



Dear Applicant,

Enclosed please find the application you requested for our Supportive Housing Program. In order to place your name on the wait list, please complete all sections of the application. Incomplete applications will not be accepted.

IMPORTANT: Copies of social security card(s) and birth certificate(s) for every person in your household must be submitted with your application. Otherwise, your application will be denied.

The application packet can be submitted by mail or fax:

Community Enterprises Corporation
PO Box 980
Freehold, New Jersey 07728
Fax: (732) 637-5187

Once your application has been accepted and entered into our system, we will notify you by mail. Be advised that submission of an application is not a guarantee that you will be given housing. You will be placed on the waiting list and advised accordingly.

It is important that you notify us of any changes in your address and phone number to be able to communicate with you by mail and/or by phone. Twice a year, we will send a wait list update form to your address on file that requires your response in order to remain on the wait list.

If you have any questions or concerns, you may reach us at (732) 637-5189.

Sincerely,

Anthony Morales
Administrative Specialist



Supportive Housing Application

**I CERTIFY THAT I AM OVER 18 YEARS OLD, HAVE LOW INCOME
AND HAVE A DIAGNOSED DISABILITY**

Copy of birth certificate and social security card must be included for all members.

Print Name Signature Date

Name of individual applying for housing
Present Address
Town State Zip County
Phone 2nd phone
Date of Birth Social Security #
How many persons will be living with you?
How many are under 18 years old?
What is your present source of income? Monthly Amt. \$
Which three Counties do you wish to live in? 1. 2. 3.

PLEASE CIRCLE YES OR NO FOR THE FOLLOWING STATEMENTS:

- 1. I have a diagnosed disability YES NO
2. I am homeless or in immediate danger of losing my housing YES NO
3. I am awaiting discharge from a Psychiatric Hospital pending housing YES NO
4. I am willing to accept SHARED housing with my own bedroom YES NO

I have been referred by as a potential roommate (name of resident).
I have been referred to you by (name of agency or individual).

MUST COMPLETE THE GRID BELOW
Include yourself and all persons who will be living with you (Including self)

Table with 6 columns: NAME, SOC. SEC. #, Date of Birth, RACE, Hispanic Y/N, Sex. Row 1: All persons in family

I certify that the information I have provided is true to the best of my knowledge.
(Sign) (Print)
X X





**CREDIT CHECK AUTHORIZATION RELEASE FORM
COMMUNITY ENTERPRISES CORPORATION**

REPORT CHOICE: (please check)

HOUSING COURT _____ CRIMINAL _____
Please indicate purpose of request

For office use only

APPLICANT (PLEASE PRINT CLEARLY)

DATE _____

A COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD MUST BE INCLUDED OR APPLICATION WILL BE RETURNED

Last Name (**print**) _____ First _____ Middle _____

Social Security Number _____

Date of Birth _____

Present Address _____

City _____ State _____ Zip _____

Home Telephone _____ Emergency Telephone _____

I hereby Authorize **Community Enterprises Corporation** to conduct an inquiry concerning my credit history. I understand that the procurement of such report may contain information as to my background, mode of living, character and personal reputation. I hereby release **Community Enterprises Corporation** from any liability.

SIGNATURE _____ Date _____

REMINDER-CREDIT REPORT MAY ONLY BE ORDERED FOR A PERMISSIBLE PURPOSE



Optional and Supplemental 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.

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

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.	

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.

