____
			\$ _____ per _____
			\$ _____ per _____

D. Income from Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, Interest Income, babysitting, caretaking, alimony, child support, annuities, dividends, Income from rental property, Armed Forces Reserves, scholarships, and/or grants.

Household Member	Type of Income	Amount
		\$ _____ per _____
		\$ _____ per _____



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		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

E. Total Annual Household Income

Add all income listed above and indicate the total earned for the year: \$ _____ per year

F. Assets

Checking Account/Bank or Branch- _____

Passbook Savings/Bank or Branch - _____

Certificates of Deposit /Bank or Branch - _____

IRA/401K, Trust Account, Mutual Funds - _____

G. Child Care & Medical Expenses

Complete each question as applicable

Do you pay for child care expenses for any household member under the age of 13? Yes / No

If yes, provide name, address, and telephone number of child care provider: _____

Names of children requiring child care: _____

Estimated monthly child care costs: \$ _____



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If you are 62 or older or disabled, do you anticipate any Medical and/or health related expenses in the next 12 months that will not be reimbursed by any medical plan/insurance? Yes / No.

If yes, please indicate the estimated yearly amount: \$ _____

Amount of monthly Medicare premium: \$ _____ Amount of other medical insurance: \$ _____ per _____

H. Program Information

1. Do you presently reside in a development where your rent is based on your income? Yes / No

Briefly explain: _____

2. Were you or any member of your household ever convicted of a felony? Yes / No If yes, when? _____

Briefly explain circumstances: _____

3. Have you or any member of your household ever been evicted? Yes / No If yes, when? _____

Briefly explain circumstances: _____

4. Has anyone in your household been convicted of violating any drug-related laws? Yes / No If yes, when? _____

Briefly explain circumstances: _____

5. Are any persons in the household subject to state lifetime sex offender registration in any state? () YES or () NO If yes, which state(s): _____

I. Source of information

How did you hear about this development?

() Newspaper () Sign Posted on Building () Local Organization/Church

() A City "affordable housing" hotline listing new ads for the month

() Website/internet

() Friend

() Other _____

J. Ethnic Identification (Used for statistical purposes only).



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This information is optional and will not affect the processing of the application. Please check one group which best identifies the applicant.

- | | |
|--|--|
| <input type="checkbox"/> White (non Hispanic origin) | <input type="checkbox"/> Black (non Hispanic origin) |
| <input type="checkbox"/> Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other: _____ |

K. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. **I fully understand that any and all information I provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-Sponsored programs.** I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY, IS EMPLOYED BY THE BUILDING OWNERS, ITS PRINCIPALS, OR THE MANAGING AGENT.

Signature: _____ Date: _____

L. Criminal/Credit Authorization

I/We hereby acknowledge that management/owner will run a criminal background check on all adult household members which will be part of the application process. I/We further authorize management/owner to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements or other data obtained from me or from any person pertaining to my employment history credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent listed above in support of this application have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Date: _____

Signature _____ 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

CIVIL RIGHTS

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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

CIVIL RIGHTS

Supplemental and Optional 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.

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.	

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

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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 at 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 644 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.