

**CONCETTA TOWERS**  
**c/o TOTAL ASSET MANAGEMENT LLC**  
**75 Catlin Road**  
**Franklin, New Jersey 07416**

**Important Notice: Application Submission Requirements**

Please ensure your application is fully completed before submission. All required documents must be copied on 8/5" x 11" paper and included with the application. We cannot process incomplete applications. Kindly review your materials carefully to avoid delays. Items can be submitted in person, emailed to [sbaldowski5@gmail.com](mailto:sbaldowski5@gmail.com) or faxed to (973) 890-1408. If you'd like to schedule an appointment to drop them off, please contact Silvia at (973) 826-0019.

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Phone Number: \_\_\_\_\_

**HUD Section 8 Requirements:** Have **clear** copies of the following documents:

1. Social Security or Supplemental Security Income (SSI) - Benefit Letter from the Social Security Administration (SSA)\*
2. Social Security Card
3. Birth Certificate
4. Driver's License/Government ID
5. Car Insurance and Car Registration - Car will be required to be insured and registered in New Jersey with updated address.
6. Medical Insurance Card/Medicare Card\*\*
7. Latest Six months of Complete Bank Statements
8. Employment Income (including Military Pay) (if applicable)
9. Self-Employment or Income from a Business (if applicable)
10. Any additional income for the past year
11. Doctor Bills (proof of payment required)
12. Prescriptions (Printout from Pharmacy)
13. Document out-of-pocket health expenses
14. COVID-19 Vaccination Card
15. Passport (if applicable)
16. Stock/Bond Statements (if applicable)
17. Unemployment or Worker's Compensation (if applicable)
18. Veteran's Benefits (if applicable)
19. Retirement Benefits, Annuities, or Pensions (if applicable)
20. Regular Contributions, Support or Gifts (if applicable)

**\*\*If your Benefit Letter was lost, stolen, or destroyed, you can ask for a replacement by calling (800) 772-1213. If your Medicare was lost, stolen, or destroyed, you can ask for a replacement by calling (800) 633-4227.**

**CONCETTA TOWERS  
75 CATLIN ROAD  
FRANKLIN, NJ 07416**

**TELEPHONE: 973.209.2808  
FACSIMILE: 973.890.1408**

**To All New Applicants:**

Enclosed please find an application for subsidized housing at Concetta Towers in Franklin, New Jersey. Your application date is the date that we RECEIVE a COMPLETED application in our office. If you are eligible, you will be placed on our waiting list according to the date of application. Be advised that at the present time, our waiting list time is approximately eighteen months. During this time, you Must keep us advised as to your most CURRENT address and telephone number, so that we may mail updates or telephone you as required. FAILURE TO RESPOND TO OUR ANNUAL UPDATE WILL CAUSE YOUR NAME TO BE REMOVED FROM THE WAITING LIST WITHOUT FURTHER NOTIFICATION FROM CONCETTA TOWERS.

If you are unable to accept an apartment when it is available and offered to you, you may be subject to your name being placed at the bottom of the list or removal from the list. If removed from the Waiting List, you MUST request another application to complete to be reinstated.

Also enclosed is an Applicant Declaration Form on which you must declare your Citizenship or Non-Citizenship status. A form must be completed for EACH applicant and family member who will be residing in the unit. You may duplicate the Form if more than one individual will reside in the apartment. If you are not a Citizen, please call the office for proper forms to be mailed to you.

If you need additional forms or have any questions, please call our office.

Sincerely,  
John Ambrosio  
Managing Partner  
Concetta Towers LTD

**TO ALL APPLICANTS:** Please advise us if you need special assistance during the application process.

Presently, we do not have a TDD machine, we use NJ Relay Service that you can reach by calling one of the following numbers:

1.800.852.7899 (TT)  
1.800.852.7897 (Voice)

**"The Fair Housing Act prohibits discrimination of the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status or national origin."**

**CONCETTA TOWERS  
75 Catlin Road  
Franklin, NJ 07416  
973.209.2808**

**NOTE TO ALL APPLICANTS FOR OCCUPANCY**

You must complete **ALL OF THE QUESTIONS ON THE APPLICATION:**

The Application itself contains 16 pages. If a question does not apply to you personally or to your spouse, you may write the letters "N/A" on the line, indicating it does not apply to the applicants. **DO NOT LEAVE ANY BLANK SPACES OR LINES.**

If an incomplete Application is received in our office, it will be returned to you for completion which delays the application processing for acceptance to the Waiting List.

