

Oyster Bay Urban Renewal, Inc.

“Oyster Bay Apartments”

50 Beers Street • Keyport, NJ 07735
Phone: 732-264-2711 Fax: 732-264-0478
E-mail: oba@coughlinmgt.com



APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

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READ THIS FIRST

IF YOU HAVE A HANDICAP OR DISABILITY (A PHYSICAL OR MENTAL IMPAIRMENT THAT LIMITS A MAJOR LIFE ACTIVITY), OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

OUR PHONE NUMBER IS 732-264-2711. CALL BETWEEN THE HOURS OF 8:00 A.M. AND 4:00 P.M. IF YOU HAVE A HEARING IMPAIRMENT, YOU MAY CALL NJRS AT 1-800-852-7899 OR DIAL 711 FROM WITHIN NJ TO USE A TTY DEVICE.

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

- ANSWERING QUESTIONS ON THIS FORM
 - Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, allowances, rent, family composition, or prior tenant history is **grounds for rejection**.

- ANSWERING QUESTIONS PERTAINING TO HANDICAP OR DISABILITY
 - Answers to questions concerning handicap or disability status are optional. However, without this information we may not be able to:
 - Determine your eligibility or need for special housing features; or
 - Calculate your rent correctly. Families with members who have a handicap or disability may be entitled to certain deductions from income that effect rent.
 - Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

- SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE
 - Please complete the special unit requirement(s) questionnaire attached to the application form. The information is needed so that we may assign you a unit appropriate to any needs that exist for your family. Your answers will be verified. Please note that completing this questionnaire is completely voluntary and that we are asking you to complete it solely to meet your housing needs, and that any information obtained will be used solely for this purpose and will be kept completely confidential. If you choose not to complete the form, please check the box, print your name, sign, and date the form.

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Oyster Bay Urban Renewal, Inc.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is administered to every applicant at Oyster Bay Urban Renewal, Inc. Its purpose is to help applicants with disabilities obtain access to the type of housing they need in order to have an equal opportunity to enjoy their housing. Any information provided to Oyster Bay Urban Renewal, Inc. on this form will be used solely for this purpose and will be kept completely confidential. Completing this form is completely voluntary. If you choose not to complete this form, please check the box, print your name, sign, and date below. If you identify that you need any accessible features, or unit, or live-in aides as a direct result of your disability, Oyster Bay Urban Renewal, Inc. will need to verify this information from a reliable source.

Applicant Name: _____

Applicant / Tenant Signature: _____ **Date:** _____

I CHOOSE NOT TO COMPLETE THIS FORM

1. Do you, or does any member of your family, need any of the following as a direct result of a disability?

Handicapped / Accessible **Unit for vision impaired**

Unit for hearing impaired **Other**_____

2. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your disability:

3. What is the name of the family member who needs the features identified above?

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Oyster Bay Urban Renewal, Inc.
50 Beers Street • Keyport, N.J. 07735

**APPLICATION ASSISTANCE AND INFORMATION STATEMENT
NOTICE TO ALL APPLICANTS
OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS**

This property is managed by Coughlin Management Company. Coughlin Management Company and Oyster Bay Urban Renewal, Inc. do not discriminate against applicants and tenants on the basis of their race, color, sex, age, national origin, religion, sexual orientation, familial status, disability, gender expression, gender identity, or genetic information. We also have specific obligations which relate solely to people with disabilities or handicaps. A disability or handicap is a physical or mental impairment that limits a major life activity as defined in section 223 of the Social Security Act.

Please be advised that we have a legal obligation to make changes in policies and procedures (“reasonable accommodations”) and structural alterations (“physical modifications”) if it will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program. We do not have to make a reasonable accommodation or physical modification if the accommodation or modification costs too much money and is too difficult for us to do (poses “an undue financial and administrative burden”) or requires us to ignore or change a basic component of our housing program (a “fundamental alteration” in the housing program).

Examples of reasonable accommodations and structural modifications include:

- Making an alteration to a unit, such as installing grab bars.
- Allowing a family to have a dog to assist a family member who needs the animal as a direct result of his/her disability in a development where dogs are not usually permitted;
- Making large type documents, placing documents on tape, and making a reader available to an applicant with a vision impairment during the application process, or tenant during the recertification process;

Please note that our obligation to provide a reasonable accommodation and physical modification does not require us to waive basic lease requirements for applicants or tenants with disabilities. An applicant or tenant family member with a disability must still be able to meet the essential obligations of tenancy (pay rent, care for their apartment, report required information to the manager, avoid disturbing their neighbors, etc.) with or without a reasonable accommodation or physical modification. If you or a member of your family has a disability or handicap and think you need a reasonable accommodation or structural modification, you may request it at any time in the application process or after admission. This is up to you.

