



APPLICATION IS DOUBLE SIDED

READ BEFORE FILLING OUT APPLICATION

Dear Applicant,

This letter will provide you with the necessary information for admission into the Penns Grove Housing Authority waiting list for Section 8. The waiting list will be open from June 12th, 2023 to June 14th, 2023 during the hours of 9:00AM to 3:00PM. You may mail in the application or bring into to our office located at 40 South Broad Street, Penns Grove, NJ 08069 during the dates and times above. Your application must be postmarked no later than June 14, 2023. No application will be accepted via fax or email. Preferences will be given for Salem County Residents and working families. Please return the application but first please read the following instructions:

1. Complete the attached rental application in its entirety. Anything that does not apply to you may be noted as "N/A". **Do not leave any blanks.**
2. All applicants (including anyone living in the household) **over the age of 18 must sign the application along with all the release forms.**
3. You will need to provide us with copies of State issued **birth certificates** for everyone listed on your application. The birth record must have a "State Seal" not the hospital record; **social security cards, proof of income,** and a clear readable **photo identification for all adults** listed on the application. Applications that are received **without** the above documents **will not** be processed.

Your paperwork will be submitted for verification. The application will then be put into a file, and placed on a waiting list. When your name is reached on the waiting list we will contact you.

If your information changes after you submit the application, please be sure to contact us.

Thank You,
Penns Grove Housing Authority



Catherina Rutland
Executive Director

Penns Grove Housing Authority

40 S. Broad Street
Penns Grove, NJ 08069

(856) 299-0101
(856) 299-6736 (Fax)



Section 8 Application

General Family Information

Legal Name of Head of Household _____

Present Street Address _____

City, State, Zip Code _____ How Long? _____

Mailing Address _____

City, State, Zip Code _____ Home Telephone _____

Previous address _____ Work Telephone _____

E-Mail Address _____

Household Members

List the legal names of all the people who will be living with you. Start with yourself as head of household, then spouse or co-head, then other adults, and then minors (oldest to youngest).

Adults Legal Names	Relation to Head	Sex	Age	Birth Date	Social Security Number
	Self				
Children (Legal Name)	Relation to Head	Sex	Age	Birth Date	Social Security Number

Do you expect anyone to move in or out of your household within the next twelve months? ☐ Yes ☐ No

If yes, explain _____

Does anyone live with you who is not listed above? ☐ Yes ☐ No

If yes, who? _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

Are you or any other household member disabled? ☐ Yes ☐ No

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?

☐ Yes ☐ No If yes, please explain _____

Limited English Proficiency: If English is not your primary language, will you require the Housing Authority to provide an interpreter? If yes, please indicate your primary language _____

Program Integrity Information: (These questions apply to all household members)

Have you ever lived in assisted housing before? ☐ Yes ☐ No

If yes, When? Where? Under what name(s)? _____

Who was the head of household? _____

Have you ever used a name(s) other than the one you are using now? ☐ Yes ☐ No

If yes, what name(s)? _____

Have you ever used a social security number other than the one you listed on this application? ☐ Yes ☐ No

If yes, what is it? _____

Provide a complete list of all states in which any household member has resided: _____

Is anyone in your household subject to a lifetime sex offender registration requirement in any state? ☐ Yes ☐ No

Has anyone in your household been found to have manufactured or produced methamphetamine on the premises of federally assisted housing? ☐ Yes ☐ No If yes, who? When? _____

Does anyone in your household currently use illegal drugs? ☐ Yes ☐ No

If yes, explain: _____

Have you ever been evicted? ☐ Yes ☐ No

If yes, explain: _____

Do you owe any money to any public housing agency? ☐ Yes ☐ No

Total Household Income: List all money received or earned by everyone living in the household. Include all money from Employment, Self-Employment, Unemployment Compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Worker's Compensation, TANF, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Annuities and all other sources of income.

Provide a complete explanation of "Income"

Family Member Name	Source of Income	Number of Hours Worked Per Week	Annual Income
			\$
			\$
			\$
			\$
			\$

Has anyone in your household applied for any benefits or money which is in the process of being approved? ☐ Yes ☐ No

Do you or any family member receive any utility assistance? ☐ Yes ☐ No

Does anyone outside of your household pay for any of your bills or expenses? ☐ Yes ☐ No If yes, explain: _____

Are you entitled to:

Do you receive payment from a Pension or Retirement Funds? ☐ Yes ☐ No

Do you receive Social Security or SSI Benefits? ☐ Yes ☐ No

Do you receive Social Service benefits or TANF? ☐ Yes ☐ No

Do you receive Child Support, Alimony or Maintenance? ☐ Yes ☐ No

Case# C _____

If yes, from whom? Amount? _____

Does anyone in your household receive an educational scholarship or grant? ☐ Yes ☐ No

If yes: Name: _____ Source _____ Amount _____ Per _____

Real Estate/Property Asset Information

Do you or any household member own or have an interest in any real estate, boat, and/or mobile home ☐ Yes ☐ No Have you sold any real estate in the last five years? ☐ Yes ☐ No

Description of Asset	Location of Asset	Value of Asset
		\$
		\$
		\$

Asset/Banking Information

Where do you bank? What type of accounts do you have there?

List all stocks, bonds, annuities, saving bonds, credit union shares and all other types of assets for all adults in household.