When an Application is deemed to be "complete", your Application is then reviewed according to US Housing & Urban Development regulations. If you are qualified, your name is placed on a "Waiting List" in order of the date the application was received as "Complete". We ask for your patience as the Waiting List is lengthy and the waiting period for a unit is quite long.

We may send all Waiting List Applications periodic notices to be returned to use indicating your continued interest in remaining on the Waiting List. You may also call the office (973.209.2808) for information as to your current placement number on the Waiting List. We strongly urge you not to call more frequently than every three months as the list moves very slowly.

If you have further questions, please call us at 973.209.2808 for assistance. Please return the completed Application and Declaration of Citizenship to:

Concetta Towers  
75 Catlin Road  
Franklin, NJ 07416

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November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.				
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▪ Evicted from your apartment or house;</li><li>▪ Required to repay all overpaid rental assistance you received;</li><li>▪ Fined up to \$ 10,000;</li><li>▪ Imprisoned for up to 5 years; and/or</li><li>▪ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>				
<b>Asking Questions</b>	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
<b>Completing The Application</b>	<p>When you answer application questions, you must include the following information:</p> <table><tr><td><b>Income</b></td><td><ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul></td></tr><tr><td><b>Assets</b></td><td><ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you</li></ul></td></tr></table>	<b>Income</b>	<ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>	<b>Assets</b>	<ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you</li></ul>
<b>Income</b>	<ul style="list-style-type: none"><li>▪ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▪ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▪ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▪ Earnings from second job or part time job;</li><li>▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>				
<b>Assets</b>	<ul style="list-style-type: none"><li>▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you</li></ul>				

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- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



HUD-1140-OIG

THIS DOCUMENT MAY BE REPRODUCED WITH

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Rev. 11/2024





# Housing Application



Property Name:	Concetta Towers	Reference # _____
	75 Catlin Road	Applicant Name _____
	Franklin, NJ 07416	Interviewer _____
Telephone:	973.209.2808	Date Received _____
Facsimile:	973.890.1408	Time Received _____
NJ Relay for Hearing Impaired: 1.800.852.7899		Date Interviewed _____
		Action _____
		Preference _____
		Bedroom _____

## Instructions for Head of Household

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. Applications will not be considered unless they are fully completed.

For financial information, please use Pages 10 and 11 to write the names and addresses of people who can verify the information you provide. (For example, for employment income write your employer's address; for a medical expense, write the address of your doctor. Please use the backs of the pages to record additional information if there is not enough room for an entry.

Before we offer you a unit we will give you a Consent Form (Authorization for Release of Information). This lets us check the information you give us. Have each adult family member sign this form and return it to us as soon as possible. Until you return the Consent Form to us, we cannot offer you a unit.

**GENERAL FAMILY INFORMATION**

Complete this information once for the entire family.

1. Name of Head of Household \_\_\_\_\_
2. What is your present address? \_\_\_\_\_
  - a. Telephone Number \_\_\_\_\_  
Is this your phone? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Work Telephone \_\_\_\_\_  
Message/Emergency Phone \_\_\_\_\_
3. Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what Kind \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_
4. Do you live or have you ever lived in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Where? \_\_\_\_\_  
When? From \_\_\_\_\_ To: \_\_\_\_\_  
Were you evicted? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, did you owe rent? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how much did you owe? \_\_\_\_\_
5. How many vehicles does family own? \_\_\_\_\_  
List make, color, year, license plate number and state for each.  
\_\_\_\_\_  
\_\_\_\_\_
6. If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:  
  
Name of Attendant: \_\_\_\_\_  
Name and Address of Doctor: \_\_\_\_\_

7. How many people live in your household now? \_\_\_\_\_

Will any of these people live anywhere except the unit you are applying for:

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Will anyone else live in the apartment on either a full-time or part-time basis?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you expect any of the above to change in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

8. If you are renting who is your landlord?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Current Rent: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_

If you are not renting, please explain your current living arrangements: \_\_\_\_\_

\_\_\_\_\_

9. If you have moved within the past five years, give the name, address and telephone number of your previous Landlord and the dates you lived there. Use the back of the page if you need more space.