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Oyster Bay Urban Renewal

RENTAL APPLICATION



Instructions for Head of Household

1. Please print all sections in ink. Do not leave any sections blank, even those which do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "none" or N/A (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
2. As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign the application.
3. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes. If you do not notify us of changes to the above listed information you will be removed from the list.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures.

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

Head of Household and Spouse or Co-applicant: Please Print

<u>Head of Household Full Legal Name</u>
Full Name: _____
Home/Cell Phone: (____) _____
Work Phone: (____) _____
Social Security Number: _____

<u>Spouse / Co-applicant Full Legal Name</u>
Full Name: _____
Home/Cell Phone: (____) _____
Work Phone: (____) _____
Social Security Number: _____

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Oyster Bay Urban Renewal

50 Beers Street • Keyport, NJ 07735

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

Applicant Name: _____

Current Address: _____

City, State, Zip: _____

Home/Cell Phone: _____ Work Phone: _____

How did you hear about our site? _____

Household Composition and Characteristics

1. List the Head of the Household and all other members who WILL BE living in the unit. Give the relationship of each family member to the head of household, along with the birth date, age, and social security number of each member. **If applicable, answer the questions in bold.**

Member #	Members Full Name	Relationship to Head of Household	Birth date	Age	Social Security #
1					
2					
3*		*Live In Aide Only			

Does any applicant member without a social security number qualify for one of the three allowable exceptions:

- a. Ineligible, non-citizen member—NOT contending eligible immigration status
PLEASE CIRCLE ONE: YES NO
- b. Members 62 years old as of January 31, 2010 and who were receiving HUD rental assistance at another location on January 31, 2010 **PLEASE CIRCLE ONE: YES NO**
- c. Members under the age of 6 who are added to applicant household **within 6 months prior to move-in** (eligible for a 90-day extension to provide their SSN)
PLEASE CIRCLE ONE: YES NO
2. Household Member 1 Gender: **PLEASE CIRCLE ONE: Male Female Prefer not to disclose**
Household Member 2 Gender: **PLEASE CIRCLE ONE: Male Female Prefer not to disclose**
3. Does anyone live with you now who are not listed above? **PLEASE CIRCLE ONE: YES NO**
4. Does anyone plan to live with you in the future who are not listed above?
PLEASE CIRCLE ONE: YES NO
5. What unit size do you prefer? **PLEASE CIRCLE ONE: Efficiency One Bedroom No Preference**

6. Are you now living in a federally subsidized housing unit? **PLEASE CIRCLE ONE: YES NO**

IF YES:

Name of Complex: _____

Name and Telephone Number of Manager: _____

7. Are you currently receiving any form of rental assistance? **PLEASE CIRCLE ONE: YES NO**

8. Have you or any member of your household ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?

PLEASE CIRCLE ONE: YES NO

If answered yes, give explanation: _____

9. Are you or any member of your household subject to lifetime registration as a sex offender under a State registration program? **PLEASE CIRCLE ONE: YES NO**

If answered yes, give explanation: _____

10. Do you have a valid driver's license? **PLEASE CIRCLE ONE: YES NO**

If yes, license number _____ State _____

INCOME AND ASSET INFORMATION:

INCOME INFORMATION: Please answer each of the following income related questions.

1. Work full time, part-time or seasonally? **PLEASE CIRCLE ONE: YES NO**
2. Expect to work for any period during the next 12 months? **PLEASE CIRCLE ONE: YES NO**
3. Work for someone who pays in cash? **PLEASE CIRCLE ONE: YES NO**
4. Expect a leave of absence for work due to lay-off, medical, maternity, or military leave?
PLEASE CIRCLE ONE: YES NO
5. Now receive or expect to receive unemployment benefits? **PLEASE CIRCLE ONE: YES NO**
6. Now receive or expect to receive child support? **PLEASE CIRCLE ONE: YES NO**
7. Entitled to child support that he/she is not now receiving? **PLEASE CIRCLE ONE: YES NO**
8. Now receive or expect to receive alimony? **PLEASE CIRCLE ONE: YES NO**
9. Have an entitlement to receive alimony that is not currently being received?
PLEASE CIRCLE ONE: YES NO
10. Now receive or expect to receive public assistance (welfare)? **PLEASE CIRCLE ONE: YES NO**
11. Now receive or expect to receive Social Security benefits? **PLEASE CIRCLE ONE: YES NO**
12. Now receive or expect to receive income from a pension, annuity, or retirement benefit?
PLEASE CIRCLE ONE: YES NO
13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? **PLEASE CIRCLE ONE: YES NO**
14. Now receive or expect to receive an earned income tax credit? **PLEASE CIRCLE ONE: YES NO**
15. Now receive or expect to receive income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stocks or bonds, GoFundMe/Crowdsourcing, Bitcoin/Cryptocurrency, or income from rental property? **PLEASE CIRCLE ONE: YES NO**
16. Own real estate or any asset for which you receive no income (checking account, cash)?
PLEASE CIRCLE ONE: YES NO
17. Have you sold or given away real property or other assets (including cash) in the past 24 months?
PLEASE CIRCLE ONE: YES NO

