

ACORN NJ STRAIGHT APARTMENTS, L.P.

C/O NEW JERSEY ACORN HOUSING COMPANY

Application for Apartment

Instructions:

1. Mail only one application per family. You will be disqualified if more than one application per family is received.
2. When completed, this application must be returned by regular mail only; do not send registered or certified mail.
3. The completed application must be postmarked no later than **September 5, 2008**. Applications postmarked after this date will be set aside for possible future consideration.
4. Mail completed application to:

ACORN NJ Straight Apartments, L.P.
c/o New Jersey ACORN Housing Corporation, Inc.
 P.O. Box 25708
 Brooklyn, NY 11202-4690

5. No payment should be given to anyone in connection with the preparation or filing of this application.

6. This information to be filled out by the Applicant:

A. Name and Address

Name _____

Current Address _____

City, State, Zip Code _____

Home Telephone/Cell Phone _____ Work Phone _____ Email _____

How long have you lived at this address? _____ Years _____ Months

B. Income from Employment

1.) Are you an employee of the City of Paterson? Yes _____ No _____ (If Yes, please identify the agency or entity at which you are employed):

Agency/Entity _____

2.) If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? Yes _____ No _____

NOTE: If you answered 'Yes' to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered 'Yes' to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify your income and eligibility.

List all full and/or part time employment for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings.

HOUSEHOLD MEMBER	Name and Address of Employer	Years Employed	Gross Earnings
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

C. Income from Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, disability compensation, unemployment compensation, Interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, etc.

HOUSEHOLD MEMBER	Name and Address of Employer	Years Employed	Gross Earnings
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

D. Total Annual Household Income

Add all Income Listed Above and Indicate the Total Earned for the Year \$ _____

E. Current Landlord

Landlord's Name _____

(If you live in public housing project enter "NYCHA").

Landlord's Address _____ Landlord's Phone _____

F. Current Rent

What is the total rent on the apartment where you currently live or are temporarily staying? \$ _____ monthly

How much do you contribute to the total rent? If not applicable, write "0" \$ _____ monthly

G. Reason for Moving

Why are you moving? Please check all that apply.

- Living with parents
- Not enough space
- Living in shelter or on the streets
- Bad housing conditions
- Health reasons
- Disability access problems
- Do not like neighborhood
- Living with relatives/other family members
- Rent too high
- Increase in family size (marriage, birth)
- Other _____

H. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? Yes No

Please check Yes or No. This information will not affect the processing of the application.

I. Household Information

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING? _____.

List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

FULL NAME	Relation to Applicant	Birth Date	Age	Sex	Occupation
SELF					

Are you or any member of your household disabled? Yes No

If yes, would you describe the disability as mobility impairment visual impairment hearing impairment

If you checked any of the aforementioned impairments, do you or a member of your household require any special accommodations? Yes No

If yes, please specify: _____

J. Assets

Checking Account/Bank or Branch _____

Passbook Savings/Bank or Branch _____

Savings Certificates/Bank or Branch _____

Other _____

K. Source of Information

How did you hear about this development?

- Newspaper
- Local Organization or Church
- City "affordable housing hotline" listing new ads for the month
- Other _____
- Sign Posted on Property
- Friend
- Web Site/Internet

L. Ethnic Identification (Used for Statistical Purposes Only)

This information is optional and will not affect the processing of the application. Please check one group that best identifies the applicant.

- White (non Hispanic origin)
- Hispanic Origin
- American Indian/Alaskan Native
- Black
- Asian or Pacific Islander
- Other

M. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

**ACORN NJ Straight Apartments, L.P.
New Jersey ACORN Housing Corporation, Inc.
2-4 Nevins Street, 2nd floor
Brooklyn, NY 11217**

Dear Prospective Applicant:

Thank you for your interest in ACORN Housing's new affordable housing project, which offers 41 affordable apartments. The apartments contain a mix of 1, 2 and 3 bedrooms, all affordable to low and moderate-income families. Please note, the eligibility income guidelines for the apartments are listed in the advertisement. Per your request, an application is enclosed for an apartment at:

114 Straight Street, Paterson, NJ

The completed application must be returned by **REGULAR MAIL ONLY** to the following Post Office Box (Please note that this is a **DIFFERENT** address than where you wrote for requesting an application):

**ACORN NJ Straight Apartments, L.P.
c/o New Jersey ACORN Housing Corporation, Inc.
P.O. Box 25708
Brooklyn, NY 11202-4690**

The application deadline is **September 5, 2008**. Applications postmarked after this deadline will be set aside for possible future consideration.

If you answered "yes" to question "I" on the application regarding if you or a member of your household requires a special accommodation, kindly place a check mark (✓) on the outside of the envelope.

MAIL ONLY ONE APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED.

Applications for these apartments will be randomly selected by lottery. If your application is selected, we will notify you in writing to schedule an interview. If contacted, please be prepared to submit proof of your income and the corresponding information you provided on the application. A list of required documentation will be sent to you once an interview is scheduled.

Thank you for your interest.