Name of Landlord

Address

Phone

Dates you lived there  
From To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10. Have you or any member of your household ever been criminally convicted for manufacture or the production of methamphetamine on the premises of a federally assisted housing site? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
11. Are you or any member of your household subject to a lifetime registration in a state sex offender registration Requirement in any state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
12. Have you or any member of your household been a victim of domestic violence, date violence or stalking? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
13. Have you or your spouse/co-applicant ever used different names from the names given in this application? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please give name(s) and explain: \_\_\_\_\_
14. Have you or any member of your household ever used social security numbers different from those listed in this Application? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_
15. Have you or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_
16. How did you hear about the rental property, e.g., Newspaper, word of mouth, etc.? \_\_\_\_\_
17. Please give three (3) references (other than family). Use the back of this page if you need more space.

Name

Address

Telephone

18. Please check any categories below that apply to you and your family. If you check any of the categories, you must

Include verification with this application, e.g., three cancelled rent checks, a letter from the landlord denying a Lease renewal or a letter from a government agency indicating unfit housing. **Without this information, you will NOT be able to qualify for a Federal Preference.**

Our current dwelling is substandard because

- ☐ It does not have indoor plumbing that works.  
☐ It does not have a useable flush toilet inside the unit that is only for the use of our family  
☐ It does not have electricity  
☐ One electrical service is unsafe or inadequate  
☐ It does not have safe or adequate source of heat  
☐ It does not have a kitchen  
☐ It has been declared unit for habitation by a government agency

We are homeless and do not have a fixed, regular or adequate nighttime residence. We currently live in

- ☐ A supervised public or private shelter  
☐ An institution that provides a temporary residence for individuals intended to be institutionalized  
☐ A place not designed for, or normally used for sleeping.

We have been forced to leave our home because of:

- ☐ A disaster such as a fire or flood  
☐ A government action  
☐ Action by a private owner that I, the tenant, could not control or prevent (does not include a rent increase)  
☐ Actual or threatened physical violence  
☐ The landlord did not renew the lease  
☐ Current unit is inaccessible to a member of the family  
☐ Victim of hate crime

We are paying more than 50 percent of our gross family income for rent and utilities  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please enter your current housing expenses:

Rent	\$ _____ per month	Taxes	\$ _____ per _____
Heat	\$ _____ per month	Insurance	\$ _____ per _____
Gas	\$ _____ per month	Water/Sewer	\$ _____ per _____
Electricity	\$ _____ per month	Other (Specify)	\$ _____ per _____

**Applicant Signature and Certification**

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in the application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the Instructions for *Head of Household* on page 2, and we agree to comply with such information.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act 15.U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required *Consent Form* ("Authorization for Release of Information") before we can be offered a unit.

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of obtaining federal funds.**

_____ Signature of Head of Household	_____ Date	_____ Signature of Co-applicant	_____ Date
_____ Signature of Spouse or Co-Applicant	_____ Date	_____ Signature of Co-applicant	_____ Date

On the following page: The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing and Community Development Service, that Federal Law prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

### Member Information

Please list each member who will live in the unit. The bottom of the page explains what to put in each column.

Member Name (Last, First, Initial)	Social Security No.	Date of Birth	Relationship to Head	Sex (M/F)	Race (See below)	Hispanic (Y/N)	Occupation	Full-Time Student (Y/N)	Pregnant/Adopting/Legal Guardianship (Y/N)	Handicap/Disabled (Y/N)

### Explanation of Columns:

**Member's Name:** Enter the last name, first name, and then the middle initial.

**Social Security Number:** If a member has a social security number, you must enter it if the member is age 6 or older or if the member has any income. If a member does not have a social security number, but has an alien number, enter the alien number. If a member has neither a social security number nor an alien number, write None.

**Date of Birth:** Enter the month, day, and year, Example: 6/13/55

**Relationship to Head:** Indicate how this member is related to the Head. Examples: Spouse, Co-head, Son, Daughter, Foster-child.

**Sex:** Enter M for male or F for female.

**Race:** Enter one of the following:

1. White
2. Black
3. Asian/Pacific Islander
4. American Indian/Alaskan Native

(This information is for statistical purposes only; you are not required to answer, nor does your answers affect your position on our waiting lists or your chances of getting a unit.)

**Hispanic:** Enter *Yes* or *No*. (This information is for statistical purposes only; you are not required to answer, nor does your answers affect your position on our waiting lists or your chances of getting a unit.)