For each "yes" checked relating to income, please provide details in the charts below for each household member.

Member	Source of income /type of income	Monthly income	Annual income	Benefit Claim Number
1				
1				
1				

Member	Source of income /type of income	Monthly income	Annual income	Benefit Claim Number
2				
2				
2				

Total Household Annual Income: \$ _____ (Filled out by Management Office)

ASSETS INFORMATION: Please answer each of the following asset related questions.

- List all checking accounts and saving accounts (including IRAs, Keogh accounts, Certificates of Deposits GoFundMe/Crowdsourcing, Bitcoin/Cryptocurrency for all household members.)

Member #	Bank Name	Type of Account	Account Number	Balance

- List the value of all stocks, bonds, trusts, pensions, crowdsourcing, cryptocurrency, or other assets owned by any household member.

- List the value of any assets disposed of for less than their fair market value during the past 24 months.

- Do you own property? **PLEASE CIRCLE ONE: YES NO**
If so, what is the current fair market value of the property? _____

PREVIOUS RENTAL HISTORY (This must be filled out)

- Name and Address of your Present Landlord: _____
Telephone #: _____ How long have you lived here? _____
Reason for Leaving: _____
- Name and Address of your Previous Landlord: _____
Telephone #: _____ How long did you live here? _____
Reason for Leaving: _____
- List all of the states where all household members have ever lived: _____

EMPLOYMENT HISTORY (last 12 months, current or expected over next 12 months)

Head of Household

Employer Name and Address: _____

Employer Telephone #: _____ Supervisor's Name: _____

How long have you been employed: _____

Spouse/Co Head

Employer Name and Address: _____

Employer Telephone #: _____ Supervisor's Name: _____

How long have you been employed: _____

Name and address of Nearest Relative NOT living with you or contact person:

Name: _____ Address: _____

Relationship to you: _____ Telephone #: _____

Name and Address of person to be contacted if you become incapacitated:

Name: _____ Address: _____

Relationship to you: _____ Telephone #: _____

PLEASE NOTE: IF APPLICANT CANNOT SUPPLY THE ABOVE INFORMATION AT THE TIME OF SUBMISSION OF THE APPLICATION, IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN SUCH INFORMATION AND RESUBMIT THE APPLICATION TO THE OWNER/MANAGER/PHA AS SOON AS POSSIBLE. INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NOT BE ENTERED IN THE ACTIVE FILE UNTIL ALL INFORMATION HAS BEEN PROVIDED.

CERTIFICATION

*I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we certify that the above information is correct to the best of my/our knowledge and I/we understand that false or erroneous information submitted herein may be basis for rejection or eviction. I/we have no objection to inquiries made by the owner/manager/PHA for the purpose of verifying facts stated by me/us herein. I/we also understand that this is **NOT** a contract and does **NOT** bind either me/us or the Landlord. I/we do hereby swear and attest that all of the information contained herein is true and correct and authorize the owner/manager/PHA to obtain any information needed to verify same, which may be released to appropriate Federal, State, or local agencies including: Credit Reports, Rental History, Employment/Salary details, and any other relevant information and release the owner/manager/PHA its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I/we also understand that all changes in the income of any member of the household as well as any changes in the household composition must be reported to the owner/manager/PHA within 15 days. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.*

I hereby grant the above apartment / landlord / realtor, whichever is applicable, and its designee, National Tenant Network, a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the dates and terms of the lease. In compliance with the Fair Credit Reporting Act, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord or realtor regardless if rental lease is granted or renewed.

Signature of Head: _____ Date: _____

Signature of Spouse/Co-head: _____ Date: _____

Owner/Manager/PHA Representative: _____ Date: _____

Oyster Bay Urban Renewal, Inc.