Name of Bank	Account #	Type of Account	Joint/Individual	Current Balance	6-Month Average Balance
				\$	
				\$	
				\$	
				\$	

Allowances and Deductions

Do you pay child care expenses? ☐ Yes ☐ No

If yes: To Whom: _____ Amount: \$ _____ Per _____
Week/Month

Current Monthly Expenses *(From preceding month)*

Rent	\$ _____	Phone	\$ _____	Medical	\$ _____	Credit Card	\$ _____
Gas	\$ _____	Auto Pmt	\$ _____	Insurance	\$ _____	Credit Card	\$ _____
Electric	\$ _____	Auto Ins	\$ _____	Cable	\$ _____	Loan	\$ _____
Water	\$ _____	Child Care	\$ _____	Rentals	\$ _____	Other	\$ _____

Do you have any other regular monthly payments besides those above? ☐ Yes ☐ No

If yes, specify: _____

Work History of Adults Members

List the last place of employment for all adult household members below:

Family Member Name	Employer	Employer City, State	From	To

Additional Public Housing Suitability Screening

Have you ever been evicted? ☐ Yes ☐ No

If yes, whom? When? Why _____

List the names of your present and former landlord(s) for the past three years

Landlord	Landlord's Address	Telephone	From	To

Pets

Do you have any pets? ☐ Yes ☐ No

If yes, what kind? _____ Size: _____ Weight: _____ Pounds

Vehicles: How many vehicles does the family own?

Owner	Make	Model	Year	Color	License Plate	State

Authorizations, Representations and Certifications

I do hereby authorize the Penns Grove Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants. In addition, In accordance with the regulations at 24 CFR 5.856 and 5.905, O/As and PHAs must perform necessary criminal history background checks to determine the eligibility of an applicant.

I/we understand that false statements or information are punishable under Federal Law and that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.

Signature of Head of Household: _____	Date: _____
Signature of Spouse/Co-Head: _____	Date: _____
Signature of Adult Household Member: _____	Date: _____
Signature of Adult Household Member: _____	Date: _____
Signature of Adult Household Member: _____	Date: _____

If either Head or Spouse/Co-Head is not present, please explain: _____

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Penns Grove Housing Authority
40 S. Broad Street
Penns Grove, NJ 08069

Catherina Rutland, Executive Director
Phone# 856-299-0101 Ext: 12
Fax# 856-299-6736

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



Criminal Background/Credit Report

Authority: HUD requires that you sign a consent form authorizing: That the Penns Grove Housing Authority may request a background check from law enforcement officials, and credit agencies to verify your eligibility of benefits. In addition, HUD requires that you sign a consent form authorizing that the Penns Grove Housing Authority verify the information provided by the applicant by searching the U.S. Department of Justice National Sex Offender Database. The National Sex Offender Database is an online database, hosted by the Department of Justice, which combines the data from individual state sex offender registries. The website for the database is located at <http://www.nsopw.gov>.

Who Must Sign the Consent Form: Each member of your household who is 18 or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Not a lifetime registered Sex Offender: In accordance with the regulations at 24 CFR 5.856 and 5.905, O/As and PHAs must perform necessary criminal history background checks to determine if an applicant, or a member of an applicant's household, is subject to a lifetime registration requirement under a State sex offender registration program. This check must be carried out with respect to the State in which the housing is located and with respect to States where the applicant and members of the applicant's household are known to have resided.

The information contained in my application for admission with the Penns Grove Housing Authority is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents, which are deemed material by the PGHA, shall result in the PGHA to disqualify my application for admission. I understand and agree that all information furnished in my application is subject to review and verification by the PGHA. I authorize all persons, firms and corporations, and law enforcement organization to give the PGHA all information relative to such verification and hereby release such individuals, organizations, and the PGHA from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by the PGHA that the PGHA may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, criminal convictions or arrest records in order to assist the PGHA in making the admission decisions. I further acknowledge notification by the PGHA that reports may be provided to the PGHA by other firms or organizations contracted for that purpose. I hereby release and fully discharge the PGHA, and it's employee's, including contractors, from any and all claims, monetary or otherwise, that I may have against the PGHA, arising out of the making, or use of, either a consumer report and/or or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

By signing below, I authorize all corporations, credit agencies, law enforcement agencies, city, state, county and federal courts and agencies, to release all information they may have about me including criminal and credit history. This authorization shall be valid in original or copy form.

Signature Head of Household

Social Security #

Date of Birth

Date

Other Family Members (18 & older)

Social Security #

Date of Birth

Date

Other Family Members (18 & older)

Social Security #

Date of Birth

Date

*After verification by this Housing Agency the information will be submitting to the Department of Housing and Urban Development on Form HUD 50058. (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.



APPLICANT/TENANT CERTIFICATION

All family members age 18 and older should review the information on this application and **MUST** sign below.

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial or termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature of Household Adults

1) _____ Date _____

2) _____ Date _____

3) _____ Date _____

4) _____ Date _____

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ [] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - ☐ [] Permanent residence under 249 of INA 4/; or
 - ☐ [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - ☐ [] Parole status under 212(d)(5) of the INA /6; or
 - ☐ [] Threat to life or freedom under 243(h) of the INA /7; or
 - ☐ [] Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

Optional and Supplemental 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.

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

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.			

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.

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



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