**Occupation:** Enter the occupations of the Head, Spouse, and all members over age 18. Examples: Clerk, Nurse, Truck driver. If an adult member does not work, enter N/A.

**Full-Time Student:** Answer this only for members who are ages 18 and older. Enter *Yes* if the member is a full-time student and *No* if the member is not. If you answer *Yes*, provide the required information on the *Verification Information* sheet.

**Pregnant/Adopting/Guardianship:** If a member is pregnant or in the legal process of adopting or becoming a legal guardian, enter the number of additional members expected because of the pregnancy or adoption or legal guardianship. Typically, if someone is pregnant or adopting, you would answer 1; you would answer 2 if a person was pregnant with twins or if 2 children were being adopted. Leave this entry blank if it doesn't apply to this member. If you do enter a number, complete the corresponding information on the *Verification Information* sheet.

**Handicapped/Disabled:** You don't have to claim Handicapped/Disabled status for any member, but doing so may place you in a higher position on some waiting lists or give you a lower rent if you are accepted as a tenant. If you wish to be considered for these preferences and you indicate that a member is handicapped or disabled, please complete the corresponding information on the *Verification Information* sheet

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### Verification Information

Complete this page for each individual who will live in the unit who is a full-time student, handicapped, disabled, pregnant, or in the legal process of adopting or becoming a legal guardian. If none of the categories on this page applies to any Household Member, it is not necessary to complete this page. Simply enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

Full-Time Student Information		Pregnancy or Adoption Information	
Member Name (First, Last, Initial)	Name and Address of the School or Vocational Facility	Member Name (First, Last, Initial)	Name and Address of Doctor or Organization who can Verify Information

**\*\*Handicap or Disability Information:** This information is voluntary. However, there are benefits which are available to applicants and residents who are handicapped or disabled. If you do not wish to be considered for these benefits, or they do not apply to you, please enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

Handicap or Disability Information		
Member Name (First, Last, Initial)	Handicap or Disability (optional) (if claiming, select definition from below)	Does any member have special housing needs which require any of the following? (check applicable items) <input type="checkbox"/> Separate Bedroom <input type="checkbox"/> Unit for vision impaired <input type="checkbox"/> Barrier free apartment <input type="checkbox"/> Unit for hearing impaired <input type="checkbox"/> One level unit <input type="checkbox"/> Unit for mobility impaired <input type="checkbox"/> BR/Bath on 1st floor <input type="checkbox"/> Other (please specify)

<b>Explanations:</b> <b>Handicapped:</b> A physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the person's ability to live independently; and as such that the person's ability to live independently could be improved by more suitable housing conditions. <b>Chronic Mental Illness:</b> A severe and persistent mental or emotional impairment that seriously limits ability to live independently, and that could be improved by more suitable housing conditions.	<b>Disabled, USC:</b> A physical or mental impairment that manifested itself before age 22 and that results in functional living limitations and that requires some type of individually planned care or special services. <b>Disabled, SSA:</b> A physical or mental impairment that makes the person unable to participate in a substantially gainful activity that he or she was able to do before. If the disability is blindness, the person must be 55 years old or older to qualify under this definition.
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### Financial Information

Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, handicap, or child care expenses. **You do not need to complete these pages for a live-in attendant.** You may photocopy these pages if necessary.  
**Income:** List all employment and non-employment income for all household members. Include Salary and Wages (Gross Amount), Social Security (Green Check), Supplemental Security Income (Gold Check), IRA, Keogh, V.A. Pension, other pensions or annuities, General Assistance (Welfare), ANFC, Child Support, and any other source of income.

Member Name (First, Last, Initial)	Type of Income and Who Pays It	Estimated Total Income (Circle One)	Address of Income Source(s)	Contact Person Name and Telephone
		\$ _____ per wk. or \$ _____ per mo.		
		\$ _____ per wk. or \$ _____ per mo.		

**Assets:** List assets of household members, including savings and the checking accounts, certificates of deposit, stocks, bonds mutual funds, credit union shares, land real estate (including your home if you own it), and any other assets.

Member Name (First, Last, Initial)	Account Number	Description of Assets	Current Value of Assets	Interest Rate or Annual Income	Bank/Credit/ Union/Appraisers	Name(s)

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### Financial Information

**Expenses** List any medical, handicap, or child expenses that are paid because of this household member. (For example, list child care expenses for the child who needs the care, not the person who pays for the care.)

