



**HOUSING APPLICATION FOR ADMISSION  
& RENTAL ASSISTANCE**

**Office use only**

CIL Woods, Inc.  
100 Woods Lane  
Monmouth Junction, NJ 08852  
Telephone: 732-329-6027  
NJ Relay Serv.: 800-852-7899 or  
Dial 7-1-1

Applicant Name \_\_\_\_\_  
Interviewer \_\_\_\_\_  
Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_

1. **MAIL OR HAND-DELIVER THE COMPLETED ORIGINAL APPLICATION TO:**  
CIL Woods, Inc., 100 Woods Lane, Monmouth Junction, New Jersey 08852
2. CIL Woods will NOT accept e-mailed or faxed applications.
3. If, due to disability you need assistance completing this application, please advise us of your needs when you receive the application or call CIL Woods, Inc between the hours of 9:00 am and 4:30 pm at **732-329-6027**.

**PLEASE PRINT LEGIBLY**

1. **Name of Head of Household** \_\_\_\_\_  
(First) (MI) (Last)

SSN# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Month Day Year

**Check:**  Female  Male  Do not wish to respond

Are you a Full Time Student over the age of 18?

YES  NO

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Check the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Decline to Report                |  |

Check the appropriate box:

- |                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Decline to Report |
|-----------------------------------|---------------------------------------|--|

**Additional Household Member** \_\_\_\_\_

(First) (MI) (Last)

SSN# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Month Day Year

**Check:**  Female  Male  Do not wish to respond

Are you a Full Time Student over the age of 18?

YES  NO

Check the appropriate box:

- White  Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native  Asian
- Black or African American  Other
- Decline to Report

Check the appropriate box:

- Hispanic  Non-Hispanic  Decline to Report

2. **Applicants must provide a complete list of ALL states in which he/she has resided:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you or your souse/co-applicant ever used a different name from the names given in the application?  
 YES  NO If Yes, give name(s) and explain \_\_\_\_\_

\_\_\_\_\_

4. **Other Contact Information** – If you would like to designate another person for us to communicate with regarding this application, please complete the following information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address, City, State & Zip \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

\* **ALL APARTMENTS ARE SMOKE-FREE!**

5. How did you hear about CIL Woods, Inc.? Check all that apply:

- CIL Woods Website  Church (specify) \_\_\_\_\_
- Other Website  Community Agency \_\_\_\_\_
- Friend/Family
- Current/Former Resident

6. Do you have a disability as defined in Section 223 of the Social Security Act?  
 YES     NO

If yes, please detail how CIL Woods may accommodate your needs. Do you or any member of your household require a reasonable accommodation, i.e. a wheelchair accessible unit? If so, please specify:

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7. Are you applying for only a handicap accessible unit?  
 YES     NO

8. **Power of Attorney** – If you have a power of attorney, please attach a copy.

**9. INCOME**

This section **MUST** be completed by the applicant in order to process this application. List all **gross monthly income**. If you do not have the income, write "N/A" on the line provided.

	<u>Applicant</u>	<u>Additional Household Member</u>
Social Security Income	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
P.A.A.D Lifeline Electric Assistance	\$ _____	\$ _____
Employment Income	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Business Net Income	\$ _____	\$ _____
Trust Fund	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
I-864 Immigration Sponsor Contributions to Household (Legal non-citizens only)	\$ _____	\$ _____

Does any family member/friend give money to you or pay your bills? If yes, please list monthly amount    \$ \_\_\_\_\_

Are you collecting a Social Security Benefit under another person's earnings?     YES\*     NO

If "Yes", please list the Social Security Claim # \_\_\_\_\_

Have you taken any "regular or predictable" distributions (for example: monthly, twice a year, quarterly, annually) from any of the following investment accounts? Please mark an "X" in either the "Yes" or "No" box and list the amount that was taken out. Specify whether it was monthly, quarterly, yearly or other.

	Yes	No	Amount	
Brokerage Account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
IRA	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other

10. **Employment History**

Do you work full time, part-time or seasonally?  
 Are you self-employed?  
 Do you work for someone who pays you cash?

YES                       NO  
 YES                       NO  
 YES                       NO

**If you answered "YES," to any of the above questions, please complete the following information:**

Name of Employer \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Street Address, City, State & Zip \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

11. **ASSETS**

**This section MUST be completed by the applicant. Provide the monetary value of your assets and the anticipated income. If you do not have the asset, write "N/A" on the line provided.**

	<b>Current Balance</b>	<b>Annual Income</b>
Real Estate – Market Value	\$ _____	\$ _____
Balance of Mortgage	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Money Market Account	\$ _____	\$ _____
Certificate of Deposit (CD)	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds (tax exempt, savings)	\$ _____	\$ _____
Social Security Debit Card	\$ _____	\$ _____
Brokerage Account	\$ _____	\$ _____
Annuity and/or IRA	\$ _____	\$ _____
401 K and/or Profit Sharing	\$ _____	\$ _____
Whole Life Insurance Policy	\$ _____	\$ _____
Revocable Trust Fund	\$ _____	\$ _____
Revocable Pre-paid Funeral	\$ _____	\$ _____
Cash Held at home <b>or</b> in a safe deposit box	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Federal Tax Return for Prior Year                       YES \*                       NO                      \* **IF YES**, please attach a copy.

Has any household member disposed of any assets for less than fair market value during the past two years?

