



HOUSING APPLICATION

RENTAL • RENT TO OWN • HOMEOWNERSHIP

PERSONAL INFORMATION

First name(s)	Middle name(s)	Last name(s)	Date of birth	SSN or ITIN	Gender
Other name(s) used in the past, if any		Primary phone number	Alternate phone number	Email address	
Please provide the name and phone number of an emergency contact.		We may run a credit and background check. Is there anything in your history that you would like to comment on? (<i>bad credit or a criminal background do not necessarily disqualify</i>)			

HOUSEHOLD INFORMATION

Names of other members of your household	Relationship to you	Date of birth	SSN or ITIN (if 18 or older)
Do you expect a change in your family size?	Are any disabilities in the household that your housing should accommodate? (<i>if so, please explain</i>)	If you have any pets, please list their name, weight, type (including breed if a dog), and age below.	
Does anyone in your household smoke?		Are there any veterans in your household?	

HOUSING INFORMATION

Current street address	City	State	Zip code
Current housing status	Rent Own In a shelter Staying with family/friend Experiencing homelessness		
Current housing type	Apartment Condominium Single-family house Multi-family house		
Expiration date of current lease	Rent or monthly payment	Monthly utilities (estimated)	Other monthly expenses/fees
Landlord's name	Landlord's phone number	Current number of bedrooms	Current number of bathrooms
Have you ever been asked to move from a residence or been served a late rent notice? (<i>if so, please explain</i>)	Have you had any ongoing problems or conflicts with your landlord? (<i>if so, please explain</i>)		
What housing plans would you consider? (<i>select all that apply</i>)	Number of bedrooms needed	Number of bathrooms needed	
Rent Own Rent-to-Own			
Where would you consider moving to? (<i>please be specific</i>)			
Have you completed homeownership counseling? (<i>if so, provide counselor name</i>)	Have you ever purchased a home?	If you ever filed for bankruptcy, in what year did you do so?	If you experienced foreclosure, in what year was it finalized?

INCOME & FINANCES

	Job #1	Job #2
Name of employer		
Contact information		
Gross pay per month		
Dates of employment		
Current savings (that could be applied toward a deposit/down payment)		

YOUR APPLICATION IS NOT COMPLETE UNTIL CAPC RECEIVES THE FOLLOWING DOCUMENTS:

- A copy of a government-issued **photo identification** (e.g. driver’s license, passport, or municipal ID card) for anyone over 18;
- Birth certificates for anyone under 18 who would be living in the unit.**
- Pay stubs** from the past month for all individuals who would help make payments (at least two per employer);
- Proof of any income or payments through **child support** or **alimony**;
- If you receive payments from **Social Security, disability, a pension**, or a similar service, your **award letter** from the program;
- If anyone who would help make payments receives under-the-table income or tips, a list of earnings from the past month;
- Award letter for any **housing vouchers** (e.g. Section 8, TRA, or VASH), if applicable;
- Copies of your 2014 and 2015 **tax returns** if filed;
- Current **statements** from all of your **bank/investment accounts**;

HOW TO RETURN YOUR APPLICATION AND DOCUMENTS:

EMAIL to *clients@njclf.com* | **FAX** to (973) 732-4152 | **DROP OFF** at 421 Halsey Street in Newark.

AGREEMENT AND AUTHORIZATION

I hereby authorize Community Asset Preservation Corporation (CAPC) and/or New Jersey Community Capital (NJCC) to release and/or to exchange information from my records with one or more designated third-party partner organization(s) in order to assist in the review process for rental, lease-purchase, or homeownership. This may include personal and financial information, e.g. name(s), address(es), and social security number, details pertaining to income, assets, and credit. The information to be exchanged includes all such information that I have provided or will provide to CAPC/NJCC in verbal or written form, in person, via internet, via telephone, via facsimile, and/or via any other means.

I hereby authorize CAPC/NJCC and/or the aforementioned partner organization(s) to use reasonable means to verify the information that I have provided and to communicate with any and all individuals whose names are listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I hereby authorize the aforementioned partner organization(s) to obtain a consumer credit report, criminal background check, address history, and eviction history on CAPC’s/NJCC’s behalf and to share it/them with CAPC/NJCC. I understand and agree that CAPC/NJCC intend(s) to use these materials for purposes of evaluating my readiness to rent and/or to purchase a home.

I understand that CAPC/NJCC will retain a copy of materials that it obtains and of the materials that I have provided to CAPC/NJCC and that all materials will be considered confidential. I understand that this is an application for housing and does not constitute a rental agreement, lease agreement, use and occupancy agreement, etc. in whole or in part. I understand that, if I am applying for a rental, CAPC/NJCC may charge a non-refundable fee of up to \$50.00 to cover the cost of processing my application and that I will not be entitled to a refund regardless of the outcome of this application.

I acknowledge that this consent is voluntary and is valid until CAPC/NJCC or I terminate it in writing. I acknowledge that a copy of this form is valid as the original.

Full legal name		Signature		Date	
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FOR OFFICE USE ONLY:

Unit Address _____ Rental CO Filed Will be filed by: _____ N/A

Entity ASF ARF Lease Start ___/___/20___ Lease Length 12 mo. Other: ___ Registration Filed N/A

Rent Amount _____ Rent Source Self Voucher/Agency: _____ Payment at signing other: _____

Security Deposit _____ Security Source Self Agency: _____ Payment at signing other: _____



DEMOGRAPHIC SURVEY

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As a non-profit organization, Community Asset Preservation Corporation (CAPC) and its subsidiaries are required to capture the following data to demonstrate compliance with funding sources and organizational partners. All information will be reported to any source in bulk and no specific information will ever be directly correlated with your name or other form of personal identification.

DEMOGRAPHIC INFORMATION

First name(s)	Middle name(s)	Last name(s)
Birth Date	Email Address/Phone Number	
Head of Household Racial Identification	Do you identify as Latino/Hispanic?	Gender Identification
Native language(s)	Other language(s) spoken	
Head of Household Legal Marital Status	Head of Household Educational Attainment	
Estimated Household Income	Number of Household Members	Approximate Credit Score

Acknowledgment

I hereby authorize Community Asset Preservation Corporation (CAPC) and/or New Jersey Community Capital (NJCC) to release information from my records with one or more designated third-party partner organization(s) in order to meet mandatory reporting requirements. This may include personal and financial information about my household, but will not include name(s), or address(es). The information to be exchanged includes all such information that I have provided or will provide to CAPC/NJCC in verbal or written form, in person, via internet, via telephone, via facsimile, and/or via any other means.

I acknowledge that this consent is voluntary and is valid until CAPC/NJCC or I terminate it in writing. I acknowledge that a copy of this form is valid as the original.

Full legal name		Signature		Date	
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