Member Name (First, Last, Initial)	Type of Expense <u>M</u> (Medical) <u>C</u> (Childcare) <u>H</u> (Handicap) (Circle One)	Est. Total Expense (Circle One)	Name and Address of Doctor or Provider who can Verify Information
	1. Working 2. Looking for Work 3. School	\$ _____ per wk. \$ _____ per mo.	
	1. Working 2. Looking for Work 3. School	\$ _____ per wk. \$ _____ per mo.	

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last 2 years, e.g., a house, car or cash.

Description of Assets	Date Disposed of	Fair Market Value	Divestiture Cost (e.g. realtor, CD Penalty)	Amount Received	Name and Address of Bank, Institution, Real Estate Agent or Appraiser who can Verify this Information

Do you expect any changes in your income, assets, or expenses during the next 12 months?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

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## APPLICANT DECLARATION

**INSTRUCTIONS:** Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ IF APPLICABLE (this is an 11-digit number found on DHS Form 1-94, Departure Record)

NATIONALITY \_\_\_\_\_ Enter the foreign nation or country to which you owe legal allegiance. (This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the Person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete Block #1, indicating you are a Citizen or National of the United States. You may indicate on the line provided, by a check mark or an X. If you are not a Citizen or National of the United States, please call us for the paperwork necessary for completion, in order for you to be considered for HUD Section 8 housing.

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I, \_\_\_\_\_, am a Citizen or National of the United States of America.

(print or type first name, middle initial, last name):

If you completed the above, no further information is required. Please sign and date below and forward the Declaration together with the Application to: Concetta Towers, 75 Catlin Road, Franklin, New Jersey 07416.

Written Full Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

"The Fair Housing Act prohibits discrimination of the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status or national origin."

LANDLORD



GUARD INC.

PO BOX 3093 WINDERMERE, FL 34786 TEL: 212-695-6505 FAX: 212-695-5369 mail:info@landlordguard.com

**Concetta Towers**

**Tel: 963-890-1479/973-209-2808**

**Fax: 973-890-1408**

- ☐ Package 1 (Credit Report, Social Security # Fraud, Credit Score, Housing Court Record )
- ☐ Package 2 (Credit Report, Social Security # Fraud, Credit Score, Housing Court Record Bad check writing history) Drivers License Number #\_State \_
- ☐ Criminal Background Search      ☐ State level only    ☐ All levels
- ☐ Sex Offender Search

APPLICANT INFORMATION					
First Name	Middle	Last Name	Jr. Sr.	Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Social Security #	Date Of Birth	Day Phone	Evening Phone		
CURRENT RESIDENCY					
Address	Apt.	City	State	Zip	
PRIOR RESIDENCY					
Address	Apt.	City	State	Zip	

**AUTHORIZATION TO RELEASE INFORMATION** I the Applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics, and mode of living, including salary-income, consumer credit, court and criminal history, and banking financial practices. I have the right to make a written request for disclosure of the nature, result and scope of this investigation. I may not, however, receive or view my consumer credit file. I agree to hold Landlord Guard, Inc. harmless for any claims that may arise as a result of this investigation. I further authorize Banks, Financial Institutions, Landlords, Civil and Criminal Courts, Motor Vehicle Bureaus, Business Associates, Credit Bureaus, Attorneys, Accountants, and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any update reports which may be ordered as needed. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

\_\_\_\_\_  
MY PRINTED NAME

\_\_\_\_\_  
MY SIGNATURE

\_\_\_\_\_  
DATE

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Rev. 11/2024

**Race and Ethnic Data  
Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

CONCETTA TOWERS NJ39R000006 75 Catlin Road, Franklin, NJ 07416

Name of Property	Project No.	Address of Property
TOTAL ASSET MANAGEMENT LLC		SENIOR HOUSING SECTION 8
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member
Date (mm/dd/yyyy): _____		

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**  
**There is no penalty for persons who do not complete the form.**

**Signature**

**Date**

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

form HUD-27061-H (9/2003)

**"The Fair Housing Act prohibits discrimination of the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status or national origin."**

## Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

### A. General Instructions

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories as revised by the Office of Management and Budget are defined below:

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

**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.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Note:** The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal is a consistent manner of summarizing, across all HUD programs, the racial and ethnic data of the population(s) served or proposed to be served by your organization.

Form HUD-27061



Supplemental and Optional 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

**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.

Form HUD-92006(05/09)

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Rev. 11/2024