



LEONARD SPICER, INTERIM EXECUTIVE DIRECTOR

Co-Recovery Administrators
Claunella Richardson

Date:

Dear Applicant:

Attached is the application that you requested. Along with the application, you will find two authorization forms. One will be used to verify your income, assets and prior public housing history. The other is the criminal background check form. This form will also give us your landlord history and credit information. Please fill out all forms completely, sign and date them before returning them.

You will also need to return the application and background check form with the following items.

1. Clear copy of Driver's License or State issued photo ID for all adults listed on the application.
2. Clear copy of Social Security Card for all household members listed on the application.
3. Clear copy of Birth Certificate for all household members listed on the application.
4. Proof of Income (Recent Social Security Award Letter, 4-6 paystubs, Pension, etc.) for all household members listed on application).

You will need to return all information at one time by email, fax, or in-person. Please return all items within seven (7) days from receiving your application.

If you need any additional information, please call or email:

Zamidrah Smith: 973-375-2121 EXT #101 Email: zsmith@ihanj.org

Our Office is located at 101A Union Ave, Irvington NJ 07111

Website www.ihanj.org, info@ihanj.org

FAX #: 973-375-4581

Application for Admission

THE HOUSING AUTHORITY OF THE TOWNSHIP OF IRVINGTON
 624 NYE AVENUE
 IRVINGTON NJ 07111
 (973)375-2121

For Office Use Only

I. Applicant Information

Applicant SSN _____
 Applicant Name _____
 Street Address _____
 City, State, Zip _____
 Home Telephone _____
 Work Telephone _____
 Message Telephone _____

Household Size _____
 Emancipated Minor YES NO

Accessibility features requested?

Vision _____
 Hearing _____
 Wheelchair _____
 Physical _____

Pet Information

Cats _____ Dogs _____ Other _____
 Comments _____

Mailing address same as current address?

YES NO

Mailing Address _____
 City, State, Zip _____

Current Information

Lived there from _____ to _____
 Number of bedrooms _____ Rent _____

Reason for Moving

About to be or without housing Sub-Standard housing Other (Please specify) _____

Current Landlord

Address _____
 City, State, Zip _____ Telephone _____

Current Utility Information

Gas Company _____ Deposit _____
 Electric Company _____ Deposit _____
 Water Company _____ Deposit _____

II. Previous Information

Previous Address

City, State, Zip _____
 Lived there from _____ to _____
 Number of bedrooms _____ Rent _____

Previous Landlord

Address _____
 City, State, Zip _____ Telephone _____

Previously lived in Public Housing?

YES NO

Previous HA Name _____
 Address _____
 City, State, Zip _____ Telephone _____
 Lived there from _____ to _____

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Waiting List Applied For	Application Number	Application Date / Time	Beds Applied

III. Program Integrity

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? YES NO
 If yes: Who? When? For What? _____

2. Does anyone in your household currently use a controlled or illegal drug? YES NO
 If yes, please explain. _____

3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? YES NO
 If yes: Who? When? For What? _____

4. Does anyone outside of your household pay for any of your bills or expenses? YES NO
 If yes: Who? When? For What? _____

IV. Family Composition Information

	Name	SSN	Student	Relation to Head	Birthday
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

(mark as needed)

	Birth Place	Gender (M/F)	Race					Ethnicity Hispanic?	Eligibility				Alien Registration	Handicap	Disabled
			1	2	3	4	5		EC	EN	IN	PV			
Head															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Eligibility Codes: EC = Eligible Citizen

EN = Eligible Noncitizen

IN = Ineligible Noncitizen

PV = Eligibility Pending

Race Codes: 1 = White

2 = Black/African American

3 = American Indian/Alaska Native

4 = Asian

5 = Native Hawaiian/Other Pacific Islander

V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
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Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____

Income Type Codes:			
P = Pension	S = SSI	G = General Assistance	I = Indian Trust/per capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other Non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	HA = PHA Wages	U = Unemployment Benefits	IW = Annual Imputed Welfare Income

VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.
Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____
Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____
Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____
Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____
Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____

VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year	_____	Address	_____
Expense Cost	_____	City, State, Zip	_____
		Telephone	_____
Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year	_____	Address	_____
Expense Cost	_____	City, State, Zip	_____
		Telephone	_____
Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year	_____	Address	_____
Expense Cost	_____	City, State, Zip	_____
		Telephone	_____
Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year	_____	Address	_____
Expense Cost	_____	City, State, Zip	_____
		Telephone	_____
Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year	_____	Address	_____
Expense Cost	_____	City, State, Zip	_____
		Telephone	_____

VIII. References

Enter references that can be contacted to determine housing suitability

Bank References

Bank 1
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Bank 2
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Credit References

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Personal References

Emergency Contact
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

IX. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____ Date _____

Co-applicant _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

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Management Code _____ Caseworker _____

Offers/Vouchers

Unit Number/ Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials

NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION (SBI)

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

(TYPE OR PRINT ALL INFORMATION)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

Irvington Housing Authority
624 Nye Avenue
Irvington, NJ 07111

ASSIGNED IDENTIFIER (ORI Number)

REQUESTING AGENCY USE ONLY

NAME (Including Maiden Name)

SBI NUMBER (If Known)

(Last Name) (Maiden Name) (First Name) (Middle)

ADDRESS

FBI NUMBER (If Known)

(Number) (Street) (City) (State)

DOB

SEX

RACE

SOCIAL SECURITY NUMBER

(Month) (Day) (Year)

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

24: CFR 960.205

(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code, Local Ordinance, or Resolution.)

Terri M. Hurd

Type or Print Name of Authorized Person Making Request

Signature of Authorized Person Making Request

AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

Supervisor, State Bureau of Identification:

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to National Tenant Network
(Insert name of agency you authorize to receive this information)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is voluntary. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant

Date

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)

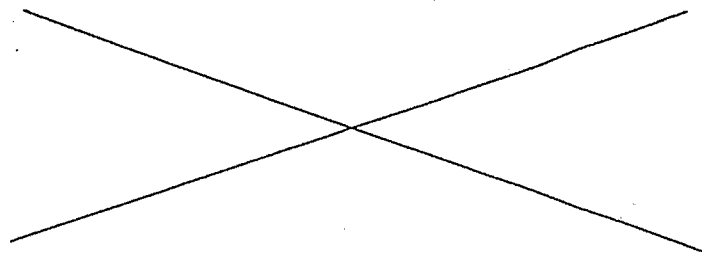
U.S. Department of Housing
and Urban Development
Office of Public and Indian
Housing

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

IRVINGTON HOUSING AUTHORITY
624 NYE AVENUE
IRVINGTON, NJ 07111

Executive Director: Ramon Rivera

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.

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.