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Veteran Preference

Oyster Bay Urban Renewal, Inc. has established a Veteran preference for those applicants on the Oyster Bay Urban Renewal, Inc. waiting list for housing. A preference for selection from the waiting list will be given to elderly and non-elderly head of household applicants qualifying as Veterans. Age quotas and income targeting quotas, as stated in the resident selection plan, will still remain applicable when selecting veterans from the waiting list.

“Veteran” means a person who served in the Armed Forces of the United States on active duty, for reasons other than training, and was discharged under other than dishonorable conditions.

Veteran’s preference will require U.S. government documents which indicate that the applicant is a veteran member of the U.S. Military Armed forces.

Please check mark one of the following statements below and print your name, sign, and date.

_____ Yes, I am a Veteran as defined above and wish to take advantage of the Veteran’s preference for housing at Oyster Bay Urban Renewal.

_____ No, I am not eligible for the Veteran’s preference.

_____ I choose not to provide this information.

If you are a “Veteran”, please attach a copy of your DD-214, showing the status of your discharge.

Print Name

Signature

Date

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OWNERS NOTICE NO. 1

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP);
and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Exhibit 3-4) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration (see Exhibit 3- 5). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence to the name and address listed below:

<p>Oyster Bay Urban Renewal, Inc. 50 Beers Street Keyport, NJ 07735 Main Office Attn: Leanne Rowley</p>
--

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Carridy Voss at 732-264-2711. She will be happy to assist you. Also, if you are unable to provide the required documentation when returning your completed application, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Please include only members of your household who intend to move in

The Family Summary Sheet					
Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex (Optional)	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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DECLARATION FORM

To be completed by Head of Household

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 (Optional): _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ALIEN REGISTRATION NUMBER: _____

ADMISSION NUMBER: _____ if applicable
(this is an 11-digit number found on DHS Form I-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 NUMBER: _____
(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 either block number 1, 2, or 3:

DECLARATION (Please print or type)

I, _____ hereby declare, under penalty of perjury, that I am
_____ (print or type first name, middle initial, last name):

_____ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

(Signature)

(Date)

Check here if adult signed for a child: _____

If you checked #1 above "A citizen or national of the United States", STOP here and continue the application to the Declaration Form for spouse or co-head, if applicable, or to the "SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING" Form.

If you are not a citizen or national of the United States, please choose the appropriate status on the following pages.

 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form (Exhibit 3-6).

AND

b. One of the following documents:

1. Form I-551, **Permanent Resident Card**
2. Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - a. Admitted as Refugee Pursuant to section 207;
 - b. “Section 208” or “Asylum”
 - c. “Section 243(h)” or “Deportation stayed by Attorney General”; or
 - d. “Paroled Pursuant to Sec. 212 (d) (5) of the INA.”
3. If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1,1990);
 - c. A court decision granting withholding or deportation; or
 - d. A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
5. **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by the notice published in the Federal Register.**

If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

X _____
(Signature) (Date)

Check here if adult signed for a child: _____

Request for Extension

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

X _____
(Signature) (Date)

Check if adult signed for a child: _____

_____ 3. **I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

X _____
(Signature) (Date)

Check here if adult signed for a child: _____

(EXHIBIT 3-6)

VERIFICATION CONSENT FORM

INSTRUCTIONS: Complete this form for each noncitizen family member who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

X _____
(Signature) (Date)

Check here if adult signed for a child: _____

DECLARATION FORM

To be completed by Spouse or Co-Head

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 (Optional): _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ALIEN REGISTRATION NUMBER: _____

ADMISSION NUMBER: _____ if applicable
(this is an 11-digit number found on DHS Form I-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 NUMBER: _____
(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 either block number 1, 2, or 3:

DECLARATION (Please print or type)

I, _____ hereby declare, under penalty of perjury, that I am
_____ (print or type first name, middle initial, last name):

_____ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

(Signature)

(Date)

Check here if adult signed for a child: _____

If you checked #1 above "A citizen or national of the United States", **STOP** here and continue to the "SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING" Form.

If you are not a citizen or national of the United States, please choose the appropriate status on the following pages.

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form (Exhibit 3-6).

