
**COMMUNITYHOUSING
IN PARTNERSHIP, INC.**



392 Main Street
Hackensack, NJ 07601
201-968-0200 ext. 7799
www.greaterbergen.org

Date: _____



Dear _____:

Attached is an application you requested for the rental apartment in an affordable housing program located at **29-49 Broadway, Woodcliff Lake, New Jersey** owned and operated by Community Housing In Partnership, Inc. (CHIP).

Currently, there are no vacancies so your application will be placed on our waiting list.

Please provide all documents requested on **page 7**, as incomplete applications will not be considered.

If you have any questions please do not hesitate to contact me at 201-968-0200 ext 7799

Sincerely,

Victor Osorio
Community Housing in Partnership

29-49 BROADWAY VILLAGE, WOODCLIFF LAKE COMMUNITY HOUSING IN PARTNERSHIP, INC.

Application

The Borough of Woodcliff Lake and Community Housing In Partnership, Inc. (CHIP), of Bergen County have formed a partnership and built eighteen affordable apartments, known as Broadway Village, located at 29-49 Broadway, Woodcliff Lake. Additional information about the apartments, eligibility requirements, selection process and submission requirements are provided below.

About the Apartments

Eighteen Dutch Colonial style apartments built on Broadway in Woodcliff Lake. The complex consists of (3) three buildings, each with (6) six units. The one-bedroom apartments are about 750 square feet. All apartments have separate entrances. The apartments have individual energy efficient age heat and hot water units and a washer/dryer is included. A refrigerator, stove and range hood is provided. Each tenant will have a garage on site. The grounds are attractively landscaped.

Eligibility

To be eligible to rent one of these apartments, a household must meet the following requirements:

- Maximum two (2) - member household.
- Have an adjusted annual total household income, including applicable assets, which does not exceed * \$ 37,990 for 1-member household and * \$ 40,523 for a 2-member household.
- Financial capability to pay rent.

The following composition requirements will be adhered to:

- 12 units must have a household member of 65 years of age or older.
- Income composition is stratified in four categories:
 1. 50.1 – 60% of the regional median family income (MFI)
 2. 40.1 – 50% of the MFI
 3. 30.1 – 40% of the MFI
 4. 0 – 30% of the MFI

* 5/06 COAH guidelines

**29-49 BROADWAY VILLAGE, WOODCLIFF LAKE
COMMUNITY HOUSING IN PARTNERSHIP, INC.**

General Instructions: Provide all requested information. If something is not applicable, write “NA” in the space. If more space is needed, attach additional sheets.

1-APPLICANT INFORMATION

Provide the requested information for the applicant and co-applicant, if any, below.

INFORMATION REQUIRED	APPLICANT	CO-APPLICANT
Name		
Social Security Number		
Birth Date		
Street Address		
City/State/Zip Code		
Home Telephone Number		
Alternate Phone Number		
****IF APPLICABLE****		
Social Security (yes or no)		
Pension (yes or no)		
Disability (yes or no)		
Public Assistance (yes or no)		
Work Telephone Number		
Employer Name		
Employer Address		
Employer's City/State/Zip Code		
Position or Title		
Dates of Employment		
# of Years in Line of Work		
Previous Employer		
Previous Position		
Dates of Employment		
Are you a US Citizen?		
Are you a Registered Alien?		

2- HOUSEHOLD COMPOSITION

List the name, relation to applicant, date of birth, and sex for all household members who will occupy the affordable home on the chart below.

Name (First & Last)	Relation to Applicant	Birth Date	Male/Female
1.			
2.			
3.			
4.			

3- HOUSEHOLD INCOME

Indicates gross annual income for all non-dependent household members 18 years and over. Identify the source of the other income (child support, alimony, disability, public assistance, social security, pensions, etc.) below.

Income Source	Applicant	Co-Applicant	Other Members
Salary or Wages			
Commissions/Bonus			
Second Job			
Other *			

* Source (s) and Recipients of Other Income:

4- HOUSEHOLD ASSETS

List the Bank Name, Account Number, Account Type (Checking, Saving, Money Market, CD), and balance for all assets on deposits at financial institutions:

Financial Institution	Account Number	Account Type	Balance

5-OTHER ASSETS

List the stocks, bonds, cash surrender value of life insurance, real estate owned, or other directly held liquid assets. Indicate the asset's current cash value and annual income generated by the asset.

Description of Asset	Current Value	Annual Income

6- LIABILITIES

List any outstanding installment, personal, auto, credit union, or student loans, credit cards, and alimony or child support payments. Indicate monthly payments, unpaid balances, and number of payments left.

Liability	Monthly Payments	Balance	#of Payments Left

7- CREDIT QUESTIONS

Check appropriate answers below. Explain, "yes" answers in space provided. A "yes" answer will not necessarily disqualify you.

Questions	Yes	No
1. Are there outstanding judgments against you?		
2. Have you declared bankruptcy in the past 7 years?		
3. Had you had property foreclosed upon?		
4. Are you parties to a lawsuit?		
5. Have you ever or do you currently own, Real Estate?		

Explanations of "yes" answers:

8- LANDLORD INFORMATION (For past two landlords)

Most Recent Landlord Name	
Street Address	
City/State/Zip Code	
Telephone Number	
Reason for Moving	
Previous Landlord Name	
Street Address	
City/State/Zip Code	
Telephone Number	
Reason for Leaving	

9- EMERGENCY CONTACT: (Relative or Friend)

Name	
Relationship	
Street Address	
City/State/Zip Code	
Home Telephone Number	
Work Telephone Number	

10- PHYSICIAN INFORMATION (Optional)

Doctor's Name	
Street Address	
City /State/Zip Code	
Telephone Number	

CERTIFICATION OF INFORMATION

I hereby certify all information I have provided on this application is true and accurate and authorize Community Housing In Partnership, Inc. to verify any information herein contained, check my credit history through a credit bureau, and use this information on reports to other organizations if my name is not mentioned.

Applicant's Signature

Date

ATTACHMENTS

PLEASE SUBMIT COPIES OF THE FOLLOWING DOCUMENTS THAT ARE APPLICABLE TO YOU. APPLICATIONS THAT ARE NOT COMPLETED WILL NOT BE CONSIDERED.

1. Proof of Income: (4 Most Recent Pay stubs, Public Assistance Award Letter, Social Security Award Letter, Child Support, Pension, Unemployment, Verification of Assets or any type of Income) if over 18 years and a full time student a School Schedule is needed. (If applicable)
2. Social Security Cards and Birth Certificates for household.
3. Photo ID for anyone over the age of 18 years old.
4. If self-employed, attach a profit and loss statement for the past quarter and balance sheet showing year-to-date earnings prepared by your accountant. (If Applicable)

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If you need further assistance please call us at 201-968-0200.