

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. Have you or any member of your household ever been evicted (except for non-payment or late payment of rent that occurred between March 1, 2020, and August 31, 2021, pursuant to N.J.S.A. § 52:27D-287.9(i)(2))? Yes No

If Yes, when? _____

Briefly explain circumstances: _____

3. Has anyone in your household been convicted of the manufacture or production of methamphetamine on the premises of federally assisted housing?

Yes No

If Yes, when? _____

Briefly explain circumstances: _____

4. Are any persons in the household subject to state lifetime sex offender registration in any state? Yes No

If Yes, which state(s)? _____



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I. Source of information

How did you hear about this development? () Website/internet
() Newspaper () Sign Posted on Building () Local Organization/Church () Friend
() A City "affordable housing" hotline listing new ads for the month () Other _____

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

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

() White (non Hispanic origin) () Black (non Hispanic origin)
() Hispanic origin () Asian or Pacific Islander
() American Indian or Alaskan Native () Other: _____

K. Criminal History and Fair Chance in Housing Act

New Jersey's Fair Chance in Housing Act, N.J.S.A. §§ 46:8-52 to 64 (the "FCHA"), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer. A criminal background check will be conducted by a third party for each applicant and occupant, provided you first qualify pursuant to the remainder of the application. The criminal search will be run for all addresses at which you have resided. You will have an opportunity contest the results of any criminal background check. You may be approved on a conditional basis (a "Conditional Offer"). Conditional Offers may be rescinded based on the results of a criminal background search, as explained below:

1. Prior to Conditional Offer. The following information may be considered prior to the provision of a conditional offer:
 - A. whether any applicant or occupant has ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing; and
 - B. whether any applicant or occupant is subject to a lifetime registration requirement under a state sex offender registration program.C&C Apartment Management, LLC, may only conduct a search for additional criminal background information after you are provided with a conditional offer.

2. Conditional Offer. If an application is accepted or accepted with conditions, and a conditional offer is extended to the applicant, a criminal background check will be conducted on each applicant or occupant that is eighteen (18) years of age or older. If the criminal background search reveals a conviction for a felony or misdemeanor within the time periods and offenses established in C&C Apartment Management, LLC's search criteria pursuant to applicable law, any conditional offer may be rescinded. C&C Apartment Management, LLC, has pre-defined a selection configuration, which has been provided to its criminal search vendor. Prior to final acceptance of any applicant, C&C Apartment Management, LLC's criminal search vendor will search for criminal background information on each applicant/occupant. If a



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report is found, it will be compared to C&C Apartment Management, LLC's pre-selected criteria and a determination regarding whether an applicant meets these criteria will be made.

A conditional offer may be rescinded if a criminal background search finds a criminal record in an applicant or occupant's history that:

- A. resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault in violation of N.J.S. § 2C:14-2, causing or permitting a child to engage in a prohibited sexual act or in the simulation of such an act in violation of paragraph (3) of subsection b. of N.J.S. § 2C:24-4, or any crime that resulted in lifetime registration in a state sex offender registry; or
 - B. is for an indictable offense of the first (1st) degree that was issued, or if the conviction resulted in a prison sentence that sentence concluded, within the six (6) years immediately preceding the issuance of the conditional offer; or
 - C. is for an indictable offense of the second (2nd) or third (3rd) degree that was issued, or if the conviction resulted in a prison sentence that sentence concluded, within the four (4) years immediately preceding the issuance of the conditional offer; or
 - D. is for an indictable offense of the fourth (4th) degree that was issued, or if the conviction resulted in a prison sentence that sentence concluded, within one (1) year immediately preceding the issuance of the conditional offer.
3. Considered Factors. C&C Apartment Management, LLC, will perform an individualized assessment and consider the following information:
- A. the nature and severity of the criminal offense; and
 - B. the age of the applicant and/or occupant at the time of the occurrence of the criminal offense; and
 - C. the time which has elapsed since the occurrence of the criminal offense; and
 - D. any information produced by the applicant and/or occupant, or produced on the applicant's and/or occupant's behalf, regarding the applicant's and/or occupant's rehabilitation and good conduct since the occurrence of the criminal offense; and

- E. the degree to which the criminal offense, if it reoccurred, would negatively impact the safety of other tenants or C&C Apartment Management, LLC's property; and
- F. whether the criminal offense occurred on or was connected to property that was rented or leased by an applicant and/or occupant.

4. Unconsidered Factors. C&C Apartment Management, LLC, will not consider the following information in its evaluation of a criminal background search:

- A. arrests or charges that have not resulted in a criminal conviction; and
- B. expunged convictions; and
- C. convictions erased through executive pardon; and
- D. vacated and otherwise legally nullified convictions; and
- E. juvenile adjudications of delinquency; and
- F. records that have been sealed.

5. Withdrawal of Conditional Offer. C&C Apartment Management, LLC, may withdraw a conditional offer based on your criminal record only if it determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest. If the conditional offer is withdrawn based upon C&C Apartment Management, LLC's pre-selected criteria, it will provide you with a written notification specifying the reasons for the withdrawal. Further, you will be provided with an opportunity to demonstrate any inaccuracies within the criminal background check, as well as an opportunity to provide any necessary context, evidence of rehabilitation, or other mitigating factors.

If C&C Apartment Management, LLC, utilizes any vendor or outside person/entity to conduct a criminal record check on its behalf, it will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if C&C Apartment Management, LLC, receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, it will not rely on that information in making a determination about your tenancy.



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If C&C Apartment Management, LLC, withdraws your Conditional Offer to your criminal history, you have the right to request and receive the materials in which it relied in making this determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer

evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to us at any time, including after the ten (10) days.

Any action taken by us in violation of this process laid out in this statement may constitute a violation of the FCHA. If you believe that C&C Apartment Management, LLC, has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights online at www.NJCivilRights.gov, 1 (866) 405-3050. A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

For more information about how these rules apply, please refer to the additional resources, which are available online at: <https://www.njoag.gov/about/divisions-and-offices/divisionon-civil-rights-home/fcha/>. DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices:

31 Clinton Street, 3rd Floor
Newark, NJ 07102

5 Executive Campus
Suite 107, Building 5

1601 Atlantic Avenue, 6th Floor
Atlantic City, NJ 08401

Cherry Hill, NJ 08002
140 East Front Street, 6th Floor
Trenton, NJ 08625

L. 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: _____



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M. 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: _____



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.