YES  NO

If YES, please provide the following information:

Description of Asset \_\_\_\_\_

Date disposed of \_\_\_\_\_ Value of Asset \$ \_\_\_\_\_

## 12. MEDICAL EXPENSES

EXPENSES: List current medical expenses paid by applicant (s)

Medicare per month \_\_\_\_\_

Health Insurance \_\_\_\_\_ How often \_\_\_\_\_

Prescriptions \_\_\_\_\_ How often \_\_\_\_\_

Other Medical Exp. \_\_\_\_\_ Describe \_\_\_\_\_

Other Medical Exp. \_\_\_\_\_ Describe \_\_\_\_\_

13. Do you rent?  YES  NO

If YES, provide the following information:

CURRENT Landlord's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

How Long Have You Lived There? \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Approximately how much notice do you need to give to your current landlord?

30 days  60 days  None  Other \_\_\_\_\_

**IF YOU HAVE RESIDED AT YOUR CURRENT ADDRESS FOR 5 YEARS OR MORE, THERE IS NO NEED TO COMPLETE THE FOLLOWING PREVIOUS LANDLORD/ADDRESS SECTION.**

### YOUR PREVIOUS STREET ADDRESS

\_\_\_\_\_

City, State & Zip \_\_\_\_\_

PREVIOUS Landlord's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

How Long Have You Lived There? \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

14. Are you now living in federally assisted housing?  YES  NO **If YES, please provide the following information:**

**Name of Complex:** \_\_\_\_\_

**Name of Manager:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

Has your rental assistance ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason?

YES  NO

**If YES, explain:** \_\_\_\_\_

15. Do you live with a family member?  YES  NO

**If YES, what is the relationship?** \_\_\_\_\_

16. Please check either **YES** or **NO** for the following questions:

A. Do you own a car?  YES  NO

B. Have you or any member of your household ever been convicted for making meth in federally-assisted housing?  YES  NO

C. Are you or any member of your household subject to registration under a state sex offender registration program in any state?  YES  NO

I. Have you or anyone in the household been a victim of domestic violence, dating violence or stalking?  YES  NO

J. Is anyone in the household a US military veteran?  YES  NO

**Applicant's Certification** (Please read this carefully before you sign)

1. I understand that apartments located at 100 Woods Lane, Monmouth Junction, NJ are subsidized through the 811 PRAC program of the U.S. Department of Housing and Urban Development (HUD). I understand that the head of household must be developmentally disabled. **I understand that I must be income eligible at the time of application AND when called for a financial interview.**
2. I understand that before I can be approved for tenancy all adult members of the household must sign the HUD required Consent Form ("Authorization for Release of Information") and individual verification forms.
3. I understand that CIL Woods is a **smoke-free community**; no smoking of any type will be permitted in any apartment, common area or within 25 ft. of the building.
4. The wait list will be developed on a first-come, first-served basis. Applications will be received and date-stamped prior to placement in the wait list book. Wait list assignment is not a guarantee of eligibility.
5. I understand that if I am selected to receive HUD assistance, the unit I occupy will be my sole residence.
6. I understand that all application information is being collected solely to determine my eligibility.
7. I authorize the owner/manager to verify all information provided on this application, to check my credit history, perform a criminal background check, contact previous and/or current landlords, review records of court proceedings and to collect information which may be released to appropriate Federal, State, or local agencies.
8. I understand that if I am eligible, the rent is 30% of adjusted income.
9. I understand that the applicant will be removed from the wait list if the applicant is offered an apartment and refuses the apartment for reasons other than medical.
10. I agree to notify management in writing immediately regarding any changes in household address, telephone number, and household composition. I understand that if management cannot reach me by telephone or by US Mail, my name will be taken off of the wait list.
11. I understand that applications will be rejected for the following reasons, including but not limited to:
  - Faxed, emailed or incomplete application
  - Applicant does not meet disability or income guidelines
  - Applicant with poor credit history, ie, any credit history that is an indication of irresponsible behavior or that may indicate future problems for the development
  - Poor tenant/landlord history
  - Applicant subject to a state lifetime sex offender registration program
  - Applicant was convicted for making meth in federally-assisted housing
  - Household member fails to provide verification/proof of social security number
12. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that falsification of information is grounds for rejection and is punishable under Federal Law.

**IF YOU FILED A FEDERAL TAX RETURN WITHIN THE LAST 2 YEARS, YOU MUST SUBMIT A COPY OF YOUR MOST RECENT 1040 FEDERAL INCOME TAX RETURN WITH COPIES OF ALL ATTACHED SCHEDULES and 1099's WITH THIS APPLICATION!**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NATIONAL TENANT NETWORK RELEASE FORM**

**P.O. Box 1023  
Turnersville, NJ 08012**

**Phone: 800-422-8299**

**Fax: 856-513-4030**

Please complete this form.

**PLEASE PRINT CLEARLY**

_____		
<b>Applicant Name – First, Middle, Last</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
_____		
<b>Co-Applicant Name – First, Middle, Last</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
_____		
<b>Current Mailing Address</b>	( ) _____	<b>Home Telephone Number</b>
_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____		
<b>Previous Mailing Address</b>		
_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>
( ) _____	_____	
<b>Work Telephone Number</b>	<b>Ext.</b>	
<p>I hereby grant Oak Woods, Inc, on behalf of CIL Woods, Inc., Landlord 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, records of court proceedings and criminal background checks from appropriate law enforcement agencies. 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 and reports shall remain the sole property of CIL Woods, Inc. regardless if rental lease is granted or renewed.</p>		
_____	_____	
<b>Applicant Signature</b>	<b>Date</b>	
_____	_____	
<b>Co-Applicant Signature</b>	<b>Date</b>	

**Company Name: CIL Woods, Inc**



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>Email Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<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.	

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

<b>Signature of Applicant</b> _____	<b>Date</b> _____
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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)