AND

- b. One of the following documents:

1. Form I-551, **Permanent Resident Card**
2. Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - a. Admitted as Refugee Pursuant to section 207;
 - b. “Section 208” or “Asylum”
 - c. “Section 243(h)” or “Deportation stayed by Attorney General”; or
 - d. “Paroled Pursuant to Sec. 212 (d) (5) of the INA.”
3. If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1,1990);
 - c. A court decision granting withholding or deportation; or
 - d. A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
5. **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by the notice published in the Federal Register.**

If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

 X _____
(Signature) (Date)

Check here if adult signed for a child: _____

Request for Extension

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

 X _____
(Signature) (Date)

Check if adult signed for a child: _____

 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

 X _____
(Signature) (Date)

Check here if adult signed for a child: _____

(EXHIBIT 3-6)

VERIFICATION CONSENT FORM

INSTRUCTIONS: Complete this form for each noncitizen family member who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

(Signature)

(Date)

Check here if adult signed for a child: _____

Additional Forms Instructions

- **SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**-Fill out one form for each applicant. You are not required to provide the contact information for this form, but each applicant must sign and date the bottom of their form. If you choose not to provide the contact information, please check the box on the bottom of the form that reads, “Check this box if you choose not to provide the contact information.”
- **RACE AND ETHNIC DATA REPORTING FORM**-Fill out one form for each applicant. Print the name of the head of household and the name of the household member in the spaces provided. Giving the household member’s ethnicity and race is optional but you do have to sign and date the bottom of the form. Definitions of the ethnic and racial categories are found on the back of the form.
- **NEW JERSEY’S FAIR CHANCE IN HOUSING ACT MODEL DISCLOSURE STATEMENT**-Sign and return one form and keep duplicate form
- **FACT SHEET FOR HUD ASSISTED RESIDENTS**-You keep this form.

Please return all pages of the application, unless otherwise stated. If the application is missing pages, it will not be accepted, and you will be required to fill out a new application.

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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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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.

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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

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Signature of Applicant

Date

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Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **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."
2. **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 to choose from are defined below: You should check as many as apply to you.

1. **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.
2. **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
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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)

Name of Property **Project No.** **Address of Property**

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 format 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.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

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New Jersey's Fair Chance in Housing Act Model Disclosure Statement

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, Oyster Bay Urban Renewal may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. Oyster Bay Urban Renewal will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, Oyster Bay Urban Renewal intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

Oyster Bay Urban Renewal **will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:**

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

Oyster Bay Urban Renewal **may consider, after the issuance of a conditional offer, a criminal record that:**

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



Oyster Bay Urban Renewal may withdraw a conditional offer based on your criminal record only if Oyster Bay Urban Renewal determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If Oyster Bay Urban Renewal utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, Oyster Bay Urban Renewal will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if Oyster Bay Urban Renewal receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, Oyster Bay Urban Renewal must show that it did not rely on that information in making a determination about your tenancy.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by Oyster Bay Urban Renewal in making this determination. You have the right to dispute, within thirty (30) days of receiving a withdrawal of conditional offer, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to Oyster Bay Urban Renewal.

Any action taken by Oyster Bay Urban Renewal in violation of the process laid out in this statement may constitute a violation of the FCHA. **If you believe that any owner, agent, employee, or designee of Oyster Bay Urban Renewal has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov 1-866-405-3050).** A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor
Newark, NJ 07102

1601 Atlantic Avenue, 6th Fl.
Atlantic City, NJ 08401

5 Executive Campus
Suite 107, Bldg. 5
Cherry Hill, NJ 08002

140 East Front Street, 6th Floor
Trenton, NJ 08625

Prospective Tenant Signature

Date

Prospective Tenant Signature

Date

Oyster Bay Urban Renewal Signature

Date

New Jersey's Fair Chance in Housing Act Model Disclosure Statement

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

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Oyster Bay Urban Renewal **will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:**

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
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Oyster Bay Urban Renewal **may consider, after the issuance of a conditional offer, a criminal record that:**

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



Oyster Bay Urban Renewal may withdraw a conditional offer based on your criminal record only if Oyster Bay Urban Renewal determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If Oyster Bay Urban Renewal utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, Oyster Bay Urban Renewal will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if Oyster Bay Urban Renewal receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, Oyster Bay Urban Renewal must show that it did not rely on that information in making a determination about your tenancy.

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Trenton, NJ 08625

Prospective Tenant Signature

Date

Prospective Tenant Signature

Date

Oyster Bay Urban Renewal Signature

Date

FACT SHEET

For HUD ASSISTED RESIDENTS

Project-Based Section 8

“HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

Project-Based Section 8 Rent Formula:

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
 - 10% of the family's monthly income
 - Welfare rent or welfare payment from agency to assist family in paying housing costs.
- OR
- \$25.00 Minimum Rent

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

Regulations:

- General HUD Program Requirements; 24 CFR Part 5

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

“Federally Mandated Exclusions” Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>