



COMMUNITY ENTERPRISES CORP.
(FORMERLY BUTTERFLY PROPERTY MANAGEMENT, INC.)

* VICTOR M. LUNA, EXECUTIVE DIRECTOR

DATE MAILED _____

Dear Applicant:

Enclosed please find the application you requested for our housing program. As we have made this application user friendly, please complete ALL sections and return the application to our office.

Be advised that submission of an application is not a guarantee that you will be given housing. You will be placed on the waiting list and advised accordingly.

You will receive updates twice year and it is important that you notify us of any changes in your address and phone number in order to remain on the waiting list. You may write to us or call with any changes. You may call me at **(732) 866-4330 extension 4204**, or write to:

Community Enterprises Corp.
PO Box 980
Freehold, New Jersey 07728

URGENT MESSAGE: DUE TO CHANGES IN OUR FUNDER'S RULES WE ARE NOW REQUIRED TO RECEIVE A COPY OF YOUR SOCIAL SECURITY CARD AND A COPY OF YOUR BIRTH CERTIFICATE AT TIME OF APPLICATION.

IF YOUR APPLICATION IS NOT COMPLETE IT WILL NOT BE ACCEPTED.

Yours truly,

Nicole Murcia
Housing Placement Coordinator

8 Spring Street * Freehold * New Jersey * 07728
Mailing Address: P.O. Box 980, Freehold, NJ 07728

COMMUNITY ENTERPRISES CORPORATION

Mailing Address PO Box 980

8 SPRING STREET

FREEHOLD, NJ 07728

PHONE [732] 866-4330 FAX [732] 780-3391

HOUSING APPLICATION

****I CERTIFY THAT I AM OVER 18 YEARS OLD, HAVE LOW INCOME AND AM A MENTAL HEALTH CONSUMER** (present and/or past recipient of mental health services).**

Copy of birth certificate and social security card must be included for all members.

_____ Signature _____ Date _____
 _____ Print Name _____

Name of individual applying for housing _____
 Present Address _____
 Town _____ State _____ Zip _____ County _____
 Phone _____ 2nd phone _____
 Date of Birth _____ Social Security # _____
 How many persons will be living with you? (Include yourself) _____
 How many are under 18 years old? _____
 What is your present source of income? _____ Monthly Amt. \$ _____
 Which three Counties do you wish to live in? 1. _____
 2. _____ 3. _____

PLEASE CIRCLE YES OR NO FOR THE FOLLOWING STATEMENTS:

- | | | |
|---|-----|----|
| 1. I have a diagnosed disability
<i>(3rd party verification is required pending placement)</i> | YES | NO |
| 2. I am homeless or in immediate danger of losing my housing | YES | NO |
| 3. I am awaiting discharge from a Psychiatric Hospital pending housing | YES | NO |
| 4. I am willing to accept SHARED housing with my own bedroom
<i>(Sharing with 1-3 other persons)</i> | YES | NO |

I have been referred by _____ as a **potential roommate** (name of resident).
 I have been referred to you by _____ (name of **agency or individual**).

MUST COMPLETE THE GRID BELOW

Include yourself and all persons who will be living with you (Including self)

NAME All persons in family	SOC. SEC. #	Date of Birth	RACE	Hispanic Y/N	Sex

I certify that the information I have provided is true to the best of my knowledge.
(Sign) _____ **(Print)** _____
 X _____ X _____

COMMUNITY ENTERPRISES CORPORATION

Mailing Address PO Box 980

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HOUSING APPLICATION

**CREDIT CHECK AUTHORIZATION RELEASE FORM
COMMUNITY ENTERPRISES CORP.
PHONE: (732) 866-4330 FAX: (732) 780-3391**

REPORT CHOICE: (please check)

HOUSING COURT _____ CRIMINAL _____
Please indicate purpose of request

For office use only

APPLICANT (PLEASE PRINT CLEARLY)

DATE _____

A COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD MUST BE INCLUDED OR APPLICATION WILL BE RETURNED

Last Name **(print)** _____ First _____ Middle _____

Social Security Number _____

Date of Birth _____

Present Address _____

City _____ State _____ Zip _____

Home Telephone _____ Emergency Telephone _____

I hereby Authorize **Community Enterprises Corporation** to conduct an inquiry concerning my credit history. I understand that the procurement of such report may contain information as to my background, mode of living, character and personal reputation. I hereby release **Community Enterprises Corporation** from any liability.

SIGNATURE _____ Date _____

REMINDER-CREDIT REPORT MAY ONLY BE ORDERED FOR A PERMISSIBLE PURPOSE